

W. Jaime Moss LMHC, SUDP

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Disclosure Statement

My practice includes two specialties, mental health counseling and chemical dependency treatment. I received my Bachelors degree in psychology, chemical dependency and deaf studies from Seattle Antioch University in 2001. I finished my Masters degree in clinical psychology at the same university in 2004 and became a registered counselor in the state of Washington in 1999. My counselor registration number is RC00038027. Registration by the state does not necessarily imply endorsement or recognition of any practice standards. In 2002, I was granted a Washington state license to practice chemical dependency counseling now titled substance use disorder professional. My license number is CP00004147. In 2006 I was granted a Washington state license in mental health counseling, LH00010791. You may contact the Department of Health at (360) 236 - 4700 with questions or concerns.

Treatment Policies

Treatment is tailored to each individual according to their needs and goals. My therapeutic orientation is based on the belief that people are motivated to find meaning in their lives. In therapy we use various strategies to help clients develop or strengthen problem solving, conflict resolution and communication skills.

You have a right and responsibility to be involved in every aspect of your treatment planning and therapy. If you are not comfortable with our work or feel that we are not progressing, it is important that you let me know. This will enable us to explore other options. You also have a right to discontinue treatment at any time or to request a referral to another therapist.

It is difficult to know in advance how long it will take to reach your therapy goals. Only a few sessions are necessary when there are specific difficulties arising from a relatively small aspect of one's life. On the other hand, when problems are larger in scope, encompass many aspects of one's life, and have been present for a long time, therapy could take much longer. After several sessions, I will have a better sense of the length of treatment I would recommend.

Confidentiality

While material disclosed within the therapeutic relationship is protected and confidential, Washington State law (RCW 18.19) requires the disclosure of this information under the following conditions:

I have a written request from you or your legal guardian to share information with another person;

I am served with a court order that requires me to release my records;

I suspect that a child, a physically or mentally disabled person, or elderly adult is being physically or sexually abused or neglected;

I believe that you are a danger to yourself or another;

If you communicate that you are contemplating or committed a crime or harmful act; or

If you waive the privilege by bringing charges against the person registered under this chapter;

In order to ensure that I am providing the best possible counseling, I sometimes seek consultation from specific colleagues regarding clients. In order to protect client privacy, I do not release identifying information during consultations.

Fees

My fee is \$175.00 per 50 minute counseling hour. Payment is expected at the completion of each counseling session unless prior arrangements have been made in advance. Phone calls over 10 minutes are prorated at the appointment rate of \$150.00 an hour. Reports and reviews of incoming information are also billed at the same rate. If this fee structure does not work for your financial situation, please ask me about my sliding fee slots. Your fee may be increased if therapy continues for more than 6 months or if your financial situation changes.

Cancellations must be phoned in 24 hours before the scheduled appointment time or ***you will be responsible for the full fee for missed appointments***. If you are late for a session, you will be given the time remaining in your hour and be charged the full rate.

Please be sure to ask if you have any questions about the topics described above. I would be happy to clarify them for you before you sign this consent.

I have read and understood the disclosure statement and have received a copy for my records.

My fee has been set at \$ _____ per therapy hour.

Print Name

Signature

Date

W. Jaime Moss LMHC, CDP

Date