

RB Therapy LLC
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THERAPY INFORMATION DISCLOSURE STATEMENT

Confidentiality

With the exception of certain specific exceptions described below, you have the right to the confidentiality of your therapy.

The following are legal exceptions to your right to confidentiality. I would do my best to inform you of any time I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I am required to attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

Record-keeping

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time, giving me the chance to print it out from my computer. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

Online/text Communication

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my internet service providers (ISP). While it is unlikely that someone will be looking at these logs, they are possibly available to be read

by the system administrator(s) of the ISP. Any emails which I receive from you and any responses that I send to you become a part of your legal record.

Social Media

I do not accept friend or contact requests from current or former clients on any social or professional networking sites. Adding clients as friend or contacts on these sites has the potential to compromise your confidentiality and our respective privacy.

Diagnosis

If a third party such as an insurance company is paying for any part of your bill, I am normally required to give a diagnosis and treatment plan to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the DSM-IV TR; I have a copy in my office and will be glad to let you borrow it and learn more about what it says about your diagnosis.

After Hours or in my Absence

If you are experiencing an emergency when I am out of town, or outside of my regular office hours (after 5 pm weekdays or over the weekend), please call the Crisis Clinic at 206-461-3222. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance.

Your Responsibilities as a Therapy Client

I. You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 53 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session at our next regularly scheduled meeting.

II. You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. My fee for a 53 minute session is \$105. (Reduced Fee \$_____ Initials _____ Initials _____)

Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Examining Board for Psychology, Dept. of Health, Olympia WA 98504. You are also free to discuss your complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality about what I do that you don't like, since you are the person who

has the right to decide what you want kept confidential.

I am a clinical member of the American Association of Marriage and Family Therapy. I am currently licensed in WA State as a LMFT (licensed marriage and family therapist). I meet regularly with a supervisor (Jerry Saltzman LMFT). Additionally I also meet regularly with a peer consultation group. In both supervision and consultation, your identity and unique identifying information will be protected. The other professionals with whom I meet are bound to the same standards of confidentiality as I am.

WA State law requires that the disclosure statement include the following two paragraphs:

1. WAC 308-109-040: “Counselors practicing for a fee must be registered or licensed with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, or necessarily imply the effectiveness of any treatment.”
2. SHB 1828: “A record of the mental health care provided to you is kept in this office. You may ask to see and copy that record. You may also ask this office to correct that record, if you believe the information within your record is in error. A copy of your correction to the office records will be placed in your record, at your request. This office will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so. You may see your record or get more information about it at this office.

Acknowledgment

I have read and understand the information presented in this disclosure statement. I have received a copy if requested.

Client Signature _____ Date _____

Printed Name _____

Client Signature _____ Date _____

Printed Name _____

Client/Parent/Guardian Signature _____ Date _____

Printed Name _____

Therapist Signature _____ Date _____
