PROFESSIONAL DISCLOSURE STATEMENT

**Colleen O’Rollins, LMFT**

Licensed Marriage and Family Therapist (LF60612559)

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Washington State law and professional ethics mandates that each client be provided with the following information at the commencement of any program of treatment by a licensed psychotherapist. Please read all sections of this Information Disclosure Statement and provide written consent prior to beginning therapy. Questions or concerns you may have in relation to this document are welcome. We will review this document together during our initial session, and return to it as needed throughout the course of our therapeutic relationship.

**Client Rights and Responsibilities:** Under state law and the American Counselor Association Code of Ethics, you have the right to confidentiality of information you share with me and in the course of our work together. Information will be given to others only at your, or your legal representative’s request except in unusual circumstances in which not to do so would pose a clear danger to yourself or another. You have the right to participate in your treatment planning, to ask questions until you understand the goals and methods of our work together and to discontinue treatment if you wish. You have the responsibility for choosing both the person and the treatment modality which best suits your needs.

There are some situations in which I am legally obligated to take actions and break confidentiality. If situations arise in which I believe it is necessary to attempt to protect others from harm, I may have to reveal some information about a patient’s treatment. These situations are unusual in my practice, but include:

• If I have reasonable cause to believe that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.

• If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.

• If I reasonably believe that there is an imminent danger to the health or safety of the patient or any other individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can help provide protection.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

***For those seeking therapy for your child:*** I want to help your family foster an environment that promotes open communication. With that in mind please know that as a parent, if your child is under 13, the child’s permission is not required for me to talk to you about their private session. However, your child may need a place where they can express their feelings and thoughts without having them be reported to their parents and I will not tell you the details of what your child has said in session. If your child is 13 or over, their permission is required before I can communicate anything to you that was said in their session. In Washington State, children 13 years and older are afforded the same level of confidentiality that adults receive. In general, I will give you updates on how the treatment is going but will not talk about the specifics of what your child has said to me. If you have any concerns about this, please let me know.

**Philosophy and Approach:**  I provide culturally sensitive, non-judgmental care to assist clients in understanding themselves and the factors that have shaped them. Creativity, art, talk and meditation can all be used to gain insight. I often use the power of creativity and art making in sessions to encourage exploration of experiences and emotions that may not be easily expressed with words.

The insight gained through our work provides a basis for change. I work with individuals of all ages, couples, and families. I draw from a combination of client-centered practices, including mindfulness based work, Cognitive Behavioral Therapy (CBT), and Dialectic Behavioral Therapy (DBT), always keeping in mind the influences of family of origin, culture and society on individuals.

My therapeutic approach addresses the uniqueness of the person and issues presented with an emphasis on helping clients expand awareness of self and interactions with others.

**Training and Licensure**: I am a **Licensed Marriage and Family Therapist (LMFT)** in the State of Washington and a trained **Art Therapist**. I have a MA in Psychology from Antioch University Seattle. This degree meets all the requirements for practicing as Marriage Family Therapist and an Art Therapist.

**Education and Experience:** Along with my Master’s Degree, I earned a teaching certificate from George Mason University and a B.S. in Geology from the University of Delaware.

I spent 12 years teaching middle school science in Seattle and before that worked as an on-site counselor at a home for developmentally disable adults.

My training at Antioch included working with young adults in the Antioch clinic. I also spent a year interning at Navos Mental Health Solutions where I worked as a therapist for children and teens and their families. I gained experience dealing with myriad issues including trauma, anxiety, depression, abuse, and complications related to ADHD.

In addition to my graduate work I have had additional trainings in Dialectic Behavior Therapy (DBT), Trauma Therapy, Mindfulness Based Stress Reduction, Cognitive Behavioral Therapy, Gottman Method of Couples’ Therapy, Emotionally Focused Therapy, Bi-polar Disorder, and Nutrition & Mental Health. I am a certified DBT therapist, a certified educator for the Gottman “Brining Baby Home” program and a certified MARI practitioner.

**Professional Memberships:** Marriage Family Therapy Association, Washington Association of Marriage and Family Therapists, Seattle Counseling Association, American Art Therapy Association and the Evergreen Art Therapy Association (where I am currently a board member).

**Email**:  Email exchanges between therapist and client are confidential and I have taken steps to protect the privacy of the communication, but despite these precautions, a possibility exists for email hacking. I welcome your emails with any information you wish to send and I may email to schedule an appointment or for billing purposes. I will not communicate anything of a clinical nature via email between sessions.

**Communication, Emergency and Vacation Information:** I check my emails and phone messages frequently and try to return calls within 24 hours Monday-Friday, weekend calls Monday.  My voicemail is confidential. If I can’t be reached and you have an emergency, please call 911 or the **King County Crisis Line at 206-461-3222**.  If I am on vacation, I will provide you with the name of an experienced therapist if you need to make an appointment in my absence.

**Appointments, Fees, and Cancellation Policy:** The sessions are 50 minutes, unless other arrangements are made. An agreed upon hour of time will be reserved for your use on a regular basis. This is important to preserve the consistency of our work together, however, you will not be charged for a rescheduled appointment in the same week. If you arrive late, the session cannot necessarily be extended. I ask that you let me know at least 24 hours before a scheduled appointment is cancelled to avoid losing your reserved time. If I do not receive 24-hour notice, I reserve the right to charge for the session.

My current rate is $130 per 50-minute session. Many clients opt for an 80-minute intake session, the fee for which is $195. Fees are due the same day as session and can be payable by cash, credit, or check. I provide the option to conveniently store your credit card information securely using Square. This allows me to take care of the charges so that we can use session time effectively.

I am considered an out-of-network provider. I am happy to provide you with monthly receipts that you can submit to your insurance company. Receipts are generally provided at the beginning of each month for the previous month. Sliding scale fees are available on a limited basis, according to individual need.

**The department of health requires the following statement to appear:** Counselors practicing counseling for a fee must be registered with the Department of Health 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.

**Concerns or Grievances:**

Please know that I will make every effort for your (or your child’s) treatment to be beneficial and productive for you/your child/your family. If at anytime you feel concerned about the course of therapy, please do not hesitate to talk with me about it. It is every client’s right to terminate treatment at any time, with or without notice to the therapist. If you do not feel these options are suitable or that they are in your best interest, and believe you need to address your concern with a professional monitoring agency, please contact:

Health Professions Quality Assurance

Customer Service Center

PO Box 47865

Olympia, WA 98504

Email: [hpqa.csc@doh.wa.gov](mailto:hpqa.csc@doh.wa.gov)

Phone: 360-236-4700

Fax: 360-236-4818

**Patient Rights:** You as a patient may question or refuse treatment at any time. All services are strictly confidential, however, in such cases where your life, or the life of another person is in danger, I am required by law to break confidence and pursue an intervention. I am also required to report any suspected child or elder abuse or neglect. Your medical records are kept in a locked and secure file. I reserve the right to destroy all records after seven years.

**Records:** In the first several sessions, I will spend sometime gathering information about your family in order to construct a genogram, in addition to recording your general situation and history. These initial notes are to assist me in serving you. Thereafter, I take only brief records, noting that you attended the session, what intervention we have used and the general topics discussed. Your artwork is your property and I ask that you take all completed artwork home. With your permission, I will occasionally take a digital photo of your work for your file. I maintain your records in a secure location. You have a right to look at your file at any time. If you prefer that I keep no records, you must give me a written request to this effect and I will note this in your file.

**Diagnosis:** If you are submitting receipts to an insurance company, you may need me to give you or your child a diagnosis in order to be reimbursed for our work. Diagnoses describe the nature of an individual’s problem including the symptoms and typical duration. When I use a diagnosis in our therapy, I will discuss this with you and supplement you with resources to educate yourself about the diagnosis given. You have a choice not to be given a diagnosis, but insurance companies require it for reimbursement.

**Referrals:** I will occasionally refer clients to other practitioners when their situation is beyond my level of training. I will discuss this decision with you so that we can examine all available options. Additionally, depending on the specific situation, I may request that my clients visit a medical doctor or psychiatrist to supplement our work in therapy. I will supply you with referrals for these visits.

**Length of Therapy:** Together as a collaborative team, we will discuss the length of therapy. By setting goals and tracking your achievements, we will be able to determine the course of therapy. Together, we will decide on our date of termination, and prepare for this transition. However, you always have the right to withdraw from therapy at any time without penalties.

**Emergencies:** For immediate assistance in an emergency call 911. If you are in a crisis, you can call the **King County Crisis Line @ 1-866-427-4747.** Both services are available 24 hours a day.