

Personal Disclosure Statement

Treina Aronson, LMHC Psychotherapy
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The purpose of this document:

Both State and Federal law require me to provide you with this information intended to assist you in making informed choices as you begin your therapy. This document includes information about your legal rights as a therapy client. Because you have the legal responsibility to choose a clinician and treatment modality most appropriate for your needs, you will also find information regarding my education and training background, therapeutic approach, fees and policies. If you ever have any questions about this information, please ask me.

Treatment Philosophy:

I view therapy as a unique collaborative relationship. My work is informed by the belief healing occurs when a person feels truly heard and understood. It is within the context of experiencing a trusting, emotionally safe relationship, that one can become aware of negative life patterns and challenge obsolete belief systems in order to find new effective skills for a renewed sense of self. I will assist you in this process.

Most of our work will consist of talking about past and present emotional experiences which are sources of concern. While I will often ask questions about your past, including your family of origin, I view the past as significant only in how it is presenting itself in the 'now'. Because I view interactions within the therapeutic relationship as a window into your larger world, I may offer observations about our relationship in that it may assist you in learning how to improve relationships with others. I sometimes will suggest 'homework' which may include reading materials, writing assignments or other creative processes. I respect the mind-body connection and therefore am happy to work with your primary care physician or any other health practitioners at your written request.

My theoretical foundation draws from Existential-Phenomenology which approaches each individual and each encounter as unique. This perspective is concerned with meaning and experience. How this looks in my work is rather than making assumptions, I will often ask "What does that mean for you?" The theories of Dr. John Gottman, Dr. Harville Hendrix and Facilitative Mediation inform my work with couples.

Therapy is not a linear process and it is quite common to experience times of frustration as negative emotions can and do arise. These feelings are usually temporary and it is prudent to expect having mixed emotions as part of the therapy process. At any time you feel concerned about the direction of your therapy, please talk to me about it. Ultimately I believe you are the final expert on You and I respect and trust your unique healing process.

Education, Training, and Experience:

I received my Master of Arts in Psychology with an emphasis in Existential-Phenomenology from Seattle University in 2006. Following my coursework, I began my internship in Belize, Central America providing therapy for survivors of domestic violence and at-risk teen girls through the Ministry of Human Development and Social Transformation and the YWCA. I completed my internship at a local community mental health clinic working with adults transitioning out of Western State Hospital. After graduation, I worked as a therapist and clinical case manager in community mental health serving adult individuals, couples, and families with mental illness and the co-occurring disorder of substance abuse.

Currently I am in private practice working with adult individuals, couples and groups. I have been trained in Mediation skills through the King County Dispute Resolution Center. I am a member of Seattle Counselors

Association, The APA's Division of the Psychology of Women, King County Collaborative Law and International Academy of Collaborative Professionals.

Fees and Scheduling:

Individual therapy sessions are 50 minutes in length for a fee of \$100 per session.

There are two options for Couples therapy. Couples session may be 50 minutes in length for a fee of \$125 per session. Longer Couple sessions run 80 minutes for a fee of \$140 per session.

All fees are payable at the time of session. This includes co-pays, co-insurance or deductible amounts if you are using insurance. Unless special arrangements have been made in advance, a fee of 3% of the amount due will be charged on all payments not made at the time of the session. A 5% discount will be given for sessions paid monthly in advance (typically 4 sessions/month). This discount may be applied to private pay full fees, co-pays, co-insurance, or deductible amounts. Accepted forms of payment include cash, check or Visa. There is a \$35.00 returned check fee.

Occasionally, I find it necessary to raise my fees. If this occurs during your therapy, you will be given one month notice prior to the increase.

Cancellations and Missed Appointments:

When we schedule an appointment, I am committing to hold that time for you. There is no charge for appointments that are cancelled at least 24 hours in advance. In the event that you miss an appointment or cancel less than 24 hours, your regular fee will be charged. If I miss a scheduled appointment without notifying you, the following appointment will be of no charge to you.

I hold each appointment for you up to 15 minutes after the scheduled time. If you are later than 15 minutes we will need to reschedule your appointment. The rescheduled appointment may occur within the same week dependent upon available space. Regardless of whether you are present to begin your session on time, I will need to end the appointment at the scheduled time.

Phone calls and Emergencies:

You may feel free to call my confidential voicemail at any time. I check my voicemail regularly and will return your call, typically within 24 hours. In the event of an emergency or if you need more immediate attention, please call the Crisis Clinic at 206-461-3222 (available 24 hours/day). If you feel you are in immediate danger, please call 911.

Your Rights, Including Confidentiality:

- You have the right to be treated with dignity, consideration and respect at all times
- You have the right to refuse and/or end treatment at any time
- You have the right to confidentiality. I hold confidentiality as an essential aspect of our work together. I cannot and will not disclose any information from your sessions, including the fact that you are or have been a therapy client without your written consent. If you provide written consent you maintain the right to revoke that permission. There are possible legal exceptions to this policy which are included in my *Notice of Privacy Practice*. A copy of this can be obtained through my website at: www.treinaronson.com
As an ongoing part of my clinical development and integrity, I consult regularly with clinical colleagues. Should I discuss your therapy with my colleagues, I will only relay the content of our work together and will eliminate any details that might identify you.
- You have the right to request information regarding the progress of your therapy
- You have the right to have this written copy of my *Disclosure Statement*
- At times I make changes to my *Disclosure Statement*. You may request that a modified version be given to you or you may access a current electronic version through my website: www.treinaaronson.com
- If you believe I have violated your privacy rights, you may file a complaint in writing with me, and/or with the Secretary of the Department of Health. I will not retaliate against you for filing such a complaint.

You may contact the Dept of Health at 360-236-4700, or by writing to Washington State Department of Health, Health Systems Quality Assurance, PO Box 47850, Olympia, WA 98504-7850. You can access information on acts of unprofessional conduct online at: <http://www.legal.wa.gov/wsladm/rcw.htm>

Your Treatment Contract

I have had an opportunity to review this document and have my questions, if any, answered. My signature below represents I have read, understood, and have been provided with a copy of the above Disclosure Statement. My signature will also serve as my agreement to enter into a therapeutic process with Treina Aronson, LMHC for the agreed upon fee of \$_____.

Client Signature

Date

Client Signature

Date

Treina Aronson, LMHC

Date