

**Susan Ward, MA, LMFT**

1900 Dock Place, Suite 7

Seattle, WA 98107

(206) 786-0094

www.susanwardtherapy.com

WA State Licensed Marriage and Family Therapist #LF00002670

## **Disclosure of Information**

This disclosure statement introduces you to my work and the counseling process in general, with an overview of my education, experience and office policies. It also details your rights and responsibilities as a client. Please read it carefully. If you have any questions or concerns, please let me know, and we can talk through them now or at any time we're working together.

Provision of the following information and written acknowledgement of its receipt are required by Washington State law.

### **Services and Approach to Therapy**

I am a family systems therapist. I work with children, adolescents, individual adults, couples, and families. Regardless of whether there is one person or five people in the therapy room with me, I think about the interactions between people (past and present) that may have contributed to the current situation, as well as the relationships that can assist in resolving a problem.

While my work is solution-focused, I am interested in helping you uncover underlying causes and gain greater awareness and insight, rather than merely addressing symptoms. We will explore family patterns of behavior and how they influence you and other individuals in your life. Ultimately, my goal is to help you address your current concerns and grow toward more fulfilling relationships.

I utilize techniques from a variety of theoretical perspectives, including family of origin, cognitive behavioral therapy, art therapy, and play therapy.

If I believe that you could benefit from working with someone who has a specific expertise beyond what I can provide, I will refer you to another professional.

### **Education, Training and Experience**

I am a Licensed Marriage and Family Therapist in the state of Washington, with more than six years of experience working with children, adolescents, adults, couples and families.

Counseling is a second career for me. I earned a Bachelor's Degree in Business Administration (Marketing emphasis) from the University of Denver in 1987 and worked in the field of marketing communications and public relations for 23 years. While working, I returned to school to follow my passion and earned my Master's Degree in Psychology from Antioch University Seattle in 2003. Since then I have worked for a non-profit community mental health agency, the Atlantic Street Center, and in private practice. I am a Child Mental Health Specialist and an Ethnic Minority Mental Health Specialist for African Americans. I am a clinical member of the American Association for Marriage and Family Therapy.

### **Your Rights as a Client**

1. I encourage you to ask questions at any time that you may have about my work as a therapist, the approach we are taking together, or your progress. Therapy is a service for

*Susan Ward, MA, LMFT, 1900 Dock Place, Suite 7, Seattle, WA 98107 (206) 786-0094*

you, and it is your right to choose a therapist and therapeutic modality that best suit your needs. You always have the right to request a change in treatment or to refuse treatment. Your ability to participate openly and honestly with me in the therapy process is critical. It is important that you feel comfortable with me and that we work together to meet your needs. If you believe that you are not being helped, please let me know, so that we can work through the difficulty together. If we are unable to do so to your satisfaction, I can assist you in finding another therapist.

2. Our sessions are confidential, and no information can be released about you without your written permission. State law requires the following exceptions to confidentiality:
  - a. When a client poses a clear and present danger to self or others, or is unable to provide minimal life-sustaining self care;
  - b. When a client reveals contemplation of a major crime or harmful act;
  - c. When the counselor has a reasonable suspicion that a person under the age of 18, or a dependent adult (aged or developmentally delayed) is or has been physically abused, sexually abused, or neglected. This report must occur within 48 hours of the counselor receiving such information.
  - d. I can release information to your physician, attorney, other mental health professional or your insurance if you sign a release of information form.

I meet regularly with a professional for clinical consultation, to gain a better understanding of how I may work with my clients more effectively. In these consultations your identity will be protected, as will unique identifying information. The other professionals with whom I meet are bound to the same standards of confidentiality as I am.

3. Counselors practicing 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 imply the effectiveness of any treatment.

Additionally, licensed or registered therapists are required to inform clients of the purpose of the Counselor Credentialing Act (the law regulating counselors). The purpose of the Counselor Credentialing Act is (A) to provide protection for public health and safety; and (B) to empower the citizens of the State of Washington by providing a complaint process against those therapists who would commit acts of unprofessional conduct. Please see the attached list of actions considered to be “unprofessional conduct.” Clients of licensed or registered therapists in the State of Washington may file a complaint with the Department of Health at any time they believe a therapist has demonstrated unprofessional conduct.

4. If you believe that I have acted in an unprofessional or unethical manner, please let me know so that I have the opportunity to address and resolve the problem. If you feel that discussion has not worked, you may contact one or both of the following:

- a. HSQA Complaint Intake  
P.O. Box 47857  
Olympia, WA 98504-7857  
Email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)  
DOH Consumer Hotline - (800) 525-0127  
Health Profession Licensing - (360) 236-4700
- b. American Association for Marriage and Family Therapy  
Ethics Department  
112 South Alfred Street  
Alexandria, VA 22314  
703-838-9808  
[ethics@aamft.org](mailto:ethics@aamft.org)

*Susan Ward, MA, LMFT, 1900 Dock Place, Suite 7, Seattle, WA 98107 (206) 786-0094*

The law in Washington State regarding counselors is covered under statutes RCW 18.130, which you can access by going to [www.leg.wa.gov](http://www.leg.wa.gov). Should you find me in violation of any aspect of the law, please take the appropriate action promptly.

## **Your Responsibilities as a Client**

1. *Scheduling*: Consistency in keeping appointments is integral to the counseling process. I prefer to schedule each subsequent appointment at the end of each session. You may also schedule appointments by calling my confidential voicemail at 206-786-0094. If you and I agree that you have a standing appointment at a certain day/time, I will not schedule another client during that time, as long as you are consistent with attendance. If you have made an appointment with me and need to cancel it, you must let me know at least 24 hours in advance, or you will be charged for that session.
2. *Session Length*: Therapy sessions are 50 minutes, unless we have negotiated a different length of time in advance. If you arrive late for a session, you will be seen for the remaining time and will be charged for the full fee. If I begin a session late, I will either see you for a full 50 minutes if my and your scheduled permit, charge you a pro-rated fee, or schedule a subsequent (and proportionately longer) session.
3. *Fees*: I charge a standard fee of \$100/hour. I am able to adjust this fee if, because of your income, you need to be seen on a sliding fee scale. The initial fee will be determined prior to the first session. Payment is due at the end of each session, unless we agree to other arrangements, and can be made by cash or check. I do not currently bill insurance companies, but I am happy to provide you with the necessary documentation for you to submit to your insurance company for reimbursement.
4. *Attendance*: I see most clients on a weekly basis and prefer to start all new clients on this frequency. If another arrangement is appropriate for you, let's discuss it. If you have a regular weekly appointment time, I will reserve it for you. If you come on a less regular basis or do not know your schedule week to week, I will offer you what openings I have. I will give you at least two weeks' notice of any scheduled vacations.
5. *Completion of Therapy*: I believe that we should end our relationship in person, rather than over the phone. For this reason, I strongly suggest that you take at least one, but up to three sessions to complete your therapy, and for me to know about and work with your desire to end. However, you have the right, at any time in the therapeutic process, to ask for a change of direction or to discontinue.
6. *Temporary Distress*: Counseling can be difficult and even painful at times. Talking about therapeutic material may leave you temporarily feeling worse or may make your symptoms stronger for a time. Please know that this is normal or even to be expected, and please let me know how you are feeling. It is important that I am aware of your feelings, so that I may provide the appropriate support and work with you effectively.
7. *Communication*: Because email is not a secure method of communication, I recommend that our communication outside of the therapy office is through the phone and voicemail.

## Acknowledgement and Consent

---

My signature below acknowledges that I have read, understood and received a copy of this Disclosure Statement, which includes a list of actions considered to be unprofessional conduct, and that I give my informed consent for services.

\_\_\_\_\_  
Client Signature (or personal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (printed)

\_\_\_\_\_  
Susan Ward, LLC

\_\_\_\_\_  
Date

If a personal representative on behalf of the client signs this acknowledgement, complete the following:

Personal representative's name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

**This form will be retained in your medical record.**

**REGULATION OF HEALTH PROFESSIONS --  
UNIFORM DISCIPLINARY ACT**

**Unprofessional conduct (RCW 18.130.180)**

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action.

Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or

(d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;

- (9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
- (10) Aiding or abetting an unlicensed person to practice when a license is required;
- (11) Violations of rules established by any health agency;
- (12) Practice beyond the scope of practice as defined by law or rule;
- (13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
- (14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
- (15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
- (16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
- (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
- (18) The procuring, or aiding or abetting in procuring, a criminal abortion;
- (19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
- (20) The willful betrayal of a practitioner-patient privilege as recognized by law;
- (21) Violation of chapter 19.68 RCW;
- (22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
- (23) Current misuse of:
  - (a) Alcohol;
  - (b) Controlled substances; or
  - (c) Legend drugs;
- (24) Abuse of a client or patient or sexual contact with a client or patient;

(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.