

DISCLOSURE AND OFFICE POLICIES

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Licensed Mental Health Counselor – LH00011026

Counselors practicing counseling for a fee must be registered or licensed 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, or necessarily imply the effectiveness of any treatment.

PURPOSE:

This document is written to make you aware of some information you may need to make decisions about your counseling. It is also required by state law.

MY APPROACH:

Therapy is a journey we take together working to create a safe environment in which you can grow emotionally, come to know your true self and live more deeply in your authentic power. I believe the human spirit is resilient and the therapeutic relationship can facilitate healing. My approach is eclectic, experiential and holistic, exploring the past and how it has helped shape current thoughts, feelings and behaviors that can keep you from living your full life and experiencing joy. I have a client centered focus and implement various therapeutic techniques to help meet your specific needs. Please visit my website www.thehealingedge.net for more information regarding my approach to therapy.

EDUCATION AND TRAINING:

MA in Counseling Psychology from Antioch New England Graduate School. Emphasis in Addiction Counseling and Expressive Arts Therapy.

- Adventure Based Education Program (2 years), Seattle Pacific University.
- Training in Nonviolent Communication with Marshall Rosenberg.
- BodhiHeart Sangha – Tibetan and Burmese Vipassana teachings and practice of Mindfulness, Dharma and meditation in the non-sectarian tradition of the Dalai Lamas.

I am committed to my own personal and professional growth through workshops, training, committed relationships and a spiritual focus/practice. I consider learning a life long process.

FEE INFORMATION AND CANCELLATION POLICY:

The fee of _____ for a private one hour session is payable at the end of each session. I do bill some insurance companies. I will provide any necessary paperwork to you should you choose to bill your insurance company. If you need to cancel or reschedule an appointment with me, please do so as soon as possible so I can adjust my schedule accordingly, and I will do the same for you. Cancellation policy: If cancelling within 24hrs for the second or more time, the client is responsible for paying the fee for the missed session.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled or when client's family members communicate to me that the client presents a danger to others.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from

injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the biographical sheet. If you submit claims to your insurance company, they will likely require some information regarding your treatment with me. You have the right to know the diagnosis that I may use in communication with them or their related third-party payer. All diagnosis I use are found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Fourth Edition. A copy of this book is available in my library and you are free to read it.

CLIENT RIGHTS

Ultimately, each of us is responsible for our own treatment and change. I can not guarantee a particular outcome, but I will devote my full attention to you during our time together. If you think I am not helping, please discuss this with me so that I can make appropriate changes, or refer you to another professional. The Counselor Credentialing Act is in place to provide protection for public health and safety and to empower you by providing a complaint process. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Systems Quality Assurance Division, PO Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-2620 or access on-line forms and information at www.doh.wa.gov\hsqa."

UNDERSTANDING AND CONSENT FOR PARTICIPATION

I have received and reviewed the Client Disclosure Information. I have had the opportunity to ask any questions regarding this material and understand the information provided. I am of sound mind and body, participate voluntarily, and understand that I am personally responsible for my experience.

Client Signature

Date

Name (please print)

Phone