

Leanne Morris, MSW LICSWA  
13040 10<sup>th</sup> Ave NW  
Seattle, WA 98177  
206-228-3133  
leanne@wisdomworktherapy.com

*RCW 18.19.060 and WAC 308-190-040 requires the disclosure of the following information in written form by mental health counselors to their clients.*

**DISCLOSURE STATEMENT:** Washington state law requires all psychotherapists and counselors to provide written disclosure of the following information to clients before counseling begins, and to obtain signed consent to counseling once the client understands the information to their satisfaction. Please read this statement thoroughly and, if you are comfortable with the information and policies provided, sign the Consent for Treatment at the end. If you have any questions or concerns, please let me know and I will be happy to discuss them with you.

**EDUCATION AND EXPERIENCE:** I am a Licensed Clinical Social Worker Associate (license #60702131). I received my Master's in Social Work from the University of Washington in 2005. I have additional training in Compassionate Bereavement Care, Depth Psychotherapy, Jungian Sandplay Therapy, Focusing and Dreamwork.

**MY APPROACH:** Our initial sessions will involve identifying your therapeutic goals and evaluating your needs. By the end of the evaluation, I will offer you some initial impressions of what our work might include and we will create an initial plan for working together. At any point during therapy, we may revise this plan based on your emergent experience and needs. If you have questions about our work together, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional for a different perspective and approach.

**DIAGNOSES:** Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. Diagnoses can help us make sense of troubling situations by providing them a name; however, they can also limit and/or damage the ways we understand ourselves and our experiences. Therefore, as a general policy, I do not give diagnoses unless it becomes necessary or beneficial during the course of treatment.

**CLIENT'S RIGHTS AND RESPONSIBILITIES:** You have the right to choose a therapist who best suits your needs. You have the right to ask questions about treatment at any time throughout the period of our counseling sessions. You have a right to respectful treatment, and you may terminate therapy at any time. In our work together, I encourage you to voice concerns so that we may discuss and attempt to remedy any issues that arise.

**PRIVACY AND CONFIDENTIALITY:** I am committed professionally, ethically, and personally to maintain confidentiality regarding our counseling sessions. You have a right to this confidentiality, including the fact that you are or have been a therapy client. I keep records relating to dates of service, fees both paid and unpaid, and session notes to assist me in our work together; these records are strictly confidential. Exceptions to confidentiality are as follows: 1.) 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. 2.) I am also required by Washington state law to inform others if a client threatens to harm herself/himself, or others. 3.) In the event of a subpoena, I may be required to disclose information to the court. 4.) I will share information regarding our counseling sessions with a third party (i.e. your doctor, teachers, family members) if you provide me with a signed release form asking me to do so. This permission can be revoked at any time. 5.) If you are seeking reimbursement from your insurance provider, I may also be required to release relevant information about the service I am providing.

In addition to the above situations, in order to comply with Washington State regulations, I receive regular supervision from a licensed and State-credentialed supervisor, with whom I discuss my cases. As an ongoing part of my clinical development, and in pursuit of providing you with the best care, I also consult regularly with psychotherapy consultants and with other therapists who are required to keep client information confidential. In the case of these consultations, I make every effort to withhold any identifying information about you.

If you contact me by email, please note that 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.

\_\_\_\_\_ 'Client' Initials

**Leanne Morris, MSW LICSWA  
DISCLOSURE STATEMENT**

**UNPROFESSIONAL CONDUCT:** If you feel your privacy rights have been violated, you may obtain a copy of the acts of unprofessional conduct listed under RCW 18.130.180 and/or file a complaint with the Secretary of the Department of Health and Human Services:

HSQA Complaint Intake PO Box 47857 Olympia, WA 98504-7857  
Email: HSQComplaintIntake@doh.wa.gov  
Phone: 360.236.4700 Fax: 360.236.2626

**FEES AND SCHEDULING:** I charge \$75 for adults per 60-minute session unless otherwise agreed upon. For children, I charge \$60 per 45-minute session. Payments are to be made at the beginning or end of each session, either by check, cash or credit card. If you are unable to keep your scheduled appointment for any reason, please notify me of the cancellation by voice mail, text or email 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. I reserve the right to charge my full fee for any session cancelled with less than 24 hours in advance, and for missed appointments.

**CONTACT INFORMATION AND RESOURCES:** You may contact me via email at [leanne@wisdomworktherapy.com](mailto:leanne@wisdomworktherapy.com) or text or leave a message at (206) 228-3133. Please note these forms of communication are not fully protected, and if you do communicate via email or phone, you do so at your own risk to your confidentiality. In case of emergencies, call 911; the 24-hour King County Crisis Clinic at 206.461.3222 or 1.866.427-4747; or visit the nearest emergency room.

**SOCIAL MEDIA:** I do not accept friend or contact request from current or former clients on any personal social networking site. Adding clients as friends or contacts on these sites has the potential to compromise your confidentiality and our respective privacy. Regarding professional social media networking sites such as Facebook or LinkedIn, I want you to be informed that if you like my page or connect with my professional social media you are potentially compromising your confidentiality as a client.

**CONSENT TO TREATMENT:** Disclaimer by the State of Washington: "Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

I understand that if I have any questions or would like additional information, I may feel free to ask during the initial session and any time during psychotherapy process. By signing this disclosure statement, I also give permission for the inclusion of my partners, spouses, significant others, parents, legal guardians, or other family members in psychotherapy when deemed necessary by myself, or Leanne Morris for purposes of assessment or treatment. I understand that confidentiality cannot be assured for electronic communication like cell phones, e-mails, and faxing. I do not hold Leanne Morris responsible or liable for breach of confidentiality if I choose to communicate with her by these electronic means. I understand Leanne Morris's intent to maintain strict confidentiality. This includes not discussing with any person that may have referred me that I have entered into a professional relationship with her.

By signing below, I acknowledge I am of sound body and mind and participate in therapy voluntarily; I have read and agree to the terms of the Disclosure Statement and the accompanying information sheets. I acknowledge that I have been given a copy of this document for my records. I acknowledge that I have had the opportunity to clarify the conditions under my consent to treatment. I understand that by signing below I am consenting to treatment with Leanne Morris, LICSWA according to the terms described in this document. I understand that payment is due at the time of service. If I am seeking reimbursement from insurance, I authorize the release of any information necessary to process any claims.

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ 'Client' Initials