

Professional Disclosure Statement
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Washington State law and professional ethical codes require that each client be provided with the following disclosure information at the beginning of therapy by a Marriage and Family Therapist Associate. This information is presented both verbally and in writing. This disclosure is a legal document and requires a signature from both therapist and clients. I welcome your questions and concerns regarding this process. Your feedback is encouraged.

Philosophy & Therapeutic Approach

As a licensed Marriage and Family Therapist Associate, I tailor my approach to each individual's desired goals in the context of their life and relationships. I often assign homework based on your goals for therapy. My approach integrates client-centered, strengths-based, systemic, relational, and outcome oriented models of therapy. I have also completed coursework for Gottman Couple's Therapy (Level I and II). When working with couples, I often incorporate Gottman interventions and techniques from Emotionally Focused Therapy.

Forming an empathic rapport with my clients sends a simple message: You are not alone. My purpose as your therapist entails listening in a nonjudgmental climate of acceptance, curiosity, compassion, respect, and honor, while building trust and connection. I see my role as a collaborative facilitator of change, with clients as the experts of their own lives. Together, we search for meaningful solutions that invite greater peace and fulfillment into all areas of your life and relationships. My ambition is to help you clarify your values and goals, build upon the strengths you have, and help you advance the overall quality of your life. I have a special interest in serving clients with a Christian-focused worldview and am happy to include this in therapy as you wish.

Experience

I hold a Master's Degree in Applied Psychology with a focus on Marriage & Family Therapy from Antioch University. I received my Bachelor's degree Western Washington University in Psychology and Media Studies. Additionally, I have 20-years of relevant individual and family-related experience and have counseled children with special needs and their siblings. My education and experience have prepared me to serve children and adolescents, individuals, couples, and families from all walks of life. I am able to work with diverse populations, covering a spectrum of multicultural and multiethnic experiences.

Client initials & date _____, _____

Informed Consent

Counseling is understood to be a choice you have made among available options such as other counselors, therapies, support groups, self-help resources, and other modes of treatment. You have the right to choose a therapist best suited to your individual needs, free of coercive or exploitive measures. I adhere to the ethical codes of the American Counseling Association (ACA) and the American Association for Marriage & Family Therapy (AAMFT).

There are numerous benefits to undergoing therapy, and sometimes therapy entails risk and hard work. Making yourself uncomfortable so that you can grow may seem counterintuitive, but it is often how we grow and heal. In our sessions, topics may arise that bring painful aspects of your life to light—causing you to engage your own vulnerability and discomfort. You might experience a range of emotions, i.e., anger, guilt, sadness, stress, helplessness, grief, and loneliness. On the other hand, as you stretch yourself, therapy may work to guide you into new levels of personal satisfaction; deeper relational intimacy; a clarified sense of purpose; discovering or reawakening creative outlets; renewed zest to embrace healthy lifestyle choices; skills to reframe issues as opportunities for growth; discernment and wisdom to strengthen a sense of personal accountability; and enduring solutions to specific problems.

The length of treatment varies according to your specific needs. Some treatments are brief (several sessions), and in some cases we will work together for an extended period. As a general rule, I suggest meeting weekly for three sessions and then deciding the best course of treatment for everyone involved. You have the right to terminate therapy at any point. As the client, you understand that early termination may exacerbate or prolong any symptoms or problems presented at the outset of therapy. I encourage you to talk with me directly if you have questions about my approach or are dissatisfied with my services. Likewise, please ask me directly if you wish to be referred to another counselor or wish to discontinue sessions. If at any time you wish to consult with the Washington State Department of Health regarding my professional and/or clinical services, the number is: 360-236-4700.

Confidentiality

Establishing trust and protecting the integrity of your sensitive information is foundational to a vibrant therapeutic relationship. There are some legal statutes that make specific provisions for how I may use your health information. By Washington State Law I am a mandated reporter; it is important to highlight the ways in which I may use disclosures:

- To report suspected abuse of children, developmentally disabled persons,

Client initials & date _____, _____

dependents, or elderly persons

- To interrupt suicidal intent or behavior
- To intervene when there are threats and or intent to harm another person—including knowledge that an HIV positive client is unwilling to inform known individuals with who he/she is sexually involved.

Confidentiality extends to each individual undergoing therapy. I will not release any individual's information—at any time—without permission and a signed **Release of Information** from *all* individuals to whom I am rendering therapeutic services. However, I am not bound by confidentiality in joint sessions with information clients reveal in individual sessions and discussions. This means I do not keep secrets. For example, in couple's therapy, if one partner reveals to me that they are having an affair in an individual session, I will not keep this information secret when the couple is reunited in joint sessions. To facilitate and achieve the goals of all clients in the therapeutic process, I reserve the right to discuss any information in joint sessions that clients have expressed in individual sessions or discussions.

Other instances where disclosures can be made are as follows:

- If you sign a written permission that authorizes disclosure
- If you file a complaint against me
- If you pay by any means in which bank personnel would see names of clients
- If my name should appear on your phone's caller ID
- If mandated by a Court of Law
- If you are contacted by a third-party agent attempting to collect an outstanding balance, past 90 days

Consultation & Supervision

To ensure competence and best practices as a marriage and family therapist associate, I engage in ongoing consultation with an AAMFT approved supervisor. Below, you will find her name and contact:

Jennifer Sampson, PhD, LMFTA
jennifer@northwestrelationships.com
 253-292-1216
 LF 60230886 Washington

Client initials & date _____, _____

During supervision, I discuss all pertinent details regarding client information in my case-files and progress notes. Supervision is necessary to help me provide you the best counseling services possible. Consultation and peer review with other professional therapists is a cornerstone to guide best ethical practices and decisions. During Supervision and consultation I do not disclose names or identifying details of clients' lives in any way that would breach HIPPA standards of confidentiality.

Multiple Relationships

I am ethically bound to protect your confidentiality. This means that our relationship must remain strictly professional. I will not be able to engage with you outside of the therapist/client context. For example, I cannot be a close friend, accept invites, or socialize with you or significant others in your life. To ensure the efficacy of therapy goals and to protect the integrity of mutual privacy, I will not acknowledge a relationship with clients outside of our sessions. In addition, I will also be unable to accept friend requests or professional information on **any** social or professional networking platform, i.e., Facebook, or LinkedIn. I will not give you gifts and may turn down any gift you wish to give to me. If I see you in public, I will not say hello unless you approach me and engage me by your own volition. Under no circumstances will I engage in romantic or sexual relationships or innuendos of that nature with any client or their relations—before, during, or after the course of therapy.

Teletherapy

Teletherapy includes all therapy that does **not** occur in a direct, face-to-face exchange with clients over the telephone or via **any** internet based platform. Research supports that this form of therapy does not impede positive therapeutic outcomes. If this is something that interests you we can explore teletherapy as an option.

Community Based Therapy

Community based therapy is any therapy that occurs outside of an office, such as meeting at a park, a coffee shop, or on the the waterfront. This forms of therapy is a good choice for some clients and it is understood that public venues are not as private as clinical settings. To engage in this form of therapy, clients will need to agree and initial that they understand and accept that confidentiality, while protected, is not as resolute in community settings and venues where other people are gathered for any purpose. Client initials & date _____, _____

Client initials & date _____, _____

Scheduling

Daytime and evening appointments are available Monday-Friday. I generally do not take appointments before 10 AM and after 7 PM. Under remarkable circumstances I do make rare exceptions in availability. The best way to reach me is by phone or email. Please call 206-788-5285 to schedule, cancel, or reschedule an appointment. I check my voicemail regularly during the workday. If you are experiencing a clinical emergency call 911 or the 24-hr Crisis Clinic Line at 866-427-4747.

Your privacy is a priority for me. However, I cannot fully assure that communication done electronically or via smart-phone will remain confidential—as those platforms are not encrypted and individuals may read and inquire about private communications without client knowledge or permission. I highly recommend keeping information brief when texting or emailing and limiting correspondence to scheduling appointment times unless it is crucial that we speak. I will not reply to texts. Please do your calling in person, as I will not be able to confirm our relationship to non-clients and all information regarding our affiliation is protected. If you have something important to share, I suggest you journal your thoughts and bring them in to session.

Client Financial Responsibilities

The first session is solely for intake/assessment and requires approximately 80-90 minutes. Regular sessions are 45-50 minutes in most cases. For clients who would like more time, 80-90 minute sessions are available. Fees are listed below and include home and community-based sessions. A certain percentage of my business is reserved for clients that use a sliding scale. Feel free to ask, if your ability to begin/remain in therapy is contingent on a reduced fee. I will accommodate that need with clients as those slots become available.

Fees for 45-50 minute sessions:

- Individuals - 120
- Marriage & Couples - 140

Fees for 80-90 minute sessions:

- Individuals - 145
- Marriage & Couples - 165

Unless otherwise arranged, clients are responsible to pay all fees at the beginning or end of each session. I do not accept insurance at this time. Client payments can be made in cash or check. If you prefer to pay by debit, at our first meeting your debit number can be stored in our HIPPA compliant encryption software and charged automatically after each

Client initials & date _____, _____

session. This is the preferred option of most clients and maximizes the continuity of our time together. Rescheduling or cancelling appointments must be done **48 hours** in advance or you will be charged for a full session. The first missed appointment is charged at half price. After that, missed appointments are charged at full price. The fee for returned checks is \$60. If you need to miss a session without 48-hour notice, you may reschedule and complete a session within 72 hours and not be charged for your missed session. In between sessions, if I spend more than 10 minutes on the phone with a client, reading and responding to emails, the time will be prorated and the client will be billed accordingly at a pro-rated rate of 1/4 of normal fees.

My fees may go up by \$10 every year. I revisit fee schedules every January 1st. I will give you plenty of advanced notice before any fee increases. Within my caseload, I make a provision for a portion of my clients with severe economic hardships. If this is relevant for you, we will jointly negotiate an appropriate adjustment to the regular fee.

Anticipation of Litigation

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for preparing of litigation or other legal action, I can help you find a forensic expert. I do not normally serve as an expert witness. However, if I am subpoenaed to appear in any form of litigation, including divorce and child-custody, my fee is \$450 per hour and includes any/all time out of regular psychotherapy sessions to prepare for court proceedings.

Record Keeping

I keep brief records for every therapy session. These records include:

- Date of session
- Client's name(s)
- Cost of services & record of payment
- Disclosure forms, signed by all clients and me
- Presenting problem, purpose of therapy and diagnosis
- Notation & results of any formal consultation or information received via a release of information
- Treatment planning goals as indicated
- Progress notes sufficient to support responsible clinical practice for therapeutic modalities used in sessions

Client initials & date _____, _____

Client Rights

Clients undergoing therapy have specific proprietary rights in addition to confidentiality. These rights consist of:

- Asking me about my qualifications and experience
- Asking about the relevance of any therapeutic procedure incorporated in sessions
- Asking for assistance in procuring a referral to another therapist
- Refusal of any particular methodology or recommendation given in session
- Termination of therapy at any time without my knowledge and regardless of my suggestions
- Making a complaint to the Washington State Department of Health if you believe my conduct has been unprofessional or unethical and you have decided that a satisfactory resolution to your concerns cannot be met by me

Termination of Services

The aim of therapy is to advance the welfare of your life. My goal is to assist you in reaching desired outcomes to that end. If you elect to terminate therapy please discuss this choice with me so we can bring clarity and sufficient closure to our work together. In our final session we can discuss the direction of your life and strategies for maintaining wellness—in light of the progress and skills you have gained in therapy. During this session we can also discuss any referrals that may be required.

I value both your time and mine; I may elect to end the therapeutic relationship with clients who: have extensive overdue balances, who have a counterproductive pattern of non-compliance towards treatment goals and recommendations, or who habitually miss appointments. If clients miss two consecutive appointments without adequate notification I will presume they no longer wish to procure services—at this point, I will mail you a notice of termination.

By signing below, each client acknowledges that they have read and understood **all** aspects of the information printed and verbally relayed in this disclosure and have received a copy for their own personal records. The client also understands and agrees that they are willingly entering into this agreement and accepts all terms and conditions as related to receiving professional therapeutic services.

Client initials & date _____, _____

Client or legal guardian sign & date,

Print: _____ Date: _____

Sign: _____ Date: _____

Client or legal guardian sign & date,

Print: _____ Date: _____

Sign: _____ Date: _____

Therapist sign & date,

Print: _____ Date: _____

Sign: _____ Date: _____

Client initials & date _____, _____

Payment Information:

SAVED PAYMENT INFORMATION - Please sign the following line if you would like to have your credit card electronically stored for future payments. Anchored Vision Family Therapy Services uses IVY PAY, an encrypted and HIPPA compliant electronic storage system for debit/credit card payees.

I, _____, authorize Anchored Vision: Family Therapy Services, PLLC to charge my credit card for agreed upon therapy services. I understand that my information will be saved to file for future transactions on my account.

At our first meeting, I will send you a text via IVY PAY. You will be prompted to enter your preferred card for payment. Once you accept, your card will be charged. After each session, your card will be charged automatically for the agreed upon amount. Card information will remain stored in IVY's system. Stored information will only be used to collect payment after each session or for missed sessions without adequate notice via the disclosure agreement.

Anchored Vision Family Therapy Services is a private pay practice. We do not bill insurance companies directly and client payment is due at the time of each session. We accept cash, check, debit, HSA, and Credit cards.

Client Signature

Date

Client Signature

Date

Client initials & date _____, _____