



COUNSELOR DISCLOSURE STATEMENT

WAC 246-810-031 Requires the disclosure of the following information in written form by counselors to their clients.

LITTLE BIRD PSYCHOTHERAPY, P.S., INC

TIFFANY L. CANNON-KEISER, MA, LMHC

Psychotherapist
Historic Eldridge Building
1325 W. 1st Avenue, Suite 202
Spokane, WA 99201
P (509) 844-2982 F (833) 520-4835
Licensed Mental Health Counselor
License # LH 60447414

Explanation of Counselor Disclosure Statement

Counselors are required by Washington state law to provide written disclosure of the following information to clients before counseling begins and to obtain signed consent to treatment once the client understands the information to their satisfaction. As a client, you have a right to choose a therapist who best suits your needs and objectives.

Please read this statement thoroughly and when it is understood and agreed to, sign the consent for treatment on the last page. This signed statement is our written contract to enter into the therapeutic process. If you have any questions or concerns, please tell me and I will be happy to discuss them with you.

Client's Rights and Responsibilities

You have the right to ask questions about treatment at anytime throughout the period of our psychotherapy sessions. You have the right to refuse or end counseling at any time.

Licensure, Education, Experience and Treatment Philosophy:

I am a Licensed Mental Health Counselor in the state of Washington. I have a BA in Psychology from the University of Southern California and an MA in Counseling Psychology from Boston College.

I have studied, trained and practiced psychology for over 30 years, receiving academic instruction and clinical training in Los Angeles, Chicago and Boston. As a result of my diverse education and clinical experiences, I have developed skills in establishing positive therapeutic relationships with a variety of populations. I have a special interest in, and affinity for, cross cultural counseling, family adjustment to revelations about identity/sexuality and empowering individuals to transcend difficulties in order to heal and find peace.

I have a deep respect for human life and interest in empowering you to face and transcend your pains and sorrows. My primary objective is to provide a safe environment for you to engage authentically so that you may face your life in all reality. It is my firm belief that the therapeutic relationship is the most important change agent. I consider myself to be a partner in your personal quest. As such, I employ cognitive-behavioral interventions, utilize motivational interviewing techniques and provide psychoeducation in order to enable you to gain the insight and awareness necessary to transcend in to greater maturity, wisdom and freedom. I am a member of the American Psychological Association and the Washington State Psychological Association.

My commitment to you:

I am personally and professionally dedicated to providing you with psychotherapy that is beneficial to you. I recognize that clients, therapists and the relationship between them are extremely individual. Uncomfortable

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feelings may come up during psychotherapy and are a natural part of the process. However, if at any time you feel our counseling work is not right for you, please talk to me about it so that I can address your concerns.

Privacy and Confidentiality:

As a psychotherapist, your privacy and confidentiality are my ethical responsibility and of paramount concern to me. I am committed to maintaining your confidentiality regarding our psychotherapy sessions. You have a right to this confidentiality, including the fact that you are or have been a therapy client. There are certain exceptions to my responsibility to keep our sessions confidential which are itemized below.

I reserve the right to release information regarding our counseling sessions or their content under the following circumstances:

- As an ongoing part of my clinical development, and in pursuit of providing you with the best care, I consult regularly with psychotherapy consultants and with other therapists who are required to keep client information confidential.
- I am required by Washington state law to report suspected abuse or neglect of a child, dependent adult, or developmentally disabled person to the appropriate regulating agency. I am also required by Washington state law to inform others if a client threatens to harm herself/himself, or others. In addition, I will not keep information confidential which may jeopardize the safety of staff or clients at the Tapio Professional Center.
- In the event of a subpoena, counselors may be required to disclose information to the court. It is my policy to keep minimally required notes on file regarding our counseling sessions. I do not see clients who are accessing psychotherapy for the purpose of fulfilling court requirements.
- I will share information regarding our therapy sessions with a specific person (i.e. your doctor) upon your request if you provide me with a signed release form.

Appointments, Fees, and Cancellations:

My fee for a 53 minute individual psychotherapy session is \$160. Payment for psychotherapy sessions (including copays, co-insurance and deductibles) must be made by cash or check at the time of service unless other arrangements have been made. When we make an appointment, I will hold that 53 minute time period open for you. If you are unable to keep your scheduled appointment for any reason, please notify me of the cancellation at least 24 hours prior to the time of your appointment. There will be no charge for appointments cancelled 24 hours or more in advance. The regular fee for the session will be charged for appointments cancelled for any reason less than 24 hours in advance and for missed appointments. Insurance will not pay for missed sessions. It is your responsibility to pay this fee before your next regular appointment.

Contacting me:

I can be reached by confidential voice mail at (509) 844-2982. You may also contact me by email at TLCKeiser@LittleBirdPsychotherapy.com (please remember if you contact me by email our email communications will not be encrypted. By nature of the inherent limitations of Internet security, privacy and confidentiality of any email communications we have cannot be assured.)

I check my messages frequently Monday thru Friday and I will return your call or email as soon as possible. Please talk to me if you have questions or concerns about these contact arrangements. I am flexible with regard to phone or email contact for the purpose of introductions, answering brief questions or discussing the scheduling of appointments.

If you are experiencing an emergency situation, please

- Call 911 or
- Call (877) 266-1818 - the Regional Crisis Line or
- Call (800) 273-8255 - the National Suicide Prevention Lifeline or
- Go to the nearest hospital emergency room

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Disclaimer by the State of Washington:

Counselors practicing counseling for a fee must be licensed with the Department of Health for the protection of the public health and safety. Licensure of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

Washington state law requires me as a counselor to provide clients with a copy of the acts of unprofessional conduct, along with contact information for the department of health should you have any complaints against me. A copy of RCW 18.130.180 is attached for that purpose. The contact information is:

Washington State Department of Health
Health Professions Quality Assurance
P.O. Box 47865
Olympia, WA 98504-7865
(360) 236-4700

Signature(s)

My signature indicates that I have provided the client listed below with a copy of LBP's Counselor Disclosure Statement. Furthermore, I have reviewed my education, training, experience, methods, and/or techniques and explained my approach to psychotherapy with the client listed below.

| | | |
|--------------|---------------------------------|------|
| Signature of | Tiffany Cannon-Keiser, MA, LMHC | Date |
|--------------|---------------------------------|------|

With my signature, I acknowledge that I have read and I understand the attached disclosure statement describing the profile, qualifications and policies of Tiffany Cannon-Keiser MA, LMHC with regard to her practice of psychotherapy at Little Bird Psychotherapy. I have had the opportunity to ask questions, and I have received a copy of this disclosure statement and informed consent form.

Having read and understood this information, I consent to counseling with Tiffany Cannon-Keiser, according to the terms described here.

My signature indicates that I have been provided with a copy of Tiffany Cannon-Keiser's Counselor Disclosure Statement and that I have read and understand the information.

| | | |
|------------------|-----------------------|------|
| Client Signature | Client Name (printed) | Date |
|------------------|-----------------------|------|

| | | |
|---------------------------|---------------------------------|------|
| Parent/Guardian Signature | Parent/Guardian Name (printed)* | Date |
|---------------------------|---------------------------------|------|

*Required if client is a minor and under the state-mandated age of consent. Age of consent is 13 years old in the state of Washington, clients 12 years old and younger must have Parent/Guardian consent.