

Disclosure Statement

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My Background

I am a licensed clinical psychologist in the State of Washington (License #PY60748031). I received my doctorate degree in counseling psychology from Northwest University in 2015. My experience ranges from working with young teens to adults dealing with a variety of concerns. My theoretical approach is eclectic, mainly relying on cognitive-behavioral strategies, but also pulling from psychodynamic and an existential underpinning. I view people from a holistic perspective, recognizing that there are many factors and elements that can be adding to someone's difficulties. I do not provide therapy to children, nor do I provide assessments for legal proceedings or L&I injuries.

The Therapy Process

I work to provide a safe environment for you to explore and evaluate your inner thoughts, feelings, and attitudes. At the beginning of treatment we will create a plan to help give a framework around why you came to counseling and what you would like to work towards. This helps us know if what we are doing is working for you. Occasionally, I may need to refer you to another provider if I believe your concerns require specific knowledge that falls outside my scope of practice. Please understand that our initial session is an assessment for both of us to determine whether we want to work together; it is not an indication that I have accepted you as a client or that you have accepted me as a counselor.

At any time you may refuse treatment, request a change in treatment approach, or request a referral to another therapist. The field of counseling is made up of so many different types of therapists. Sometimes the toughest part of coming to counseling is finding that person you feel comfortable talking to. My goal is to make sure you find a good match in a counselor – whether that is me or someone else. I know that it takes a lot of courage to come that very first time, so you should know there's no pressure to continue if it's not a good fit. I would hope you would feel comfortable to let me know, and I would be happy to provide you other referrals if needed. I realize that there are seasons to be in counseling. I do not intend to “keep” you in counseling beyond what would be beneficial to you. When it is time to end our time together it is best if we were able to have a final closing session. It is your responsibility to contact me to schedule appointments. If you do not re-engage back into counseling I will close your file after 30 days.

Counseling has benefits as well as risks. It is important that you understand that the process can be challenging and difficult at times. It's similar to de-cluttering a room in your house, often times it gets worse before it gets better. Similarly you may feel emotionally spent after our first few sessions because you are “exercising” a new “muscle” group – called therapy! Although I expect that you will benefit from counseling/therapy, I cannot guarantee any specific results.

Sessions will last approximately 45 minutes. Do your best to be on time, so we don't have to cut our time short. I do my very best to begin our session on time, and would ask you to show me that same respect. If you are going to miss a scheduled appointment please call the office 24 hours in advance to let us know. You can reschedule at that time as well. Please note that appointments that are missed or cancelled late without advance notice will be charged a full fee of \$150. Insurance companies will not pay for missed or cancelled appointments and you will be responsible for these charges.

Fees and Payment:

The fee for an initial office intake consultation is \$225 and the fee for each visit thereafter is \$150. We typically bill insurance companies of their portion of the fee. Payment (including co-payment) is expected at the time of service. Please give your co-payment/deductible to the office manager when come for your session. If you foresee any problem with this, let's discuss this together. Your insurance policy is a contract between you and your private insurance company, so please be aware that you are responsible for your account regardless of what your insurance company does. Accounts that are overdue will be sent to a collection agency.

Office Hours:

Our front office is open Monday through Friday from 8:30am to 5:00pm, excluding holidays. My office hours are on Tuesdays from 10am to 4pm or 10am to 7pm, depending on the week. During business hours, calls are handled by the office staff (425) 391-0887. After business hours, you can leave a confidential voicemail for me (Voicemail #70). Our office staff can assist you with scheduling appointment and billing questions. Emergency calls are handled by the weekly on-call therapist who can be reached by calling the above number and selecting the therapist on-call option. An emergency is an unexpected event that required immediate attention and can be a threat to your health. In an emergency situation please call 911 or the crisis line at (206) 461-3222.

Records and Confidentiality:

All session content is confidential and session notes will not be released without your written consent (this includes spouses, other medical professionals, etc.) The exception to maintaining confidentiality in Washington State occur if: 1) a client presents a serious threat of being suicidal or homicidal; 2) child/vulnerable adult abuse is reported; and 3) there is a court order for release of information (usually in the event of a child custody disputes). You have a right to review your file and request modification of inaccurate information. The exception to file review in Washington State occurs if the psychologist determines that the information in the file may be injurious to the client’s health and/or could be expected to cause danger to the life or safety of the client. I will keep clinical notes as well as financial records on your case. These records will be maintained for seven years beyond the end of our therapy. They will then be shredded.

Ethics and Professional Standards:

Licensure as a psychologist in the State of Washington holds psychologists to the highest ethical and professional standards. If you have concerns about assessment or treatment, please bring them to my attention immediately. Unethical or unprofessional behavior can be reported to the Psychology Examining Board, Division of Professional Licensing, P.O. Box 9649, Olympia, WA 98504, (360) 586-4561.

CONSENT FOR TREATMENT

By your signature, you are indicating: 1) that you voluntarily agree to receive mental health assessment and mental health treatment and that you authorize me to provide such assessment and mental health treatment as I consider necessary and advisable; 2) that you understand and agree that you will participate in the planning of your care and treatment, 3) that you may stop such treatment at any time; 4) that you have read and understood this statement and you have had sufficient opportunity to ask questions about, and seek clarification of anything unclear to you; and (5) that I provided you with a copy of this statement.

Client’s Signature/Parent or Legal Guardian

Date

Sarah E. Hanson, Psy.D.

Date