

Disclosure Statement

Education and Training: I received a Master of Arts in Counseling Psychology from The Seattle School of Theology and Psychology (formerly known as Mars Hill Graduate School) in 2010, and a Bachelors of Science from the University of Wyoming in 2007. I have over 5 years experience in working with adults, adolescents, children, and families within a mental health frame. I began in working with adolescents in a wilderness therapy program in Central Oregon, working with groups of boys and girls struggling with depression, anxiety, oppositional behaviors and substance abuse, eating disorders, and some disorders on the autism spectrum. As I was completing my graduate degree I worked as intern therapist at an inpatient hospital with adults suffering with severe mental illnesses. I have worked with groups of men struggling with addictions, as a family therapist for foster children and their parents within severely broken homes, as well as a therapist in an inpatient hospital for adolescents. Along with my private practice, I currently work as a practicum facilitator for The Seattle School, training new therapists in counseling skills. I am a Licensed Mental Health Counselor Associate within the State of Washington, and my License number is MC 60187961. I regularly seek clinical consultation with both a psychoanalyst and a supervisor. These consultations are not only required for licensure, but also help me in thinking and working through the internal process of my work with patients. As well, I will occasionally discuss general case information with student groups as teaching material. Within these contexts no identifying patient information is disclosed, and information is held confidentiality. If this is something you are concerned about please let me know. My supervisor is Sue Neell Carlson, MA, PsyA, License number LH00003624.

Therapeutic Approach: I work with adults, adolescents, and children providing individual and family therapy. My training background was broadly based, yet with specific emphasis in the treatment of sexual abuse and severe trauma, anxiety, depression, grief and loss, relationship challenges, navigating life transitions, career challenges, domestic violence with both adults and children, personality disorders, and work with families with severely disturbed children. In psychological terms, my approach is psychodynamic, utilized the concepts of British Object Relations Psychoanalysis, Relational Psychotherapy, Dialectical Behavioral Therapy, and Narrative-based Psychotherapy, with grounding in Attachment Theory and Object Relations Theory.

In a little more approachable language, the way in which I work is very holistic, meaning it incorporates not only the mind but also how the mind interacts with the body, and vice versa. We often believe that our mind is the most reliable source of who we are. It is my belief that it is our bodies that hold memory, contained within an emotional memory, before our mind even thinks a thought. Within psychotherapy, we pay attention to both; listening, not just for words, but for the memory that is located in our bodies, what has been called the “unthought known” of which we are not aware. Because of this basic understanding, I may work with a Psychiatrist, Psychiatric Nurse Practitioner, Primary Care Physician, or Naturopathic Physician to further assist us in working toward you feeling well.

There are a few basic assumptions that I hold within my practice that influence how I work with you. First, it is my belief that all human beings need relationship. This then leads to my second assumption, that our story in how we were formed and developed (our early relationships) greatly influences us in how we exist in the world today (our present day relationships). Our present day struggles and challenges come out of interpretations and beliefs we have unknowingly formed through early life relationships. Therefore, within therapy, I provide a safe place as we pay particular attention to your experience, your hurt and your glory, and the way in which your story is interwoven in your present-day experience to guide our work. Through this you can come to have meaningful, lasting, deep change that can change not only your experience within relationships, but also your experience of yourself.

Payment: The standard fee for my individual session is \$80, and \$90 for the couple or family group per 50 minute session. Payment is due at the time of each session, unless other arrangements are made.

Please note, I do not offer a 24 hour cancellation policy. For the duration of our work together, I expect payment for each appointment regardless of whether you have attended. If you know ahead of time that you will miss a session and would like to schedule a make-up session that is an option available at no additional cost. You are not charged for a session when I am unavailable due to a pre-planned absence or an illness. I accept cash, check, and credit/debit card payments. For all credit/debit card payments I ask that the patient pay the 2.75% processing fee that the bank requires

I very much desire to make counseling affordable for those who are experiencing financial hardship. I offer a few slots available for a sliding scale fee, which can be discussed at the first session. Please let me know ahead of time if you are pursuing one of these time slots. For patients on a sliding scale, I ask that payment is made at the beginning of the month for an agreed upon rate and frequency of meetings per month, regardless of missed sessions or preplanned absences by the therapist or the patient.

Insurance: At this time I am not a “preferred provider” on any insurance panels; however, some insurance companies may reimburse our session as an out-of-network provider. I encourage you to check in with your insurance plan to understand your benefits. The insurance company may request a monthly statement, which I can provide for you. Often it take one to two months for an insurance company to reimburse you.

Scheduling and Length of Treatment: Psychotherapy is a process of commitment to change. It involves meeting once or twice a week depending on your needs. Ongoing review and dialog will allow us to consider the level of frequency that is most useful to you. It is best to find an appointment time that is consistent, and workable for the both of us. Psychotherapy, depending on the needs of the patient, can be either a short (15-sessions) or a longer (several years) process. We will regularly check in on our progress, and address any changes as necessary. If you have any questions as to the extent of your treatment, please don't hesitate to ask.

Family Counseling: In working within a family group together provides some challenges in how information is shared between family members. From time to time, I may work with each family member separately as well as together as a group. Privacy of what is discussed within the individual sessions will be arranged at the beginning of the counseling treatment. This means that the family will decide together if there will be a “no-secrets policy.” Within family counseling, confidential information can be shared among the participants. There are exceptions to confidentiality within a counseling session, which are discussed below.

Couples Counseling: At the beginning of couples counseling, arrangements will be agreed upon between the couple as to whether there will be a “no-secrets policy” within our work together. My work with a couple treats the couple as an individual, and not as two individuals. I may meet separately with each spouse from time to time, and this is meant to augment the work together of the couple.

Court or Legal Concerns: If for any reason I become involved in a legal matter which would require me to testify in court, you will be expected to pay for my time at my regular session rate per hour of my time. This includes transportation costs, any preparation time, court time, or if I am called to testify for another party.

Confidentiality and Privacy Statement: You have the right to confidentiality. That you are coming to see me and what is discussed is confidential and will be held as privileged communication that is protected by law. I will not release any information to anyone without your written permission except where I am ethically and legally bound to do so. These exceptions include:

- if you are threatening to physically hurt yourself
- If you are threatening to physically hurt another person, which may include knowledge that a patient is HIV positive and there is an unwillingness of the patient to inform the individuals with which the patient is or may be intimately involved.
- if you inform me of any instances of physical or sexual abuse as a perpetrator or victim, either with a child or adult, which indicate immediate or immanent harm.
- If I am issued a court ordered subpoena to release any information. Under this instance I will work with you to protect your rights to keep these records from legal imposition.

Information may also be disclosed if you sign a written Release of Information, or in the event that a complaint is filed by the patient against the therapist. If our sessions are covered under insurance, confidentiality is waived with that insurance company. No records will be released without written permission Release of Information form, or through a court subpoena.

Confidentiality with Teens: Any child 13 years of age or over is considered an adult within Washington State, and has the right to refuse disclosure of information to their parents or guardians. However, teenagers often want their parents to come with them for their initial counseling appointment even though they may want to have confidentiality with regard to their individual appointments with their therapist. With your son or daughter's permission, I am very interested in getting your help to understand the difficulties your son or daughter is facing. It can be very helpful to learn from parents what is happening in a teenager's life at home and at school to determine how we can best be of help.

Confidentiality with Children: For children under the age of 13 years, you the parent have the communication rights of the child. This means that the parent is entitled to information about the child and is the person who authorizes any release of information about the child. I will keep parents informed of the child's general progress, answer questions, and discuss recommendations; however, in order to foster a trusting relationship with the child, I ask that you the parent avoid seeking specific details of what is discussed within the session. Together we will attempt to act in the child's best interests in deciding to disclose confidential information without the child's consent.

Records: You also have a right to see a copy of your medical and treatment records at any time.

In compliance with Washington State Law, I enclose the following statement:

As a mental health consumer, you are protected in the Counselor Credentialing Act, as well as through the Revised Code of Washington, both of which protect you in any instance of unprofessional conduct. WAC 308.109.040 states:

"Counselors practicing counseling for a fee must be registered or certified with the department of licensing for the protection of 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."

Termination of Treatment: If you wish to end treatment, please inform me at least one week in advance. There is no binding obligation to treatment which precludes you from ending treatment as you wish, legal or otherwise. You may terminate treatment at any time; however, it is expected that we discuss the termination to clarify any details within the ending process. Any longer than 30 days past the last scheduled appointment without any prior arrangement, phone contact, or a missed appointment without contact will be considered a termination, with no further obligation.

Contact Information

You may contact me by phone at 307-760-9053 or email chris.a.moseman@gmail.com. Please feel free to leave a message for I check my messages regularly throughout the day, and will get back to you as soon as I am able to do so. I do not charge for brief phone calls, but any phone call that lasts longer than 20 minutes will be charged in 20 minute increments the ratio of a 50 minute session fee. Please be aware that although my voice mail and email are confidential and protected as best I am able, there is a greater risk to confidentiality. Please reserve for our in-person time any important therapeutic information. **Do not use my voice mail or email for any disclosure of life threatening emergencies. If you cannot reach me immediately, see below.**

Emergencies

For emergencies, please call one of the following numbers for immediate 24 hour support or help:

General Emergency call 911

Crisis Clinic of the Peninsulas: 360-479-3033 or 1-800-843-4793

As a part of our work, if necessary, we may create a crisis plan to address any continuing problems.

Consent for Services

I (Print name) _____ have received and read the Disclosure Statement, and my signature below indicates that I agree to its terms of treatment, and give my full and informed consent to receive services.

Patient's Signature

Date

Parent's Signature (if patient is under 13 years old)

Date

Chris A. Moseman, MA, LMHCA

Date