

Jeffrey Morrison, MA, LMHC
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206-935-7850

Disclosure Statement and Agreement for Services

You have the right to refuse any treatment you do not want, and the responsibility to choose a mental health provider and treatment modality which best suits your needs. You also have the right to terminate your treatment at any time for any reason. The following information is provided to help you determine if what I offer as a mental health counselor meets your needs as a client. This document contains important information about my therapeutic approach, my education, my fees, and your rights as a client including your rights regarding your private health information. Please read this document carefully and ask any questions that help you fully understand the contents of this disclosure statement and agreement for services.

Therapeutic Philosophy

My therapeutic work is a unique blend of formal studies in psychology, philosophy, religion, and Focusing, which support both short term practical problem solving as well as long term personal growth. My approach is broadly humanistic, client centered, Focusing-Oriented and trauma informed. I believe change occurs as a result of a therapeutic relationship in which you feel understood and supported in developing a compassionate relationship with yourself. I facilitate this through experiential listening and Focusing which is gentle and respectful of your process at all times. This collaborative approach of reflection and inner listening lets you be in control of your own experience and teaches one how to develop this lifelong skill for use anytime.

Getting started:

Everyone begins with a problem or a sense that something is not right in his or her life. In other words they are suffering and in pain. Your pain may feel like depression, frustration, anxiety, stress, anger, loss, self-criticism or fear. Each of us would like to find a way out of our pain and live more fully and happily. In our work together I will show you how to begin to develop empathy and compassion for what in you feels bad, stuck or in pain. Often the hardest part is getting started!

What makes my work unique is that I teach clients to turn toward what is painful, angry or scary in a way that is safe and friendly. This radical acceptance of what before was pushed aside or locked away is now felt as new possibilities for growth and change.

The process:

Therapy begins with an assessment of the presenting problem(s), defining needs, establishing goals and a plan for reaching those goals. How we get there is a process of talking together about what matters to you and my reflecting back to you what I hear, see and feel while checking for understanding. I will be active in this process by asking about your relationships, hurts and desires.

We will talk about patterns of behavior, challenge old beliefs and build on your sources of strength. I will work with you to build an emotionally safe and respectful relationship. You should feel safe but not always feel comfortable. Discomfort is a reaction to the emotional challenges you feel in your body and the process of learning to listen to them. Learning to listen to your discomfort will bring relief and the opportunity for you to experience yourself, family or relationship in a different way.

My Education, Training, and Experience

I am a Washington State Licensed Mental Health Counselor (LH00005715). I earned a Bachelor of Arts degree in Philosophy and Religion from Elmira College in 1981, and a Masters of Arts degree in Existential Phenomenological Therapeutic Psychology from Seattle University in 1986. I completed a two year Family Therapy Training Program at the Montlake Institute in 1994. I am a Focusing Trainer and Certifying Focusing Coordinator through The International Focusing Institute. From 1986 to 2001 I was employed counseling youth and families in agency and school based settings. I began my private practice in 2000. Currently I work part time in private practice seeing adults for therapy and providing supervision and consultation for therapists . I offer a training program in Focusing Oriented Therapy and Complex Trauma for therapists and other healing professionals.

Confidentiality

Your participation in therapy, the content of our sessions, and any information you provide to me during our sessions is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may chose to, or be required to, disclose this information:

- If you give me written consent to release the information to another party;
- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other individual;
- If, without prior written agreement, no payment for services has been receive after 90 days, the account name and amount may be submitted to a collection agency;
- If you are accessing insurance benefits for your treatment, I must give them at the very least a statement of the type of services provided and a diagnosis and possibly discuss your condition with a case manager depending upon the insurance company;
- If I have any other legal duty, obligation, or right to report.

I may also be required by law to disclose certain confidential information including suspected abuse of children under RCW 26.44, suspected abuse of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

If you have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let me know. I will be happy to discuss this with you further.

For additional information regarding your confidentiality rights, please carefully review the attached HIPAA and Washington State Notice of Privacy Practices disclosure.

Consultation

I seek ongoing consultation from colleagues in order to provide you with the best services possible. I may disclose information about your counseling session in consultation with colleagues, in which case I will withhold your name and other easily identifiable information. I have an agreement with my wife Esther Morrison to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Esther Morrison accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

Financial Requirements

Under Washington State law, you are not liable for any fees or charges for services rendered prior to receipt of this Disclosure Statement.

The cost of each 50 minute counseling session is \$195. Payment is due at the beginning of each session. If you are unable to keep your appointment, you must give me 24 hours advance notice, or you will be charged \$95.00 for the missed session. Payment methods are by check or through my PayPal account on my website: <https://morrisontherapy.com/contact/fees-and-payments/>

I do not bill insurance. A Super Bill will be provided for you to submit to your insurance upon request.

Electronic Communications and Social Media Policy

In the regular conduct of my practice, I may make use of email and cellular phone, communication with clients. In such cases, I will limit the information I store in any portable communication device to the least necessary. Please be aware that such forms of communication do have inherent risks to client confidentiality. If you would prefer that I do not store your name and telephone number in a portable communication device, or if you would prefer that I do not communicate with you via cellular phone or email, please inform me so that we can make alternative arrangements. Professional ethics standards do not permit me to communicate with clients via personal social media.

Emergencies

I use a voice mail system to ensure confidentiality of your messages and to allow you to leave a more extended message when necessary. I check my voice mail often, less on weekends. Calls received after 5:00 p.m. may not be returned until the next business day; other arrangements can be discussed. If you are in crisis or otherwise require immediate attention, please call 911 or the Crisis Clinic at 206-447-3200 or go to your local hospital emergency room.

State of Washington Disclosures

The State of Washington requires that I provide you with the following information:

You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want. You have the right to choose a Counselor who best suits your needs and purposes. Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety. Credentialing of an individual with the department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

At times I may suggest other Focusing services or products that I provide, and in which I have a financial interest, if I feel they may be helpful or beneficial to you. In such cases I will be happy to refer you to another Focusing Provider if you prefer. You always have the option to use an alternative Focusing Provider and I will not treat you differently if you choose an alternative Focusing provider.

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake
Post Office Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700
E-mail: HSQAComplaintIntake@doh.wa.gov

I maintain a referral list of other Counselors with a wide range of specialties. I will provide you with a referral to another Counselor if I feel your needs are beyond the scope of my expertise, or if you request such referral information.

Consent for Treatment

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you have received a copy of your HIPAA and Washington State Notice of Rights and Privacy Practices, and that you are consenting to participation in counseling services provided by Jeffrey Morrison, MA, LMHC.

Client

Date

Print Name

Date of Birth (if under 13)

Jeffrey Morrison, MA, LMHC

Date