

# Client Disclosure Statement

**Mark J Goodman, MA**  
**Mindfulness-Based Psychotherapy**  
**210 ½ West Galer Street**  
**Seattle, WA 98119**

(206) 605-3441, Teawrite1@comcast.net; State License Number: LH00010410

Welcome! Before we start counseling it is both my desire and a requirement of Washington State law to provide you with the following written disclosure of information. Reading and signing this form establishes our contract for therapy services. Please read this statement thoroughly and when it is understood and agreed to, sign the consent for treatment on the last page.

## **General Information**

My mission is to provide a safe environment in which you can grow, come to know yourself more deeply, and find a way to improve your life and relieve your suffering. My counseling style is both educational and therapeutic. Yet underlying all practices is my deep respect for each person's capacity to heal and find their own answers. I want to provide the means and the guidance to support you in finding the internal and external resources to create the life you want to create.

## **My Approach and Scope of Practice**

My approach is eclectic, systemic, holistic and humanistic. As a mindfulness-based, experiential therapist, I am going to be using your present moment, here and now experience as a doorway into the core wounds and hurts that need attending to. I believe it is accessing those wounds and developing the capacity to be with them that allow you to process the material and become more whole and more human, that frees you from the frozen, habitual patterns that block your resources and your life force. I believe in the inherent strength of every human being. I look for and help bring to light these inner resources that are often hidden by our wounds and core habitual beliefs. Ultimately, I want to help you unfreeze frozen harmful patterns and move toward more freedom, more choice, and more joy in your life.

The course of therapy is not linear and there are no guarantees of the outcome but many of my clients do report that therapy improves their interpersonal relationships, improves their ability to find joy and satisfaction in their lives, and resolves the issues that originally brought them to therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Things also might get worse before they get better as therapy requires uncovering core, painful parts of the self and requires a level of self-honesty that can be uncomfortable. I will periodically ask for feedback as to how the therapy is going, your progress and views on the process and I am always open to your feedback and what you might be needing. I provide neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within my scope of practice.

## **Education and Training**

I have been in practice for almost years now. I received a BA degree in English from Brown University, an MA in teaching from Tufts University, and an MA in counseling from LIOS/Bastyr University. I taught middle and high school English for five years. I did my intern training at Group Health Cooperative. I have also done extensive work facilitating workshops on communication skills and alternatives to violence in WA state prisons. I consider myself a life-long learner. I am constantly participating in workshops and retreats which further my growth and nourish me at my core. I feel it is part of my job to continue to learn and grow so that I can serve you to the best of my abilities.

## Ethics and Professional Standards

The Washington State Counselor Credentialing Act (WAC 246-810) requires that any counselor practicing counseling for a fee must be registered or licensed with the Department of Health. This law was designed for the protection of the public health and safety, and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. However, registration of an individual with the Department does *not* include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

**Client Rights:** As a client receiving counseling services in the State of Washington, you have the right to: 1) Choose the counselor and treatment approach that best suits your needs and purposes; 2) have full and complete knowledge of your counselor's qualifications and training; 3) be fully informed as to the terms under which services will be provided; and 4) refuse treatment.

**Confidentiality:** I am bound by professional ethics to protect client rights to confidential communications in regards to their involvement in counseling. *All issues discussed in the course of counseling are strictly confidential.* By law, health care information pertaining to you may be released only with your written consent or the consent of a parent or guardian. For this reason, if you want me to release information about your participation in therapy, I will require a signed "Release of Information" from you. A release is legally valid for ninety (90) days from the date of signature. However, the law (RCW 18.19.180) provides **exceptions to client confidentiality** where *information may be released without your consent:*

1. In the event of a medical emergency information deemed necessary for treatment *may* be released.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals *must* be contacted. This may include the individual against whom a threat is made.
3. In the event of suspected abuse of a child, dependent adult or elder, the proper authorities *must* be contacted. The abuse does not have to be personally witnessed by the counselor.
4. If you register a complaint with the Washington State Department of Health, information will be released as requested or required by the State to resolve the issue.
5. If ordered by a judge or other judicial officers, information regarding your treatment *must* be disclosed.
6. If an attorney in the state of Washington duly subpoenas your records, they will be released unless you file a protection order within 14 days of the subpoena.
7. In the event of a client's death or disability, information will be released as authorized by the client's personal representative or beneficiary.
8. A counselor is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act.
9. Evidence that a minor client was a victim of a crime *may* be released to the proper authorities.

**Record Keeping:** By law I am required to keep records of our sessions for 5 years unless you request in writing that no records be kept beyond basic identification. You have a right, by law (RCW 70.02.070), to see and copy that record. Also, you may ask to make correction(s) to your record. Both these requests must be made in writing. A reasonable fee will be charged for reviewing and/or photocopying any portion of your record. When more than one client involved in treatment, such as in cases of couple and family therapy, I will release records only with the signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment. If you have concerns regarding the treatment records please discuss them with me.

**Emergencies:** I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your psychotherapeutic issues are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate, or consult. If for any reason you are unable to contact me by telephone and you are having a true emergency, please call the Crisis Clinic

(206-461-3222) or 911 or check yourself into the nearest hospital emergency room immediately if your personal safety or mental health is at stake.

**Touch:** I may also incorporate non-sexual touch as part of psychotherapy. Sexual touch of clients by therapists is unethical and illegal. I will ask your permission before touching you, and you have the right to decline or refuse to be touched without any fear or concern about reprisal. Touch can be very beneficial but can also unexpectedly evoke emotions, thoughts, physical reactions or memories that may be upsetting, depressing, evoke anger, etc. Sharing and processing such feelings with the therapist, if they arise, may be a helpful part of therapy. You may request not to be touched at any time during therapy without needing to explain and I will always honor that request.

**Case Consultation:** I practice professional consultations for the purposes of professional training, accountability and providing the best counseling service possible to clients. I may at times discuss your situation with other professionals while being very careful not to disclose your identity. Please speak with me if you have concerns regarding this practice.

**Termination:** It is every client's right to disengage from counseling with or without notice to the treatment provider. However, I request notification of termination of therapy. I find it helpful to arrange a final session to explore termination, and review counseling goals and progress. Please understand that your file will be considered closed 90 days after the last counseling appointment.

**Unprofessional Conduct and Complaints:** If you have any concerns about your experience, please discuss it with me. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857, 360-236-4700, [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov). Complaint forms are available at: <http://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility.aspx>

### **Fee Information, Insurance and Cancellation Policy**

**Fee:** My fee for private sixty minute psychotherapy sessions is \$150.00 and is payable at the time of service.

**Cancellations:** If you must cancel your appointment please contact me at least 24 hours in advance. This ensures I can see other clients in the opening and can plan accordingly. You will be responsible for the fee when cancellations are received less than 24 hours in advance. (Exceptions can be made for emergencies)

**Insurance:** At this time I do not accept insurance. However, some insurance plans will cover my work as an out-of-network provider. Please contact your insurance company for more information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break in's and unauthorized access. Medical data has been also reported to be legally accessed by enforcement and other agencies, which also puts you in a vulnerable position. Insurance will not cover missed session for those getting reimbursed by their health insurance company.

**Other:** Any work between sessions such as writing assessments or letters on your behalf or talking to other care providers will also be charged at my hourly rate. I am open to phone calls or e-mails between sessions and anything beyond a quick exchange of information will be charged at my hourly rate.

**Referrals:** I welcome referrals, which signify your satisfaction and trust in my services.

### **Electronic Communications**

If you wish to communicate with me via e-mail, text, video chat or cell phone, please be aware that , e-mail, cell phones, text chats and text communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, my e-mails are not encrypted. As part of this contract, if you choose to communicate with me through text or e-mail, video chat or cell phone, you are agreeing not to hold me responsible for any breach of confidentiality that may occur by someone else accessing the information sent to or from me.

### **Telehealth**

There may be times that it might be necessary or requested by me, your therapist, or you, the client to engage in telehealth. Telemedicine includes mental health consultation, treatment, and education using interactive audio, video, and/or data communications. The risks from telemedicine may include, but are not limited: the transmission could be disrupted or distorted by technical failures; the transmission could be interrupted by unauthorized persons; and/or misunderstandings can more easily occur.

### **Legal and Court-Related Activity**

I have chosen not to pursue any coursework or post-graduate training in forensic psychology. Therefore, it is my policy not to become involved in clients' legal matters. I do not offer reports suitable for court proceedings, or my testimony in legal matters such as divorce or custody cases as part of my services. If you are seeking psychotherapy with the knowledge that at some point you will want your counselor to aid you in a legal proceeding or to testify on your behalf, I suggest strongly that you seek another psychotherapist that specializes in forensic psychology and has the proper training to be of service to you.

Due to these reasons and also due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you, nor your attorney, nor anyone else acting on your behalf will call on me, Mark J Goodman, to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Consent for Participation in Counseling Services**  
**Provided by Mark J Goodman, LMHC, License Number: LH00010410**

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.

I understand that confidentiality cannot be assured for electronic communication like cell phones, e-mails or texts. I do not hold Mark J Goodman responsible or liable for breach of confidentiality if I choose to communicate with my psychotherapist by these electronic means.

I have received and reviewed the Client Disclosure Statement. 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)	Home Phone
_____	_____
Street/Mailing Address (Please Print)	Work/Cell Phone
_____	
City/State/Zip	
_____	_____
Counselor Signature	Date