

DISCLOSURE STATEMENT & OFFICE POLICIES

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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 mental health counseling & psychotherapy to individual adults. I see clients in-person at my office, as well as via video telehealth.

PROFESSIONAL QUALIFICATIONS

“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.” RCW 18.19.060.

I received a Master's Degree in Applied Behavioral Science with an emphasis in Systems Counseling from Bastyr University's Leadership Institute of Seattle (LIOS) in December, 2002. I have been in practice since 2003. I am a Licensed Mental Health Counselor in good standing with the State of Washington (License # LH 00010774). I continue to expand my training through on-going continuing education.

PHILOSOPHY & THERAPEUTIC APPROACH

I practice Client-Centered Psychotherapy. This approach starts with you and your goals, and believes your wants, needs and your pains are the center of the therapy. I always keep that at the forefront of my mind as we do our work.

I also pull from many other approaches I have been trained in, including but not limited to CBT, DBT, Systems Theory, Existential Therapy, Shadow Work, LifeSpan Integration, Internal Family Systems, Narrative Therapy and Mindfulness. I do not practice from any one narrow theory of therapy.

YOUR RIGHTS AS A CLIENT

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 let me know.
- 4) Review your records, or request in writing that no records be kept except the minimal identification information.

PROFESSIONAL STANDARDS

- 1) I am accountable for my work with you. If you have any concerns about my work, please discuss them with me. If you wish more information about my education and training, please ask me. This can be discussed or you can be provided with a copy of my resume.
- 2) The Counselor Credentialing Act is in place to provide protection for public health and safety and to empower you by providing a complaint process against those counselors who would commit acts of unprofessional conduct. Contact information for reporting is: The Dept. of Health, Health Professions Quality and Assurance Division – PO Box 47869, Olympia, WA 98504-7869.

CONFIDENTIALITY - ITS LIMITATIONS & EXCEPTIONS

Within certain limits, information revealed by you during treatment will be kept strictly confidential and will not be revealed to any other person or agency without your written permission.

The following are exceptions to this law - please review them!

- If you threaten dangerous action or bodily harm to yourself or another, I am required by law to intervene.
- If you inform me of any current physical or sexual abuse, involving a minor, elderly adult, or disabled person, I must notify the proper protective agencies (for example, CPS - Child Protective Services).
- If I am served with a court order/subpoena from the court to release my records, I will vigorously endeavor and work with you to protect these records from unwarranted legal system intrusion.
- If you waive this privilege by bringing charges against me;

APPOINTMENTS, FEES & CANCELLATION POLICY – PLEASE READ THIS PART THOROUGHLY!

- Standard counseling sessions are 50 minutes in length. Longer sessions may be arranged.
- My fee for a standard counseling session is \$200. You are responsible for paying my fee at time of service. For telehealth clients, I may offer to invoice you via Square Invoices. Payment is due on receipt.
- I do not accept health insurance, but will offer receipts to help you get reimbursement from your insurance company. I do not submit these to your insurance. I provide receipts up to monthly, as requested.
- I accept cash, personal checks, and credit cards (including Flex Spending/FSA/HSA).
- My fee may increase with 30 days written notice (USPS or email).
- You will be charged my full fee for cancellations less than 24 hours prior to appointment time, or for which you do not show. I may make exceptions in the case of emergencies or sickness.
- If you arrive late for an appointment, we will still conclude the session at the scheduled time. • If you are more than 15 minutes late, and have not contacted me – I will consider you a no-show and may leave the office or Zoom session. Please call, text or email me if you are running late or are unable to come.
- I charge a pro-rated hourly fee for letter writing, or any other requested work outside the therapy hour. I do not offer testimony in court under any circumstance.

I, the undersigned, have read or have had satisfactorily explained to me this Disclosure of information, policies and client agreement, and I understand it. Any questions that I had about this statement as well including fees and payment policies have been answered and explained to my satisfaction. I understand and agree with the description of confidentiality and its exceptions as stated above.

I consent to counseling under the terms described above. My signature below indicates that I have received & reviewed a copy of this form.

CLIENT NAME (please print)

SIGNATURE

DATE

Peter Hannah, MA LMHC

DATE