

DISCLOSURE FORM

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PURPOSE

This document is written to make you aware of some information you may need to make decisions about your counseling, as well as my office policies. It is also required by state law. I provide individual, couple, and family mental health counseling, psychotherapy, and classes.

CREDENTIALS

“Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of such treatment.” WAC 246-810-031 i.

I am qualified by a Master's Degree in Applied Behavioral Science with an emphasis in Systems Counseling from Bastyr University's Leadership Institute of Seattle (LIOS). I specialize in working with individuals and couples. I am a Licensed Mental Health Counselor with the State of Washington (LH #00010774).

PHILOSOPHY

I practice Cognitive-Behavioral relationship-based psychotherapy from a systemic perspective:

- Cognitive-Behavioral: Examining your thoughts and beliefs, how they are supporting or impairing your life goals, and how they are affecting your emotions and actions.
- Relationship Based: Learning about you by examining how you are in your significant relationships, and why. Exploring and choosing different ways of being in relationship with others.
- Systemic Perspective: You don't exist in a vacuum. You were created in relation to others (your family) and continue to react in relation to others. My philosophical lens is to focus on the big picture patterns that may presuppose certain ways of being, problems, and actions. I reject reductionist thinking and the indiscriminate labeling of certain individuals as "the problem".

YOUR RIGHTS

You have the right to:

- 1) Decide whether or not to receive psychotherapy from me. If you wish, I can provide you with names of other qualified professionals.
- 2) Know the course of treatment and my preferred treatment methods. Please ask if you have any questions.
- 3) End therapy at any time without any legal or moral obligation. If you wish to end therapy, please bring it up at a session.
- 4) Review your records, or request in writing that no records be kept except the minimal identification information.

