# Ellen P. Nelson, M. Ed., LMFT

## *DISCLOSURE STATEMENT AND OFFICE POLICIES*

**STATE OF WASHINGTON REQUIRED DISCLOSURE STATEMENT**
Washington State law requires that I inform you that "Counselors practicing counseling for a fee must be licensed with the Department of Licensing for the protection of the public health and safety. Licensure of an individual does not include recognition of any practice standards nor necessarily implies the effectiveness of any treatment". I am a Licensed Marriage and Family Therapist in the State of Washington (License # LF00001339).

**EDUCATION**
I received my B.S. in Special Education from the University of Illinois in Urbana, Illinois. I completed a Masters in Educational Psychology at the University of Washington in 1990. I completed a post-graduate clinical training program in marriage and family therapy at Presbyterian Counseling Services in Seattle in 1997.

**THERAPEUTIC APPROACH**
I work with individuals, couples and families. My overall framework is a family systems approach and may also include a cognitive behavioral and EMDR approaches. I will be interested in your interactions within your family system and the other systems in which you participate such as, school, work and community. I will also be interested in the course of your life's development overall and your current development.

My work can be either short or long term depending on the therapeutic issues and your own personal goals. Our initial sessions will be evaluative as well as therapeutic. We will begin gathering historical background and discussing your concerns. Together we can work to identify issues appropriate for a therapeutic focus. My training and experience will come in to play as we work together to assist you in reaching your goals. Through the therapeutic process, we hope to increase your ability to promote your healthy development and accomplishment of life goals.

**CLIENT RIGHTS**
You are entitled to receive appropriate care, respect and confidentiality. It is appropriate for you to raise questions at any point in the therapy process. It is your right as a client to choose the therapist and therapy modality which best suits you. You have the right to terminate therapy at any time. In order to have a healthy closure, it would be important for us both to participate in the process.

**CONFIDENTIAL COMMUNICATIONS**
All issues discussed in the course of therapy are strictly confidential. Information regarding your treatment will only be released with your written permission. However, the laws of the state of Washington require certain information to be released in specific situations, such as: suspected abuse of a child or elder; in the case of possible imminent harm to yourself or others; or in some cases of court subpoena.

Other exceptions to confidentiality occur when you choose to use a cell phone or e-mail to communicate with your therapist.

Like other therapists, I seek supervision and consultation from other therapists to ensure the highest quality of services to you and to facilitate my own professional growth. Identifying information is protected and confidentiality rules bind the consultants.

**OFFICE POLICIES**

Appointments are scheduled directly with me. My fees are $160 for the initial diagnostic session and $120 per 55 minute therapy session and are payable at each session unless we make specific plans to do otherwise. If you arrive late for an appointment, I can't extend the session into another person's time. Please help me to start on time for you and the next person. (Initial)____________

There is no charge for appointments that are canceled with 24 hours notice. Without 24 hours notice, you will be responsible for full payment ($120). (Initial)____________

Phone calls longer than 15 minutes are pro rated at my hourly rate ($120). (Initial)__________

If you have insurance that will pay for your therapy, you need to be aware that I cannot guarantee confidentiality. Many insurance companies require information about diagnoses, treatment goals and progress towards goals. Your insurance company may exercise their right to view your records for auditing purposes. I assume that you will take responsibility for knowing your insurance benefits. Any fees not covered by your insurance company are your responsibility.
(Initial)____________

I have received a copy of Ellen P. Nelson's Notice of Privacy Practices. (Initial)____________

I am an independent psychotherapist in private practice and am solely responsible for my personal, professional and financial decisions and actions. Each professional in this office is an independent care provider and therefore not responsible for the actions of the other professionals at this office.

I look forward to working with you.

I have read the above material and agree to its terms. I have had the opportunity to ask questions.

______________________________________ ____________________
Client Signature Date

______________________________________ ____________________
Ellen P. Nelson, M.Ed. LMFT Date

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