

PROFESSIONAL DISCLOSURE STATEMENT

Lisa M. Hunter, M.A., LMFT

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Philosophy and Therapeutic Approach

As a licensed marriage and family therapist (Lic: LF60420826), my goal is to promote the growth and well-being of those who seek therapy for the resolution of problematic symptoms or states. I use a collaborative, strength-based approach to help clients assess their strengths and recognize areas for growth. I help couples, individuals, and families become aware of how old habits and patterns of interaction may be interfering with current connections. I have a special interest in helping mend or enhance relationships. If you come to therapy with your partner, I can help you figure out how to move forward or whether to move on. I help families navigate through life transitions and move toward healthier ways of interacting. Sessions are geared towards building on strengths while developing new skills to help cope with current and future stressors and create positive change. Together we will rewrite your story and generate new ways of thinking. I also utilize Cognitive Behavioral, Family Systems, DBT techniques, Solution-Focused, Structural, Narrative, and Gottman therapy methods to help my clients achieve their goals. The length of treatment varies depending on the desired outcome but generally ranges from one to four months.

Professional Qualifications and Education Background

- Master of Arts in Psychology: Child, Couple, and Family Therapy Program, Antioch University, Seattle, WA, 2011
- Bachelor of Arts, Marketing and Finance, University of Oregon, Eugene, OR, 1991
- Completed Level 2 Training in Gottman Method Couples Therapy, 2014
- Gottman Seven Principles Program Educator, 2013
- Gottman Bringing Baby Home Program Educator, 2011

Informed Consent

Counseling is considered a choice you have made among available options such as, other counselors, other therapies, support groups, self-help resources and other modes of treatment. Counseling can have benefits and risks. Counseling sometimes involves discussing unpleasant aspects of your life and you may experience uncomfortable feelings such as sadness, anger, guilt, frustration, loneliness, and helplessness. On the other hand, counseling has been shown to have many benefits such as better relationships, solutions to specific problems, and significant reduction in emotional distress. Some clients require only a few sessions of counseling, while others benefit from longer-term counseling. You have the right to terminate at any time. However, it is understood that premature termination may result in the return or worsening of the initial symptoms and problems.

I encourage you to talk with me directly if you are dissatisfied with my services, want a second opinion or referral, or if you are intending to discontinue appointments. If I am not able to resolve your concerns, you have the right to file a complaint with the Department of Health regarding unprofessional conduct on my part.

Confidentiality

Any information you discuss with me will be protected and kept confidential as long as this privacy is ethical and legal. I will not share any personally identifying information about you without your written consent. Only in specific circumstances am I legally required to release information to responsible authorities. These exceptions are meant to protect your safety and interests and the safety and interests of others. The circumstances in which I am required by law to release information include:

- If it comes to my attention that a minor child or dependent adult is being abused or neglected.
- If you give serious indications that you intend to harm yourself or another person.
- If you confide that you have committed or intend to commit a serious crime.
- If I receive a court order.

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Confidentiality extends to all members involved in therapy. This means, I will not release to any third party any information prior to obtaining a signed **Release of Information** from each member. Additionally, I am not bound by confidentiality in joint sessions with information I have obtained in individual sessions. Thus, I reserve the right to discuss in joint sessions the information you share in the individual sessions, if I believe doing so will facilitate the identified outcomes and goals of therapy.

Disclosures may also be made if you sign a written authorization permitting disclosure, or in the event that you file a complaint against me. Payment by check permits bank employees to view names of my clients; if you have caller identification on your phone, my name may appear on the monitor.

As a Licensed Marriage and Family Therapist, In order to provide high quality therapeutic services, I engage in clinical consultation with other professionals. If/when I do, I will protect your confidentiality by not disclosing any identifying information about you or your situation. In addition, I participate in peer review and case consultation with other professional therapists. I consult with other therapists regarding my cases because I believe our collective knowledge may help me provide you the best counseling services possible. I do not disclose names or details that would allow identification of my clients during these processes.

Minors & Parents

In the State of Washington, minors have the right to confidentiality at the age of 13. This means parents do not have the right to access the minor's counseling records or conversations between therapist and child unless I have written authorization from the minor. This being said, I operate from a relational perspective and will only see minors within the context of the family. I only see children over 13 years, when they are willing to sign a Release of Information to discuss with and have their parent(s) involved in the therapeutic process. Typically, I will inform your child of any conversations we have and help them determine how to use this information to improve their situation or relationships.

I do not perform parenting or custody evaluations. I am not available to testify or provide forensic evidence in custody cases. I do not investigate child abuse/neglect issues, but I am legally mandated to report suspected abuse/neglect.

Marriage/Couples Counseling

If you are receiving marriage or couples counseling, anything you say to me in one-to-one conversations will not be considered confidential from your partner. If a legal case emerges, confidentiality may be jeopardized. Both parties must sign an Authorization for Release of Information in order to release any records to one or both parties. I am not available to testify or provide forensic evidence on behalf of one or the other counseling participants.

After Hours Contact

You are welcome to leave a message for me any time at 425-736-9870, and I will get back to you as soon as I can. However, please be advised that if you call during the evening or weekend hours I may not be available to return your call until normal business hours. If you are experiencing an emergency please do not hesitate to call 911 or the King County Crisis Line at 1-866-427-4747.

Vacations

I will give you reasonable notice before taking vacation leave. When I am unavailable, a colleague will be on call for emergencies. The name and phone number of this individual will be on my office phone. If you anticipate needing continuing treatment during this time, I will help you make arrangements with another therapist in advance. If you are experiencing an emergency and are unable to contact my on-call therapists, please contact 911 or King County Mental Health Services, 206-461-3222.

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Record Keeping

I keep very brief records, noting only that you have met with me, what interventions happened in session, and the topics discussed. If you prefer that I keep no treatment records, you must submit a written request to that effect. Once received, I will place your request in your file and retain only the following records: Your name and signed disclosure statement, the session date and fee for service.

Fee Information

The fee for the initial assessment is \$175.00 and lasts 50-60 minutes. The fee for on-going therapy sessions is \$150.00 per 50 minute session for individuals, couples, families and children. Longer sessions will be prorated at a \$150.00 per hour fee. A personal check or credit card at the time of service is required for private pay or for co-pays. If you are unable to keep an appointment, you are buying that hour; a 24-hour cancellation notice is required, or you will be responsible for full payment of the fee. If you do not show for an appointment, you will also be responsible for payment in full. If you are late for a session you can use the remainder of the time scheduled, but you will be responsible for the full fee. In the event of a bounced check, you will be responsible for payment of any bank fees assessed in addition to your regular fee.

Insurance Information

It is important that you verify exactly what mental health services your insurance policy covers. You are responsible for determining what your insurance covers and to keep track of the use of the covered sessions. Co-payments and/or deductibles are due at the time of service. Should your insurance not pay, for any reason, you will be responsible for the full rate/ payment. Please note insurance coverage does not cover late cancellations or "no-show" appointments; you will be responsible for any of those fees at the full rate.

Once you have provided me verification of your insurance eligibility, your payment amount due each session is determined as follows:

- **If I am an out-of-network provider:** You are responsible for the dollar amount remaining after subtracting the insurance estimated portion, plus any co-pays and deductible amounts.
- **If I am an in-network provider:** Your insurance reimburses me their contracted allowable amount, and you pay any co-payments and deductible amounts.

Your insurance company is required by law to protect your healthcare information (see the attached Notice of Privacy Practice) including, systems and policies in place to insure your private information is protected. At a minimum, I am required to provide to your insurance company a diagnosis. Your insurance company may require of me additional information i.e., your treatment plan, progress/session notes, or copies of your entire clinical record. In any case, I will submit to your insurance company the minimum information necessary to conduct business on your behalf, and only in so far as your release of information authorizes.

Client Rights

As a client in therapy, you have specific rights in addition to the right of confidentiality. These rights include:

- The right to ask me questions about my qualifications and experience;
- The right to ask questions about any procedures I use in therapy with you;
- The right to refuse a particular treatment method or testing;
- The right to discuss your therapeutic progress and treatment goals;
- The right to refuse any psychological testing I recommend;
- The right to request referral to another therapist;
- The right to terminate or suspend therapy at any time without my permission or agreement;

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- The right to file a complaint with the Washington State Department of Health if you believe I have behaved in an unprofessional or unethical manner and decide that a resolution to the problem cannot be reached.

Ethics and Professional Standards and Boundaries

My practice is governed by both a personal and professional code of ethics. I follow the Code of Ethics of the American Association of Marriage and Family Therapy (AAMFT) and the Washington Administrative Code (WAC) practice standards. Because therapy is a unique professional relationship and professional ethics prohibit dual relationships, I do not participate in social or business relationships with clients. Once a therapeutic relationship is established, any other relationship would potentially compromise the efficacy and the outcome plan for therapy. Therefore, in consideration of your rights as a client, I will not acknowledge the existence of a relationship with my clients outside the therapy session. If you have any concerns about the course of your therapy, I encourage you to discuss them with me. I am open to receiving any feedback you have about your therapy experience. If you still feel that I have been unethical or unprofessional, you can contact the Washington State Department of Health, HSQA Complaint Intake, PO Box 47857, Olympia, WA 98504-7857; (360) 236-4700; fax (360) 236-2626.

Legal Information

The Department of Health requires that you are informed that "Counselors practicing counseling for a fee must be registered or licensed with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment." Active licensed credential # for Lisa M. Hunter is: MG60255799.

Terminating Treatment

My goal is to assist you in obtaining your desired therapeutic outcomes. If you have any questions or concerns about any aspect of your therapy, please discuss them with me. If you elect to terminate or suspend treatment, please discuss your decision with me so that we can bring sufficient closure to our work together. In our final session we can discuss your progress thus far and explore ways in which you can continue to utilize the skills and knowledge you have gained through your therapy. We can also discuss any referrals that you may require at that time.

Independent Contractor in a Wellness Center

I conduct my counseling as an independent practitioner in a group wellness center. Given this, I share a common waiting room with other independent practitioners.

By signing below you agree to the following

I have read the disclosure statement provided by my therapist. I had the opportunity to ask questions or clarify the conditions under which I consent to treatment. I agree to pay for therapy as outlined in this disclosure statement. My signature below indicates that I understand and agree to the conditions of therapy provided in this disclosure statement.

Client Signature (age 13 & older)

Date

Client Signature (age 13 & older)

Date

Parent of a Minor

Date

Therapist Signature

Date