

AMS Counseling and Consultation, LLC

AnnMarie Stankovich, M.A., LMHC, NCC
200 First Ave. West, Suite 400, Seattle, WA 98119

Disclosure Form

Training and Degrees: I received my Bachelors Degree in Sociology from the University of South Florida, in Tampa, Florida. In 2001 I received my Masters of Art Degree in Rehabilitation and Mental Health Counseling from the University of South Florida. In April of 2004, I became a Licensed Mental Health Counselor in the State of Washington (#LH00008811) as well as a National Certified Counselor (ID: 200844).

Counseling Orientation: Cognitive Behavioral Therapy

Billing and Insurance Information: The fee for counseling will be \$____ per 50 minute session. Payments are to be made at each session (cash or check). You will be charged for a missed appointment if you have failed to notify me within 24 hours of our scheduled time (illness and emergencies excepted). Fees may increase periodically, and thus the fees are subject to change with two weeks prior notification.

I do not file insurance claims for you. If your insurance provider will be covering the cost of your counseling then you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. I will be glad to fill out any part of the form that is necessary.

Choosing a Counselor: You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

Confidentiality: There is a legal privilege in this state protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others.

- 1) The client gives written permission to share confidential information.
- 2) Anything that suggests a crime or harmful act.
- 3) If the client is a minor, and there is indication that she/he was the victim or subject of a crime.
- 4) The client brings charges against the counselor.
- 5) In response to a subpoena.
- 6) As required under chapter 26.44 RCW.

When it is possible, we will discuss any exceptions to confidentiality as they arise.

Consultations: I regularly consult with other professionals regarding clients with whom I am working. This

allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

Scheduling Appointments: Appointments are generally made on a regular, weekly basis. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of a session.

State Information: Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

Unprofessional Conduct: The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number: Department of Health, Counselor Programs

P.O. Box 47869

Olympia, WA 98504-7869

360.664.9098

Contacting Me by Phone: You may leave me a message at 206-354-6384. I will check these messages on a regular basis. Please limit your phone conversation needs to appointment scheduling and emergencies.

Emergencies: If you are in an emergency and cannot reach me, please call one of the following numbers for help: General Emergencies 911

Crisis Clinic 800.244.5767 or 206.461.3222

I have read and understand the information presented in this form.

Client Signature

Date

Therapist

Date