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Disclosure: You have the right to choose a health care provider *who best suits your needs and purposes. And you have the right to information about my qualifications. Please read the following disclosure information for counseling services.* ***You have the right to refuse services.*** *Stopping therapy early may result in the return or worsening of the initial problems or symptoms. As a client with me, pursuant to Washington State law, you have the right to know about my qualifications. I graduated from San Francisco State University with BA's in Sociology and Psychology in 1979. I graduated from the University of Washington School of Social Work in 1982 with a Masters of Social Work (MSW). My graduate school emphasis was in two areas: child welfare and rehabilitation services. Since that time, I have worked with children and families in a multitude of settings. These include the following: Children's Residential, Children's Outpatient, Crisis Management, Gang Intervention, Preschool and School-based Day Treatment, Juvenile Corrections, Homeless Youth, Home-based Therapy, Special Education, Drug and Alcohol Prevention and Intervention, as well as Long Term Foster Care. I received my doctoral education in Clinical Social Work from Smith College School for Social Work and received a PhD April 13, 2017. I am also a Licensed Independent Clinical Social Worker in the State of Washington: LW00006047). In addition, I am a member of the Academy of Certified Social Workers (ACSW). Finally, I hold specialties in Developmental Disabilities and Ethnic Minority Mental Health through the State of Washington.*

My theoretical background includes Psychodynamic, with an emphasis on Object Relations, Insight Oriented, Play, Attachment, Trauma Informed as well as Cognitive Behavioral, Structural and Strategic Family Therapy techniques. I work on discussing options with children and their parents. In addition, my work has focused on Children and families of Color, and their specific needs. I have worked in school settings and am well versed in behavior and classroom management strategies, as well as IEP (Independent Education Plan) functioning. My style is flexible and adapts to the needs of each youth and family.

During the time we spend together, you will often hear me talk about practice. I believe there is a distinct difference between what a person says s/he can do and their performance. I addition, what a person understands about themselves is not valuable to them until they can apply that understanding to their everyday life. From my point of view, knowing the "Right Thing" is different than doing the fight thing. Therefore, we

will need to clearly define your goals so that we can see evidence of your progress.

Because change can be a difficult process, clients vary in the amount of time they must spend in therapy before they see the connection between what they understand and how they behave. Some clients will complete their goals between five to eight sessions. Other individuals and families require considerably more sessions to address their difficulties.

Acknowledgment of receipt of disclosure: Your signature below will acknowledge that:

1) *A copy of my information disclosure (above) has been provided to you.*
2) *You have read and understood the information disclosure as provided to you and have had the opportunity to ask questions.*
3) *A copy of the Department of Health brochure published for counseling/hypnotherapy clients and the privacy practices notice have been provided to you at the same time as this statement.*
4) *You request and consent to receive counseling from Stephen T Wilson, MSW; you understand that you participate in deciding which services you receive and that you have the right to refuse services.*
5) *You have the right to choose counselors and treatment modalities which best suit your needs and purposes.*
6) *This subsection does not grant clients new rights and is not intended to supersede state or federal laws and regulations, or professional standards.*
7) *You understand that "counselors practicing for a fee must be registered or licensed with the Department of Health for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standard, nor necessarily imply the effectiveness of any treatment".*

Client/parent/guardian signature: _____ _____Date: _____
Therapist signature: _____Date: _____

Counseling can have risks and benefits. *There are options to treatment; this can include declining counseling or trying a different therapeutic approach. As stated in this disclosure, this therapist will utilize workbooks and may recommend reading material that pertains to treatment. Various behavioral and cognitive treatment approaches will be employed. Medication can be helpful in some cases but not all. Reactions to treatment can include feeling better or worse after starting counseling. Counseling can bring up issues that are hard to confront and feeling worse could be a possible reaction. In that event, it is imperative that the client (or guardian/parents of the client) inform this therapist immediately should the client feel worse. Communicating this also with the primary care physician is important since coordinated treatment between this therapist and the primary care physician can be helpful in problem-solving with the client (or parents) what steps are needed to take to get stabilization. If the client is thinking of harming him/herself or someone else, it is imperative that this therapist is informed. I encourage you to talk with me directly if you are dissatisfied with my services or if you want a second opinion or referral to another counselor. If you intend to discontinue therapy, please discuss it with me first. If you are concerned about my professional conduct, you may file a complaint with: Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. Their telephone number is (360) 236-4700.*

Termination options *include your right to terminating counseling and/or completing counseling; additionally, the termination can be a mutual decision or if I determine I am no longer helpful in providing counseling, this therapist can terminate counseling with referrals.*

Confidentiality: In addition to this document, you received my Notice of Privacy Practices, which described how I might use and disclose your health information. *Examples of when I may disclose information about you is: to report suspected abuse of a child, a developmentally disabled person, or a vulnerable adult; to interrupt potential suicidal behavior; to intervene against threatened harm to another, which may include knowledge that a patient is HIV positive but patient is unwilling to inform others with whom he/she is intimately involved; and if required by court order or other compulsory process. Disclosures may also be made if you sign a written authorization for me to release information to another person or agency, such as your physician. If you file a complaint with the Department of Health, the minimally necessary disclosures will be made to present the Department with the full picture. Payment by check permits bank employees to view names of my patients because my name will appear on the check.* ***If you are a patient under 18 years of age and not emancipated****, your parents have the right to examine your treatment records. Since privacy in counseling is often crucial to successful progress, particularly with teenagers, it is common that I will provide them only with general information about your progress in treatment, and your attendance at scheduled sessions. Most other communication will require your authorization, unless I believe that you are in danger or are a danger to someone else, in which case I will notify your parents of my concern. Before giving parents any information, I will discuss the matter with you, if possible, and I will do my best to handle any objections you may have.*

You are responsible for payment of all treatment fees and other costs. *If you have health insurance and/or a third-party payer, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you may be entitled. It is very important that you find out exactly what mental health services your insurance policy covers.* ***Your***

health insurance company and/or a third-party payer may require that I provide it with information about your diagnosis, treatment plan, and your attendance at therapy sessions. It is rare, but they may require a copy of your entire treatment record. If you are using insurance and/or a third-party payer, you acknowledge this, and you agree to allow these disclosures.

Signature of client/parent/guardian: _____Date: _____
Signature of therapist: _____Date: _____