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### Disclosure Statement

This information regarding the counseling relationship has been provided for your protection and assistance in making an informed choice about treatment.

#### Credentials and Approach to Counseling

Marnee Alfson received her MA in counseling from Western Seminary, Portland, Oregon. She obtained a BA in psychology from Corban University. Coursework completed includes training in ethical practice, cultural diversity, human development, helping relationships, group work, diagnosis, and assessment. Licensed Professional Counselors are required to participate in 40 hours of continuing education every two years. As a professional counselor she will abide by its Code of Ethics as set forth in WAC title 246, chapter 246-847; the laws of the State of Washington; and the American Counseling Association Code of Ethics.

Marnee has experience in working with individuals, and groups on a variety of issues including: survival of physical and/or sexual abuse, marital concerns, adjustment to life transitions, parenting skills, trauma, and spiritual concerns. Her approach to therapy incorporates different therapeutic styles and techniques complimentary to the client and situation. Primarily, she practices from an understanding of relational neuroscience and somatic work. This means her therapy is centered on the scientific understanding of the way the brain functions and recovers from trauma while practicing attachment-based psychotherapy. She views therapy as a collaborative effort in helping clients to recognize strengths, identify needs, understand conflicts, discover new options, set personal development goals, and make informed choices.

When a client talks about personal information and the therapist responds with respect and authenticity, sessions may seem emotionally intimate. To maintain a safe and beneficial environment, the therapeutic relationship will remain on a professional level, and limited to sessions in the office, telehealth, or over the phone, focusing on client concerns. For the benefit of the client, the client and therapist will not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the professional therapy relationship. Cultural sensitivity may require some minor modification.

#### Confidentiality & Client Rights

Everything said in therapy, and even the fact that you are in therapy, is confidential and will not be disclosed except when, based upon information gained from the client or a third party, the therapist is required or permitted by the HIPPA Privacy Standard or Washington state law. As a client, you have the following rights:

1. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
2. To obtain a copy of the Code of Ethics;
3. To report complaints to the Board;
4. To be informed of the cost of professional services before receiving the services;
5. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: **a)** reporting suspected child abuse; **b)** reporting imminent danger to client or others; **c)** reporting information required in court proceedings or by client's insurance company, or other relevant agencies; **d)** providing information concerning licensee case consultation or supervision; and **e)** defending claims brought by client against the intern or licensee;
6. To be free from being the object of discrimination on the basis of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Information may also be disclosed if a client signs a written authorization. Electronic transmission and caller identification by phone, cell phone, email, or internet, increases risk for breach of confidentiality.

In keeping with generally accepted standards of practice, periodic supervision and consultation is made regarding the management of cases with other health professionals, who are bound by the rules of confidentiality as stated herein.

Communication between client and therapist is considered to be a part of the clinical record, which is accessible to the client upon written request to view or to obtain copies. Records are maintained for a period of seven years from date of termination. Records of minor clients will be retained for a period of seven years after their 18<sup>th</sup> birthday or seven years from the date of termination, whichever is the later.

Clients are encouraged to talk with the therapist directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments.

#### Emergency Services

If in need of emergency services, the client should call a crisis line at (800) 273-TALK, (360) 696-9560, or 911.

#### Acknowledgment and Consent for Treatment (please initial line item)

\_\_\_\_\_ The counseling fee is \$180 per session and is payable in full at the beginning of the appointment. These fees are for a 45-minute counseling session as well as 15 minutes for case note preparation.

#### Cancellation, Missed Appointment (please initial each line item)

\_\_\_\_\_ A client "no show" for a scheduled appointment will be charged the full fee for services scheduled if not cancelled prior to 24 business hours of the scheduled appointment.

\_\_\_\_\_ Cancellations of any appointment with less than 24 business hours' notice will result in the responsible party being billed the entire service fee. Proper notice includes by phone, voicemail, or email.

\_\_\_\_\_ Missing three (3) consecutive appointments in a row for any reason and/or three (3) sessions over a three month period may remove client from future scheduling and does not guarantee same date/time of appointment.

#### Telehealth options (please initial each line item)

Telehealth is here to stay and it is important to note how it is utilized within this practice. This practice primarily functions with face to face, in person appointments. Telehealth appointments can be requested in lieu of in person appointments 48 hours prior to scheduled meeting time. There is no guarantee in the adjustment. If the adjustment to telehealth is not able to be made, the client is held responsible for adhering to the cancellation policy. Periodically throughout the year there may be a couple of weeks at a time that we will move our appointments to telehealth. As your therapist, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.

\_\_\_\_\_ There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.

\_\_\_\_\_ Confidentiality still applies for Telehealth services, and nobody will record the session without the permission from you, the client.

\_\_\_\_\_ The use of telehealth is voluntary, and you may withdraw your consent to, or stop receiving services through telehealth at any time without affecting your ability to access covered services in the future.

\_\_\_\_\_ You need to use a webcam or smartphone during the session. It is important to be in a quiet, private space that is free of distractions (including cell phone, other devices, or people) during the session.

\_\_\_\_\_ It is important to use a secure internet connection rather than public/free Wi-Fi.



**Marnee Alfson, MA, LMHC**

Professional executor

I have designated Kimberly Dudley, LPC, LMHC, to act as my professional executor. In the case of death or disability, she will have access to your records to provide psychological services and/ or referrals to other qualified professionals.

As a contingency of my counseling, I \_\_\_\_\_ agree to pay the counseling fee as follows:

1. At the start of each session;
2. The fee of \$180 for each counseling session of 45 minutes;
3. The fee can be periodically adjusted or may be discounted based upon demonstrated need;
4. The full session fee charged if the client fails to cancel a minimum of 24 hours prior to any scheduled appointment;
5. A prorated hourly fee charged for phone calls made by the counselor at my request; and
6. All financial obligations, regardless of insurance coverage or reimbursement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Counselor Signature