

Professional Disclosure Statement & Informed Consent Agreement For Licensed Associate Therapist

Veronica Diaz, MA, LMHCA
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Supervisor: Kevin Connolly
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Education and Training

I have a Master of Arts Degree in Clinical Psychology from Saybrook University. In addition, I have a Bachelor of Arts Degree in Psychology from the University of Washington. I am also currently in pursuit of my Doctorate of Psychology degree in Clinical Psychology from Saybrook University. Outside of my formal coursework in my college programs, I have also received clinical training in trauma interventions with children/adolescents and adults, play interventions with children and adolescents, motivational interviewing in both English and Spanish, cognitive behavioral therapy, and collaborative, multidisciplinary treatment.

Registered Licensed Mental Health Counselor Associate

An associate level counselor/therapist/psychometrist generally has the full scope of practice as a fully-licensed therapist. They simply must be under supervision to practice. I am currently a Licensed Mental Health Counselor Associate (LMHCA) under the Washington State Licensing Board. I will adhere to the Code of Ethics pertaining to this board. I am continuing supervision with Dr. Kevin Connolly. Please know that I will be acting with professional integrity and competence while being an LMHCA. At any time you may request information regarding my ongoing training.

Limitations of Confidentiality

Clients have the right to be assured that I will do my due diligence to protect your information and personal identity confidentially. Confidentiality is protected by state and federal laws. I am required by law to disclose information pertaining to suspected child or elder abuse, suspected danger to you or others, intent to harm self or others, and necessary legal disputes or court proceedings. Furthermore, I participate in quality assurance procedures including consultation and clinical supervision of cases. Sessions may be discussed at these meetings. Any information shared is kept confidential among staff. If subpoenaed by a court to testify, I may have to give information regarding our sessions without your permission. According to Washington law, a minor who is 13 years old or older may initiate an evaluation and treatment for outpatient mental health services without parental consent. What this means is if you are 13-17 we will review what this means to you, such as if you decide to use your parent/guardian's insurance or have your parents pay for sessions, etc.

Cancellations

Please give at least a 24 hour notice of any cancellation. If less than 24 hours' notice is given then you may be subject to a cancellation fee of the total cost of the session missed. If you are a no show for your appointment without any prior notice than the full rate may be charged. A plan will be put in place and discussed prior if you are consistently late/no-show.

During and After Hours Contact

River Valley Psychological Services has an on call clinician that can be reached at either 425-228-5336 or 425-391-0887.

Should you have a crisis during times that we are unable to be reached, please contact:

Call – 866.427.4747 (for crisis)

Text – “Go” to 741741

Chat – <http://chat.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>

For life-threatening emergencies and/or crises please call 9-1-1 or go to the nearest emergency room.

Finding the Right Fit

In order for you to best meet your goals, it is essential that you feel comfortable with the mental health professional you are working with. You have the right to choose which counselor you work with. As a client, you have the right to terminate our relationship at any time. If this occurs, I will help you coordinate care to find a better match as best as I am able to.

Risks and Benefits of Counseling

While there are many benefits associated with receiving counseling services, there is always the chance that the process can stir up difficult emotions. This meaning, you might feel worse before better - and if at any point it feels overwhelming, please let me know ASAP and we will discuss how to best move forward.

To obtain a copy of the Code of Ethics.

To obtain information about me or to report complaints in Washington you may contact;

Department of Health, HSQA at PO Box 47857, Olympia, WA 98504-8573.

Telephone: (360) 236- 4700. E-Mail: hsqa.csc@doh.wa.gov.

Disclaimer

At this time, I do not provide services related to L&I, FLMA, disability, divorce/custody cases, court-order cases, and any other legal disputes. You agree that you won't involve your therapist in litigation of any kind for any purpose. You understand that your (or your child's) visit is for therapy purpose only and that having your therapist involved in litigation would interfere with the therapeutic relationship. If your situation may in the future involve litigation, please discuss this with your therapist.

Consent to Treatment

By signing below, I agree that I have read, fully understand, and agree to the personal disclosure statement that was provided to me by, Veronica Diaz MA, LMHCA.

Parent/Guardian/Caregiver/Patient Name (please print)

Parent/Guardian/Caregiver/Patient Signature

Date

Therapist Signature

Date