

Joseph Rodin, MA, LMHC
5413a Meridian Ave N
Seattle, WA 98103
206-596-6782

Counselor Disclosure Statement

Greetings, and welcome to my psychotherapy practice. Following is some background information.

Degree and Experience: I am a Licensed Mental Health Counselor with a Masters Degree in Psychology from the California School of Professional Psychology (Alliant). I have seventeen years of professional experience in private practice with individuals, couples, families, children and groups.

Philosophy and Style: My philosophy of counseling and psychotherapy is of a process that circles through honest, introspective dialogue and action. This leads to broadened perceptions and beneficial actions that result in deeper levels of integration.

I interact authentically, while grounded in professional understanding. My approach is informed by thirty years study of psychological, contemplative and somatic disciplines.

Most psychotherapy approaches focus at various points on the continuums of insight and action, relationship and initiative, experiencing and integrating. Because change occurs throughout these continuums, seemingly divergent approaches bring complimentary understandings. I draw from various approaches as indicated by a client's goals and the given point within the psychotherapy process.

Length of treatment varies and there are no specific requirements. Periodic evaluations help assess progress. While therapy can be rewarding, clients can expect the work of transcending patterns by opening to deeper levels of honesty and action to be challenging at times.

Confidentiality: Patient's confidentiality is protected under the WA State Statute RCW 70.02. Minors under the age of 13 must have a parental signature for permission to share any information with another party. All patients over the age of 13 must provide written consent for any verbal or written information to be shared with another party. Patients may revoke their consent to share information at any time. Exceptions to confidentiality occur when there is a concern about possible child or elder abuse and/or neglect, or concern of an imminent threat/harm to or by the patient.

Fees and Payment: Individual sessions are billed at \$150.00/ 50 min. Individual sessions and \$175/ 60 min. for couples and family sessions. At this time, all appointments are cash pay at the time of service.

I'm a preferred provider with Regence (in process) and Premera. If using insurance, patients will be directly responsible for all co-pays, deductibles and uncovered services.

Choosing a Counselor: You have the right to choose a counselor who best suits your needs and purposes and to terminate therapy at any time.

Contacting me: You are welcome to contact me by phone at 206-436-4324 any time and I will respond as soon as possible. If you need immediate attention or in case of an emergency, please the Crisis Clinic at 206-461-3222 or call 911.

State Information: 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, nor necessarily implies the effectiveness of any treatment. The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) 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 counselors who would commit acts of unprofessional conduct.

Complaints and Disputes: If you believe that I have caused you harm or have violated your rights, you are encouraged to contact me to discuss the situation. If you find it is not possible to resolve an issue or a complaint satisfactorily, a formal complaint can be made with the Washington State Department of Health at: Washington State Department of Health Health Professions Quality Assurance P.O. Box 47865 Olympia WA 98504-7865

Records of sessions:

I maintain notes and records of our sessions. You have the right to ask me not to keep any records and can do so by submitting a written request specifying your preference (if you are paying by insurance, keep in mind many providers require the provider to keep notes).

Cancelation Policy: Patients will be held financially responsible for missed or canceled appointments unless 24 hours notice is provided, and including Friday, for a Monday Appointment.

Termination: Patients have the right to terminate treatment at any time, with no obligation to the counselor aside from the account balance.

I have provided information in an additional document from the brochure: Washington State Client and Counselor Responsibilities and Rights statement below. Your signature indicates receipt of that document along with this disclosure.

Patient Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____