

RIVER VALLEY

Psychological Services

Disclosure Statement

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Thank you for choosing River Valley Psychological Services. The following information is to help you determine if my services as a therapist match your needs as a client. It contains information about my background and approach, the therapeutic process, professional relationship, fees, your rights as a client and other pertinent client information. Please read the following and ask any questions that would help you determine whether working with me and River Valley would be a good choice for you.

Background & Approach

I am a Licensed Mental Health Counselor in the State of Washington (License #LH60966923) with a Masters of Arts in Counseling from City University of Seattle. Following my internship and graduation in 2016, I worked as an adult outpatient clinician with Community Psychiatric Clinic. I am now working with River Valley Psychological Services and my practice focuses on providing therapeutic support to late adolescents and adults with a wide range of issues and concerns.

My areas of practice include stress, anxiety, depression, trauma, PTSD, life transitions/adjustment problems, LGBTQI, relationship concerns, and communication skills. My educational and work experience/training has enabled me to apply a range of coherent theoretical approaches, such as Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Solution Focused Therapy, Client–Centered Therapy, and Psychodynamic Therapy.

Therapeutic Process

The therapeutic relationship is a collaborative process that requires work and commitment from both client and therapist. The client-therapist relationship is a unique and dynamic relationship that will grow and change over time. Like many relationships, it will take time for clients and therapists to build mutual trust, and like many relationships, it is normal for feelings of joy, love,

fear, anger, sadness, etc. to be part of the client-therapist relationship. Effective and productive therapeutic experiences will contain both highs and lows. It is likely that there will be times when as a client, you will feel really proud of the work you are doing, satisfied with your therapeutic relationship, and excited about the ways you are growing and changing as a product of being in therapy. It is also equally as likely and appropriate that there may be times when you are perhaps feeling more sad, angry, scared, or confused than you were when therapy began. It is often normal to expect things to get worse before they get better as you begin talking about, thinking about, and feeling that which has been shoved down and pushed aside in the past. Clients are encouraged to talk to their therapist about how they are feeling at each stage of the therapeutic process, and to share their experiences openly and honestly so that the therapist can know how to be most helpful to the client.

Sessions will last approximately 50 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.

Professional Relationship

The client-therapist relationship is characterized by openness, honesty and directness. It is therefore important to begin our relationship with a clear agreement on our mutual rights and responsibilities. Because of the professional nature of the client-therapist relationship, there are some significant differences between the therapeutic relationship and other relationships that I would like to clarify. It is considered unethical and harmful to the therapeutic process for clients and therapist to interact outside of the therapist office. Any social or business relationships between client and therapist are considered "dual relationships," and may interfere with your treatment. Similarly, because I am required to keep your identity as a client confidential, I will not address you in public unless you speak to me first; even then, public contact will be kept brief. Please note that it is not my intention to be discourteous in anyway, and by following these guidelines I am keeping your best long-term interest in mind while maintaining a professional client-therapist relationship.

I also encourage you to provide direct, honest feedback about our relationship and your progress. It is my belief that your feedback plays an integral role in the therapeutic process.

As a client, you have the right to choose a therapist who best suits your needs and preferences. You have the right to inquire about treatment as well as terminate treatment at any time. In reciprocal, I reserve the right to refer any client out to a different clinician if I feel I cannot best serve you for any reason – the purpose of this would be to support the best possible therapeutic outcome for you in the event I feel underequipped to support you in a given area of concern.

Records & Confidentiality

The law requires me to maintain written treatment records. You have the right to review your records and request modifications of inaccurate information. In Washington State, therapists may deny access to patient records if the health care information may be injurious to the patient's health and/or could reasonably expect to cause danger to the life or safety of the patient (RCW 70.02.090). All information that you share in session is kept strictly confidential. Specific information can only be released with your prior written consent. Exceptions to the rule of confidentiality apply in cases when a child, dependent, elderly person, or disabled adult is abused or neglected, when potential suicidal or homicidal behavior is suspected, or pursuant to a lawfully issued subpoena.

Fees & Payment

Please contact our office to obtain fee information for the initial assessment session and proceedings regular appointments. Payment is due at the time of service. If you are using insurance, the office staff will facilitate the billing process. You are responsible for understanding your insurance benefits and for making deductibles and co-payments. Payment will be made to the office manager or me at the time of your appointment unless other billing arrangements have been made in advance.

Cancellation Policy

If you need to cancel your appointment, please call the office 24 hours in advance to let us know. You can reschedule at this time as well. Please note that appointments missed or cancelled without this advance notice will be charged the full fee unless I am able to fill the scheduled hour. Insurance companies will not pay for missed or cancelled appointments and you will be responsible for these charges. Any overdue accounts will be sent to a collection agency.

Emergencies

Use the main office number for urgent calls, after hours you may choose to be connected to the on-call therapist. The 24-hour *King County Crisis Line* is also available at (206) 461-3222. Please call 911 if there is a life-threatening emergency.

Consent for Treatment

Your signature below indicates that you have read this document in full and agree to its contents. Your signature also indicates that you consent to receive mental health counseling services from Veronica (Roni) Friang MA, LMHC.

Client Signature

Date

Client Name (Printed)

Veronica (Roni) Friang, MA, LMHCA

Date