

NINA WATT, LMFT, LPC

PROFESSIONAL DISCLOSURE STATEMENT/CONSENT TO TREAT

**Welcome.** The information below is provided to assist you in understanding my office policies, your rights as a client, to be informed of my credentials and licensure, as well as to familiarize you with my treatment approach. Please read this information carefully and let me know if you have any questions.

**Philosophy and Approach:** I am eclectic and existential in my approach, focusing on awareness and self-responsibility and use a variety of counseling techniques and methods based on your needs. My goal is to support you in overcoming the struggles that you are facing in your life and in your relationships. Personal growth is a lifelong journey that can, among many other things, include psychotherapy. Your active participation, honesty and openness are crucial to this process of exploration, growth and change, and also to its outcomes. It will involve exploring your present life and present moment, how you perceive and respond to the world, as well as ways your past influences your present.

**Risks:** During therapy, remembering or talking about unpleasant events, feelings or thoughts can result in your experiencing considerable emotional or even physical discomfort, particularly during the early stages. Some problems may seem to get worse before they get better, especially with relationship counseling. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Sessions may result in decisions about changing behaviors, employment, substance abuse, schooling, housing, or relationships. Sometimes a decision that is positive for you may be viewed very differently than by someone else you may be close to. Change will sometimes be easy and sometimes it will be slow and frustrating.

**Our Relationship:** Throughout this process, please know that I welcome any feedback, questions, clarifications or concerns. I invite you to speak up when you are confused, unhappy or angry about I say, do, or explore in sessions. Significant benefit can be gained from understanding and expressing the things that feel uncomfortable to you. I want to know how counseling is going for you, and I will periodically check in to ask you directly how you are feeling about the work and our relationship.

**Appointments:** I typically see clients for 50 minutes every two weeks. For couples, I have the option of doing extended sessions up to 90 minutes in length. Longer sessions, if utilized, will be pro-rated. I will reserve a regularly scheduled appointment for you as long as attendance is consistent. If you miss one session in a month for more than 2 months in a row, I will assume you would be more comfortable with less regular scheduling and can offer you appointment times as they open up.

**Insurance and Fees:** Unless other arrangements are made, payment is due at each session, by check, cash, Square Cash, or PayPal. Please contact me for my fee schedule. I can offer some offer sliding scale appointments based on need. I do not bill insurance directly but will provide you with a receipt for services (in most cases, a HCFA form) at the end of every month to submit to your insurance company for direct reimbursement if you request. Your insurance company may or may not pay for services. It is up to you to verify your coverage and if you have a deductible. Your insurance company will ask for a diagnosis. It is important to understand that any diagnosis assigned to you will become part of your permanent health record.

**Cancellations:** Therapy is most helpful when you attend sessions on a regular basis. Appointment times are held exclusively for you and you are responsible for remembering your appointments. *If you cannot make your appointment, please call or email at least 24 hours in advance to avoid being charged in full for your reserved time slot (more advanced notice is appreciated).* Under special circumstances, payment may be waived or reduced for late cancellations or missed appointments. Please note that insurance companies will not reimburse for missed sessions.

**Professional Information:** I hold a Masters Degree in Integral Counseling Psychology from the California Institute of Integral Studies in San Francisco, California. As a Licensee of the California and Oregon Boards, I abide by their Code of Ethics. Every two years I am required to attend 40 hours of continuing education credits dealing with subjects relevant to this profession as a condition of licensure. One aspect of this code is that our relationship will be limited to the professional interactions we have as therapist and client, and therefore I will not respond to any social networking requests. The law protects the confidentiality of our relationship. Exceptions to this are outlined in the Notice of Privacy Practices. If we encounter each other by chance in public, I will respect our confidential relationship and your privacy by either keeping the interaction brief or avoiding acknowledging you, unless you initiate contact first. Please know that despite all security efforts, Skype, email and cell phone communication carry an inherent risk of being accessed by unauthorized people that can compromise your privacy. If you convey sensitive personal information this way, I assume you have made an informed decision accepting this risk.

**Emergencies:** I check voice mail Monday thru Friday and return messages within 36 hours unless the message is marked urgent. If an emergency arises, please indicate it clearly in your message. If you are in need of immediate support, prior to my returning your call, please call 911, the emergency room of the hospital nearest you.

**Termination:** You may terminate therapy at any time. I encourage you to discuss your thoughts and inclinations to discontinue in person before acting so that we can explore the issues and bring closure to the work to date. If, at any point during treatment, I assess that I am not effective in helping you reach your therapeutic goals, I am obliged to discuss my concerns with you and, if appropriate, terminate treatment. In either case, I will be able to give you a number of referrals to other therapists if you wish.

**As my client you have the following rights:**

- To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- To obtain a copy of the Code of Ethics;
- To report complaints to the Board;
- To be informed of the cost of professional services before receiving the services;
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1.) Reporting suspected child abuse, 2.) Reporting imminent danger to client or others, 3.) Reporting information required in court proceedings or by client’s insurance company, or other relevant agencies, 4). Providing information concerning licensee case consultation or supervision, and 5.) Defending claims brought by client against licensee. *Please note that in couples counseling, when different members are seen individually, confidentiality does not apply between the couple. Clinical judgment will be used when revealing such information to one member of a couple.*

If you have any questions or concerns about services provided to you by any Licensed Professional Counselor, they should be directed to: Board of Licensed Professional Counselors and Therapists at 3218 PringleRoad SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499.

If you have any questions or concerns about services provided to you by any Licensed Marriage and Family Therapist, they should be directed to: Board of Behavioral Sciences, 1625 N. Market Blvd., Suite S-200, Sacramento, CA 95834. Telephone: (916) 574-7830.

**Consent to Treat**

I have read, understand, and consent to treatment with Nina Watt, LMFT, LPC under the terms and policies stated above:

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_