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*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:** I have an eclectic approach to therapy that focuses on what is most comfortable and beneficial to the client. I invite you to collaborate with me during the therapy process, and to vocalize your goals for work inside and outside of the therapy session. If at any point therapy with me no longer feels like a good fit, I would be happy to refer you to another therapist.

**DIAGNOSES:** Diagnoses are technical terms that describe the nature of mental health problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. Sometimes 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.

**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: HSQUComplaintIntake@doh.wa.gov  
Phone: 360.236.4700 Fax: 360.236.2626

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

