

## **Anna Rhodes MA, LMHC, LMFTA**

Washington License # LH 60157282/ #MG60723367

Seattle, WA 98117

Office: 206 322 2662

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### **Disclosure Statement and Office Policy**

The State of Washington requires that psychotherapists provide clients with Client Disclosure Information, which clarifies the rights and responsibilities we share.

#### **Appointments:**

Appointments are scheduled with me, the time and frequency of our meetings will be arranged by mutual agreement. If you arrive late, it is usually not possible to extend the session. If you find it necessary to cancel our appointment, please notify me as far in advance as possible. If you cancel the session less than 24 hours in advance or miss an appointment, you will be charged the full fee for that session. Insurance does not cover missed appointments.

#### **Fees:**

Psychotherapy/ Individual Counseling/Consultation: one hour session \$135

Psychotherapy/Couples Counseling/Consultation: one and a half hours session \$195

EMDR Intensive: \$250 per hour

#### **Payment Policies:**

Payments must be made at the time of session by check or credit card (3.5% service fee).

If your health insurance covers psychotherapy, I will provide bi-monthly statements that you can submit to your insurance company for reimbursement. Many insurance companies will pay a portion of your appointment fees. Insurance company policies vary in this regard, I cannot promise reimbursement from them. Special payment arrangements are available for the Three Day Intensive.

#### **Confidentiality:**

In general, information about your treatment is confidential and privileged, and cannot be shared without your written permission. There are three mandatory exceptions, as stipulated in Washington law, regarding disclosure of treatment information without your consent

1. If your therapist believes there is a danger that you will harm yourself or someone else.
2. If there is evidence of child or elder abuse, neglect, or molestation.
3. When directed by a court if you are involved in civil litigation or criminal prosecution.

**Patient Rights:**

As a client receiving services, you have the right to:

1. Have full and complete knowledge of your therapist's qualifications and training.
2. Be fully informed regarding the financial terms under which services will be provided.
3. Discuss your treatment or testing with anyone you choose, including another therapist.
4. Have a detailed explanation of any procedure or form of treatment prior to initiation.
5. Have pertinent information shared with another therapist, or any other party, provided you sign a release of information, and/or specify in writing that information not be released to certain individuals.
6. Request a copy of the ethics code that governs your therapist's practice.
7. Terminate treatment at any time for any reason.

**Emergencies:**

In case of an emergency and I cannot be reached, please access the following resources:

Police/Fire at 911, CRISIS CLINIC 206-461-3222 or go to your nearest emergency room.

I will make every attempt to be available to you in a crisis, as I check my messages frequently however, there are many times I am not available but I will attempt to return your call as soon as possible.

**Professional Profile:**

I specialize in working with individuals and couples who may experience depression, anxiety, relationship problems, life transitions, stress, lack of purpose and meaning, and chronic illnesses. My therapeutic approach incorporates a wide range of modalities, utilizing a variety of theories and techniques that suit you based on my understanding of what is needed.

I generally employ a solution focus, person-centered or cognitive-behavioral approach to therapy. Insight, understanding destructive thought processes, taking personal responsibility, and making lifelong behavioral changes are usually the goals of therapy. I received a Masters in Counseling Psychology from Santa Clara University, was trained and on staff with Dr. Elisabeth Kubler-Ross , on staff as a therapist and educator for the University of Washington School of Medicine and received my early and advanced training in EMDR from the founder, Francine Shapiro Ph.D. I continue to expand my knowledge base and training on a regular basis.

**Patient Expectations:**

Psychotherapy is one of the most challenging and rewarding experiences an individual can undertake in his/her lifetime. I approach each individual with dignity, and honor your willingness to be vulnerable, open, and honest. I work at your pace of participation, while at the same time gently challenging you to go to a deeper level of understanding.

Generally, work with me will be focused on exploring your feelings, thoughts, and actions.

My goal for our work together is to provide psychological interventions, insights and emotional support appropriate to your needs and goals. I see my task as providing an environment where it is safe for you explore your thoughts and feelings, to explore options and consequences, to assist you in making important decisions, take risks, to perceive yourself and others differently, to recognize patterns in past and present behaviors, to have an opportunity to visualize and experience new responses and to create a healthy and rewarding life.

It is your right and responsibility to decide if you want to participate in the counseling process and you can end treatment at any time. If you have any concerns, dissatisfactions, or want to terminate treatment, I recommend you discuss those issues with me prior to terminating treatment in order to attempt some resolution and bring our professional relationship to a positive close.

**Ethics and Personal Standards:**

The Department of Licensing requires that “Counselors practicing counseling for a fee must be certified with the Department of Health for the protection of the public health and safety. Certification of an individual with the department does not include recognition of any practice standards nor necessarily implies the effectiveness of treatment.”

Clients have a right to withdraw from treatment or seek referral for another therapist at any time.

**As evidenced by the signatures below, this client has read and understands this statement.**

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**Patient’s Signature**

**Date**

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**Anna Rhodes, M.A.**

**Date**