

**Jennifer L. Streit, LMHC**  
**5446 49<sup>th</sup> Avenue SW**  
**Seattle, WA 98136**  
**Home - 206-938-8539**

## **DISCLOSURE STATEMENT**

### **Office Hours and Availability**

I am available Monday - Saturday in my home office. You may call 206-938-8539 anytime and leave a confidential voicemail. I check my voicemail frequently throughout the day. Please note I am not always available on days that I am not in my office. I will return your call as soon as I can. If you have a life-threatening emergency please dial 911, if you need immediate help you can call the Crisis Line at 206-461-3222.

Sessions are 50 minutes.

If you must cancel an appointment, you will need to call at least 24 hours in advance *in order to not be charged for the session*. It is important that if you can't make it, you let me know so that I can make the time available to someone who may be in crisis or waiting for an opening. If you cancel less than 24 hours in advance or do not show up for a scheduled appointment, you will be charged the full session rate.

Since our therapy sessions are in a dog friendly environment you are welcome to bring your dog(s) to sessions. They must be dog friendly and non-aggressive. Should a dogfight occur between my dogs I ask that you do not step in to break it up. I will handle any situations that occur between my dogs. However, should your dogs get into an incident it will be your responsibility to handle that situation.

There may be times when we meet in a setting, e.g. coffee shop, outside of my home office. During these sessions there is the chance that someone might recognize me or overhear our conversation.

### **Fees**

I charge \$100.00 for a 50-minute session. This includes our session, record keeping, consultation and preparation. Letters requested by attorneys, etc. are charged at the hourly rate. Additional fees for requests outside the therapy setting will be discussed at the time of the request.

You are expected to pay for services at the time of each visit. Cash, check or money orders are accepted. I don't accept insurance payments. However, if you would like a receipt for your insurance company I will be more than happy to provide one with the diagnosis code.

As a client you have rights that you should know about. You should also know about my rights and responsibilities as a therapist.

All practicing counselors who charge a fee for service must be registered and/or licensed with the Department of Health in the State of Washington. In addition, clients can request a summary of a therapist's training and therapeutic style. My Washington license number is LH00003460 and is listed on the front page of this disclosure statement.

### **My Therapeutic Style**

I am a Licensed Mental Health Counselor (MH30002250) with the State of Washington. I received my B.A. in Psychology and my Master's Degree in Counselor Education from Florida Atlantic University in Boca Raton Florida. I have over 17 years of experience working with adults, children and couples.

I draw from a variety of therapy styles, also known as an eclectic approach. This allows me to fit the therapy style to the needs of the client. A few of the styles I incorporate are Cognitive Behavioral, Psychodynamic, and Gestalt.

I believe we grow up in families coping the best we can with the tools we are given. Upon reaching adulthood these skills/tools do not always serve us well. I think of therapy as a place where you can learn new skills and broaden your view of the world.

Counseling is not a guarantee that symptoms won't worsen. Many clients remain "stuck" due to external influences. In counseling, you, as the client, are ultimately responsible for change or non-change.

### **Client's Rights**

- You have the right to autonomy & self-determination.
- You have the right to grant or withhold informed consent.
- You have the right to privacy concerning medical information.
- You have the right to be a participant in treatment decisions.
- You have the right to know your diagnosis.
- You have the right to file a complaint without retaliation.
- You have the right to refuse treatment.

### **Confidentiality**

It is important that as a client you understand your rights, my responsibilities and the limitations of confidentiality. As a client, you have the right to any information you share with me, as well as the information that you are seeing me, held in strict confidence, *except* in the circumstances listed below. This is a privilege that you as a client hold. Confidentiality cannot be waived without your consent. Even with your consent, I will always act to maximize your privacy.

***The following situations are exceptions to your right to confidentiality:***

- If I believe that you are likely to do harm to yourself or another person/people, I am required by law to take steps to protect you and/or the other person/people.
- If I believe that you may be physically or sexually abusing or neglecting a minor child (under 13 years old) 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 Child Protective Services or Adult Protective Services, and/or other appropriate state agencies.
- If you are currently in litigation or become involved in litigation during treatment, you may be asked to disclose information regarding your therapy as part of that process. I may be legally obligated by subpoena or court order to turn over part or all of my records and/or testify in court.
- Again, I will attempt to maximize your privacy at all times.
  
- There may be other times when it will be useful for therapy for me to discuss our work together with other people such as your doctor, former therapists, or family member. I will inform you of this before hand and request your verbal consent. Washington State law RCW 70.02.050 no longer requires a written release by the client for the therapist with such persons as long as it is on a need to know basis.
- I would also like you to be aware that there may be times when I will feel the need to consult with a psychologist who does clinical consultation. While I discuss the content of my therapeutic work, I will always attempt to maintain confidentiality as much as possible.
- Please feel free to ask me any questions that come up as you read through this disclosure. I look forward to our work together.

