

Margret L. Anderson LCSW
Licensed Clinical Social Worker
One Park Place * 7600 NE 41st St., Suite 310 * Vancouver, WA 98662
(360) 253-6425 * (360) 253-3196 Fax
maggieandersonlcsw@gmail.com

WELCOME TO MY PRACTICE

The following is a summary of information that individuals, couples, parents, and youth should know and be aware of as part of your treatment. It is important that you both understand your individualized goals of treatment and also participate in all aspects of your care.

DISCLOSURE STATEMENT

I am a licensed Clinical Social Worker in the State of Washington and the State of Oregon. I am a solo practitioner, one of a number of independent mental health professionals who are tenants in a common facility at 7600 NE 41st St., Ste. 310, Vancouver, WA 98662. I have a Bachelor of Arts degree in Elementary Education from the University of Alaska – Fairbanks, and a Masters’ degree in Social Work from Portland State University. I have 25 years of expertise in the field. I have received additional training in child and adolescent psychology, family therapy, parenting, attachment, cognitive-behavioral approach and psychodynamic treatment.

PHILOSOPHY AND APPROACH

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and

significant reductions in feelings of distress. But there are no guarantees of what you might experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist I will be happy to help you set up a meeting with another mental health professional for a second opinion.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a Clinical Social Worker is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions:

- ❖ I am mandated by law to report suspected child abuse or neglect
- ❖ I am mandated by law to report to law enforcement and the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person.
- ❖ I will report to a doctor or the hospital in the event of a medical emergency.
- ❖ I may be required to testify in the event of a court subpoena.
- ❖ I will report imminent risk of suicidal behavior to the appropriate caretakers.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems it is important that we discuss any questions or concerns that you have. I will be happy to discuss these issues with you, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Exceptions to confidentiality will be discussed in therapy prior to reporting whenever safe and deemed appropriate.

When working with couples or families, I will not hold secrets from treatment participants to their detriment. I will work with the holder of the secret to divulge potentially painful secrets in a respectful and dignified manner.

If you elect to communicate with me by email at some point during our work together, please be aware the emails are not completely confidential. All emails are retained in the logs of your or my internet service provider. While in normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any response that I send to you, will be printed out and kept in your treatment record.

The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in *couples therapy* with me.

If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. *Do not tell me anything you wish kept secret from your partner.* I will remind you of this policy before beginning such individual sessions.

Record-keeping.

I keep very brief records, noting only that you have been here, what interventions happened in a session, and the topics we discussed. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the *DSM-IV*; I have a copy in my office and will be glad to let you borrow it and learn more about what it says about your diagnosis.

Other Rights

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you

think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

Managed Mental Health Care

If your therapy is being paid for in full or in part by a managed care firm, there are usually further limitations to your rights as a client imposed by the contract of the managed care firm. These may include their decision to limit the number of sessions available to you. They may also decide that you must see another therapist in their network rather than me, if I am not on their list. Such firms also usually require some sort of detailed reports of your progress in therapy, and on occasion, copies of your case file. I do not have control over any aspect of their rules. However, I will do all that I can to maximize the benefits you receive by filing necessary forms and gaining required authorizations for treatment, and assist you in advocating with the MC company as needed.

My Training and Approach to Therapy

I have a MSW in Social Work earned in 1990 at Portland State University. I am a licensed clinical social worker in Washington State as well as in Oregon State. My areas of special training and expertise include in general child and family issues, as well as working with survivors of trauma, abuse, and victimization, and people in recovery from alcohol and drugs.

I use a variety of techniques in therapy, trying to find what will work best for you. These techniques are likely to include dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal-keeping, drawing, and reading books. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physical health care provider regarding somatic treatments that could help your problems; I refer both to traditional and non-traditional (homeopathic and Oriental medicine) practitioners, and will be glad to discuss with you the pros and cons of various alternatives. I may suggest that you get involved in a therapy or support group as part of your work with me. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care. You have the right to refuse anything that I suggest.

Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find

that therapy is helpful.

You normally will be the one who decides therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgement not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I am away from the office several times in the year for extended vacations or to attend professional meetings. If I am not taking and responding to phone messages during those times I will have someone cover my practice. I will tell you well in advance of any anticipated lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief between-session phone calls during normal business hours. If you are experiencing an emergency when I am out of town, or outside of my regular office hours (after 5 pm weekdays or over the weekend), please call the Crisis Clinic at 360-696-9560. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance.

Your Responsibilities as a Therapy Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 45 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than forty-eight hours notice, you must pay for that session. I cannot bill these sessions to your insurance. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires), or if you or someone whose caregiver you are has fallen ill suddenly.

You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone I will charge you for my time on a prorated basis. If you have insurance, you are responsible for providing me with the information I need to send in your bill. You must pay me your deductible at the beginning of each calendar year if it applies and any co-payment at each session. You must arrange for any pre-authorizations necessary. I will bill directly to your insurance company via electronic means for you. You must provide me with your complete insurance identification information, and the complete address of the insurance company. If a check is mailed to you to cover your balance due, you are responsible for paying me that amount at the time of our next appointment. If the insurance over-pays me, I will credit it to your account or refund it to you if you would prefer that. I am a preferred Provider with a number of insurance companies.

Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Examining Board for Social Workers, Dept. of Health, Olympia WA 98504. You are also free to discuss your complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality about what I do that you don't like, since you are the person who has the right to decide what you want kept confidential.

Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to pay the fee per session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Margret L. Anderson LCSW. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Ms. Anderson. I am over the age of eighteen.

Signed: _____

Date: _____