

**Kitsap Counseling Services, LLC**  
**Diane Sabo MA, LMHC**  
**17791 Fjord Dr. NW, suite 122 Poulsbo, WA 98370**  
**360-551-9373**

**Therapist Disclosure Statement**

I am pleased that you have chosen me for assistance at this time in your life. I truly hope you will find your time with to be enriching, positive and valuable. I look forward to working with you.

Therapeutic Orientation

I believe that therapy can be a very useful tool in helping people to grow emotionally and develop healthier ways of thinking and relating to others. My role is to guide you in a process of self-discovery and to help you progress towards your true potential. I use a client centered, eclectic approach which can include but is not limited to: cognitive behavioral, family systems, solution focused, attachment, and emotionally focused therapies.

Education

I hold a Master of Psychology degree in Marriage and Family Therapy from Chapman University and a Bachelor's degree in Psychology from the University of Washington with Faculty Honors. I am a Licensed Mental Health Counselor in the state of Washington (License # LH60652618).

Risks and Benefits of Therapy

Clients typically experience positive results from changes they make as a result of therapy. However, it is not unusual for clients to experience stress, anxiety, or other uncomfortable emotions working through the therapeutic process and talking about current or past difficulties. Generally, this is a temporary stage that passes as you progress. If you experience negative emotions after most of your sessions, it's important to let me know. Each person has a different pace and tolerance level that needs to be taken into consideration. Clients typically report positive results from therapy including better relationships, improved self-awareness, emotional release, healthier coping skills, improved communication and better emotional regulation. Finally, even given our best efforts, there is a risk that therapy may not work for you.

Confidentiality

Information shared in a therapy relationship is confidential and protected by law and will be maintained, except in the following circumstances, which I am bound by state law to report:

1. Statements of intent to harm self or others
2. Evidence disclosed of abuse or known abuse towards a child or dependent adult
3. Court-ordered presentation of treatment

Email, Texting, and Online Social Networking Policy

Because it is not possible to guarantee the confidentiality of email communications, please use discretion in deciding whether to communicate with me via email. I cannot be held responsible for any information lost in transit or viewed by a third party. Therapeutic questions or sensitive information should be communicated to me over the telephone or in person. As far as text messages, I ask that you only texting me about scheduling, directions or late arrivals. I do not communicate with clients via online social networking sites (Facebook, Twitter, LinkedIn, etc.).

Emergencies

If you should experience a crisis or emergency while you are seeing me, it's important to remember that I am not an emergency service provider, as I can't always be reached. Instead please call 911, or the crisis hotline at 800-843-4793.

Legal Disputes

I am not a parent evaluator. Should you become involved in a divorce or custody case, please be informed that I will not provide evaluations or expert testimony in court. This is a specialization I do not provide.

Client Rights and Responsibilities

If at any time you have questions or concerns regarding the course of therapy or any approaches used, I encourage you to discuss them with me. If we are unable to determine a mutually agreed upon solution, you have the right to seek treatment elsewhere that may better suit your needs.

Appointment/Fees

Therapy appointments are traditionally 50 minutes; however, I usually do a 60-minute hour. Payment is due at the end of each session unless other arrangements have been made. My rates are \$125 an hour for individuals and \$150 for couples and families. I leave 20% of my client load for sliding scale rates, you can ask if you qualify for that rate when there are openings. I ask that you give a 24-hour notice for cancelled appointments to avoid being charged for the missed session. Any notification is better than none.

Department of Health (DOH) Statement

The DOH requires the following statement to appear in the information forms for all therapists: Counselors practicing counseling for a fee must be registered or certified with the DOH for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. You may contact the Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, and P.O. Box 47857 OLYMPIA WA 98504-7857 or by calling 360-236-4700.

Signatures: Your signature below constitutes informed consent for clinical services for yourself and indicates you have read this document, have had opportunity to discuss its contents with me, agree of its term, and have been offered a copy. A copy shall be considered as valid as the original.

My signature indicates the accuracy of the information and my declaration to uphold those conditions. Any exceptions or additions appear on attached sheets.

_____	_____
Client	Date
_____	_____
Client	Date
_____	_____
Therapist	Date