



## **Carrie Farrell - Counselor Disclosure Form**

Washington State Licensed Counselor  
#MC60711851  
The Playground  
11310 NE 99 Circle  
Vancouver, WA 98662

Washington state requires that therapists provide clients with written information about their education, treatment philosophy, and service policies. It is your right and responsibility to choose the provider who best fits your needs and goals for therapy. Please read the following information carefully and ask me any questions that you have before you sign intake documents. It is also your right to refuse treatment at anytime.

### **Education / Training / Therapeutic Orientation / Professional Background**

As a Licensed Mental Health Counselor, the state of Washington my approach to counseling is relational and strength based. I utilize positive psychology, psychodynamic, dialectical, and cognitive strategies to better understand what's currently happening. I also will use play therapy and sand tray therapy when warranted. I put a strong focus on the role of family dynamic on presenting issues.

I hold a master's degree in Counseling from Western Seminary-Portland as well as a Bachelor's degree in Social Science from the University of Utah. I follow the code of ethical behavior as set forth for me by the State of Washington including maintaining all continuing education requirements to maintain my internship license. I am also the supervision of a Washington State Licensed Mental Health Therapist.

I've worked in an inpatient addictions center, with teen parents, and in the university setting. I've worked in private practice since 2016 where I've worked with individuals, couples, and families on a wide variety of issues including depression, anxiety, mood disorders, communication issues, healthy boundaries, chronic pain and assertiveness.

I currently specialize working with children, teens and young adults that struggle with chronic pain or chronic illness. I believe in a holistic approach to pain and illness including parental and family involvement when beneficial. I also specialize in working with high performers/athletes. I have been in the world of athletics for 35 years including coaching at the collegiate level.

### **Confidentiality/Mental Health Emergency**

You have the right to ask questions at any time and the right to receive respectful, professional treatment. You have the right to refuse treatment or to end treatment at any time. You have the right to confidentiality and notes taken from our sessions will be stored electronically in compliance with HIPAA standards. I will not release any information about you without your written consent except in certain situations including; a legal subpoena, a suspected incident of child or elderly abuse, or if I assess you to present an immediate danger to yourself or another person. Additionally, if insurance is being utilized for payment, insurance agreements typically require that I submit a diagnosis and sometimes a treatment plan or summary. If you find yourself in a mental health emergency, please

call 911 or the Clark County Emergency Line (360) 696-9560 or go to the nearest emergency room immediately. Any complaints may be filed with:

**Rights of Clients**

Therapy is understood to be a choice made by the client. Outcomes cannot be guaranteed. Client who choose therapy may benefit from treatment and experience improvement in symptoms, or they could fail to improve, or even potentially worsen. The client may choose not to seek treatment at this time. Alternative options include other counselors, books, support groups, self-help resources and other modes of treatment. Medical treatment may also be an option. If therapy is chosen, some clients need only a few sessions, to achieve their goals, while others may require months or even years of counseling. The client has the right to stop receiving services at any time, however, it is understood that stopping services prematurely may result in the return or worsening of initial problems and symptoms

It is appropriate for clients to raise questions about the counselor’s orientation and training, diagnoses, fee policies and course of treatment. Communication between client and counselor is considered to be part of the clinical record, which is accessible to the client upon written request. Records are maintained for a period of ten years from the date of the last sessions. Record of minor clients will be retained for a period of ten years after their 18th birthday or ten years from the date of the last session, whichever is later.

Clients are encouraged to talk with the counselor directly if dissatisfied with services received, desire of a second opinion or referral, or if intending to discontinue appointments. If the counselor is not able to resolve the client’s concern, a complaint can be filed with:

The Department of Health; Customer Service Center

**Therapy Protocol**

1. All cancelations need to be within 24 hours of a session. Each client will be given one session of grace in case of emergency or simply forgetting. Each client will be allotted one missed session per 6 months. If a client misses or has more than 3 missed sessions or late cancellations counseling services will be terminated for 6 months.
2. All no shows or late cancelations after the 1<sup>st</sup> exception will be charged half of the cost of a session.
3. All clients need to have a have a credit card on file to cover co-pays or late cancelations/no shows. Sessions will be charged following each session and a receipt will go directly to a client.
4. All phone calls will be returned within 2 business days. I will not respond to phone calls on the weekends or outside of business hours unless a set phone appointment has been made. Email is the easiest way for me to respond.
5. All sessions will be schedule for a specific day and time. This day and time will be locked in until it is changed online. Clients will need to make these changes online. School based sessions need to be changed with me directly.
6. Gifts between client and counselor is not recommended.

Washington State Department of Health  
Health Systems Quality Assurance  
Complaint Intake  
PO box 47857  
Olympia, WA 98504-7857 (360-236-4700)

Client Signature: \_\_\_\_\_ Datte \_\_\_\_\_