

Disclosure Statement & Client Informed Consent

Joanie Anderson, LMHC
Embracing Imperfection LLC
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Phone: 360.278.2467

Disclosure Statement

This is a statement of your rights and responsibilities for our therapeutic relationship. Please read this statement thoroughly and sign below. If you have any questions or concerns, please let me know and I will be happy to discuss them with you.

Your Rights and Responsibilities

You have the right to choose a therapist who best suits your needs for what brings you to therapy. You may ask questions about your treatment and choose to discontinue therapy with me by giving me notice of your intent. I request that you provide at least one session's notice if you decide to cancel therapy.

Qualifications and Education

I am licensed in the State of Washington as a Licensed Mental Health Counselor (#LH60791667). This license is renewed yearly, and I am required to have Continuing Education credits to keep informed and updated in my training and specialties as a mental health therapist.

I have a Bachelor of Science degree in Human Development with an emphasis in gerontology from the University of Hawaii and a Master of Arts Degree in Licensed Professional Counseling from Liberty University. I am also a Certified Grief Counseling Specialist and have been trained in Lifespan Integration and EMDR (Eye Movement Desensitization and Reprocessing).

Clinical Description

I provide individual mental health counseling for adults (18-90+) and my counseling style is compassionate and client-focused, which means I believe it is important to tailor my approach to fit each person's unique needs. Some techniques I utilize are Cognitive Behavioral Therapy, Mindfulness, Brain-Body (somatic) work, EFT, and EMDR. My practice is trauma-informed, culturally sensitive, and practical in nature. I encourage a sense of curiosity, intuition, and creativity.

I count it a privilege to listen to your stories and recognize that every story deserves to be heard and acknowledged without judgment. Helping people cope with serious illnesses or end-of-life issues, grief and loss, life transitions, and past traumas are areas in my work that I feel passionate about.

In the therapeutic setting, you can expect warmth, compassion, sensitivity, and someone who will hold a place of hope for you. I value the importance of building a trusting therapeutic relationship and having a safe environment to share your struggles. Life can be hectic and overwhelming, and reaching out for help and support takes courage. Sometimes we just need help with tools to deal with the constantly changing world around us; other times we may have more layers to work through. I look forward to journeying with you toward hope and healing.

Confidentiality

As a client, you can rely on me to maintain confidentiality regarding our work together with these exceptions:

1. Washington State law requires that healthcare workers report suspected abuse or neglect of a child, dependent adult, or developmentally disabled person to Adult or Child Protective Services.
2. Washington State law requires that if harm is threatened against yourself or others, I am required to take action to protect you from harming yourself by contacting appropriate authorities or warning the person against whom the harm is directed.
3. In the event of a court order, I may be required to disclose information in the presence of a judge, or therapeutic records can be subpoenaed. The professional services I provide do not include services in anticipation of litigation. I will respond to any valid subpoena I receive, but I will not serve as an expert witness or expert assistant in any legal matter.

No Recording of Sessions

No audio or video recording in psychotherapy sessions may occur without the advance written permission of parties present in the session, including the patient, collateral contacts, and therapist. Unauthorized recording is prohibited and in violation of RCW 9.73.030.

Cancellation of Appointments

Up to your full session fee will be charged when you miss or cancel an appointment without giving 24 hours advance notice. Your insurance cannot be billed for this fee. I will take into consideration sudden illness or special circumstances on a case-by-case basis.

Discontinuing Treatment

If at any time you find this therapeutic process is not meeting your needs, you have a right to request a change in direction or discontinue treatment. I would greatly appreciate your communication if this were the case.

Emergencies

In case of emergency, please call the 24-hour toll-free crisis line at 888.910.0416 or call 911. Do not contact me via email or phone if you are experiencing an emergency.

Complaints

If you have a complaint about my professional services, I hope you will speak to me directly so we can clarify and resolve the problem. However, you have the right to file a complaint with the Washington State Department of Health if you believe you have experienced professional misconduct. The number for the Washington State Department of Health is 360.236.4700.

To file a written complaint, you may contact: Washington State Department of Health at HSQA, Complaint Intake, PO Box 47869, Olympia WA 98504-7869, or email HSQAcomplaintintake@doh.gov

I have read the Disclosure Statement and Client Informed Consent for Joanie Anderson, LMHC (Embracing Imperfection LLC), and my questions have been addressed. I hereby give my consent for treatment as outlined in this Disclosure Statement.

I grant my permission to allow my insurance carrier (if applicable) to make payments of my benefits directly to Embracing Imperfection LLC/Joanie Anderson LMHC. This agreement will remain in effect until it is revoked by me in writing.

Client Signature

Date

Client Printed Name

Clinician Signature

Date

Joanie Anderson, LMHC