

Molly Staley, MSW, LICSW
Marriage and Family Therapy Associates, LLC
1204 4th Ave E., Suite 1
Olympia, WA 98506

DISCLOSURE OF INFORMATION, POLICIES, AND CLIENT AGREEMENT

I am a Washington State Licensed Social Worker (#020704 LW00005981). I am an independent practitioner sharing occupancy and property rights with Marriage and Family Therapy Associates, LLC. The Washington Administrative Code and Revised Code of Washington require that I provide you with the following information. Please read it carefully. I welcome the opportunity to discuss any questions or concerns you may have regarding this agreement or my services.

Education and Therapeutic Approach

My formal education includes a Master's Degree in Social Work from the University of Washington with an emphasis on adolescent, couples, and family therapy and a Bachelor's Degree from the Evergreen State College in Counseling Psychology. I have received specialty training in trauma therapy, couples and family therapy, mediation/conflict resolution, substance abuse, and grief and dying. I regularly participate in professional continuing education that covers a wide range of mental health concerns. I have over 30 years of experience in human services and have provided mental health therapy for over 20 years.

I use a client-centered approach to therapy which means certain therapies that are effective with different individuals, couples, or families will be used at different times to solve whatever problem is presented. I draw from many therapeutic practices that include, but are not limited to, Internal Family Systems Therapy, EMDR, Mindfulness Based Therapy, Cognitive-Behavioral Therapy, Solution Focused and Narrative Brief Therapies, and Structural and Conjoint Family Therapy. To help people through times of suffering or hurt with as much dignity as possible is essential to my practice.

Appointments and Fees

My fees are \$120.00 for each 60 minute session, \$90.00 for each 45 minute session and \$145.00 for the initial intake session. The scheduled time has been set aside for you. If you are unable to keep to your scheduled appointment, I ask for 24 hours notice ahead of time or payment of the full fee for the missed time. A cancellation voice or text message may be left on my cell phone at 360-259-1366. If you are late for a session, you will be seen for the remainder of your scheduled time and charged the full rate. If I am doing work related to your treatment that is outside the bounds of our scheduled time, I will bill you at \$120.00 per hour, e.g. written reports and phone calls apart from scheduling appointments. If you are paying with insurance, your signature attests that you agree to assign your insurance benefits to me for services rendered and authorizes me to contact your third party payer for payment.

Nature and Limits of Responsibility and Liability in My Practice

Marriage and Family Therapy Associates, LLC (MFTA) is a business name and an office-sharing arrangement. Each associate of MFTA and other practitioners sharing space in this office are independently practicing providers. This means none of the providers of MFTA and other practitioners sharing space in this office assume any responsibility for the treatment of a client by another provider unless they are also involved in the direct provision of care of that client. Furthermore, while I maintain provider contracts with a number of insurance and managed care companies, I am not an employee for nor an agent of those companies and I cannot and do not take responsibility for decisions your insurance or managed care company makes even though those decisions may have implications for your care.

Your Rights as a Client in Counseling

As a client in counseling with a certified therapist you have the right to confidentiality. With the exception of the situations listed below, you have the right to have the information you share with me held in strict confidence, that information includes the fact that you are seeing me. I keep a record of the services provided you. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it by asking me. Should any grievance arise you have the right to appeal.

The following situations are exceptions to your right to confidentiality.

- If I believe you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
- If you reveal that you have committed or are contemplating committing a crime, I may report that to the appropriate authorities.
- If I believe you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this to Children’s Protective Services, a state agency.
- If you are currently in litigation, or become involved in litigation during the treatment process, or file a complaint against someone for malpractice, you may be asked to disclose information regarding your therapy as a part of that process. Although I will request your consent to release information, I can be legally obligated by subpoena or court order to turn over my records and testify.

If you are seeing me in couples or family therapy, and you, your partner, or another family member should see me in an individual session, information shared within that meeting may be shared by me in a couple or family session if I believe it to be in the best interest of the work we are doing together. I will discuss this matter with you before sharing that information.

In some cases it will be useful to the therapy for me to discuss your situation with others such as your physician, your former therapist, a school counselor, etc. In such cases, I will seek your permission for this exchange of information.

I consult with colleagues regarding my work with clients to gain feedback and suggestions about treatment. My work with you may be discussed in formal or informal session with my colleagues or with other professionals. During these consultations, neither your name nor other unique information will be used. All discussions of this type are subject to the same provisions of confidentiality discussed above.

Emergencies

I have a voice mail and check it regularly during the work week. If there is an emergency and you are not able to reach me, or if you are in urgent need of help, call the Crisis Clinic of Thurston-Mason Counties at 360-586-2800, call 911 for immediate help, or proceed to the nearest emergency room at the local hospital.

Client Consent to Treatment

I have read or have had satisfactorily explained to me and have had the opportunity to ask questions of this Disclosure of Information, Policies, and Client Agreement and understand it. My signature below indicates that I have received a copy of this agreement and consent to counseling with Molly Staley under the terms stated above.

Client Signature: _____ Date: _____

Partner Signature: _____ Date: _____

Parent or Legal Guardian: _____ Date: _____

Molly Staley, MSW, LCSW _____ Date: _____