

**ANALIA CASTAÑOS-DAVIS**  
**Therapist**  
Counselor Registration No. 60032670  
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206-355-8568

**DISCLOSURE OF INFORMATION, POLICIES, AND CLIENT AGREEMENT**

PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGEMENT OF ITS RECEIPT ARE REQUIRED BY WASHINGTON STATE LAW. PLEASE READ IT CAREFULLY.

I WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.

**Your Rights as a Client in Counseling**

As a client in counseling, you have certain rights that are important for you to know about. There are also certain limitations to those rights of which you should be aware.

As a client of a registered counselor by the State of Washington, you have privileged communications under state law. With the exception of the situations listed below, you have the right to have information you share with me held in strict confidence; that information includes the fact that you are seeing me. The privilege is yours, not mine, and cannot be waived without your consent. I will always act to maximize your privacy, even when you waive your right to confidentiality.

The following situations are exceptions to your right of confidentiality:

1. If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
2. If you reveal that you have committed or are contemplating the commission of a crime, I may report that to appropriate authorities.
3. If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this to Children's Protective Services, a state agency.
4. If you are currently in litigation, or become involved in litigation during the treatment process or file a complaint against someone for malpractice, you may be asked to disclose information regarding your therapy as part of that process. Although I will request your consent to release information, I can be legally obligated by subpoena or court order to turn over my records and testify. Nevertheless, please inform me as soon as you know that you are likely to be in such a legal situation, so that I can exercise due caution so as to protect your privacy.
5. If you submit claims to your insurance company, they will likely require some information regarding your treatment with me. Most insurance companies only require basic information, often including a psychiatric diagnosis. You have the right to know the diagnosis that I use in any communication with your insurance company or other third-party payer or agency. All of the diagnoses that I use come from the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, DSM IV). A copy of this book is available in my library and you are free to look at it.
6. If you are seeing me in couples or family therapy, and you, your partner or another family member should happen to see me in an individual session, information shared with me in that meeting may be shared by me in a couple or family session if I believe it to be in the best interest of the work we are doing together. I will discuss this matter with you before sharing that information.

If our therapeutic relationship involves more than one person (e.g. spouse, parent, partner) I will not release any information to a third party (court, attorney, etc.) without the signed permission of all parties involved in our therapeutic work together, except as required by law. Your signature on this disclosure statement represents agreement to this requirement. If this concerns you, please bring it up the next time we meet together. In some cases it will be useful to the therapy for me to discuss your situation with others such as your physician, your former therapist, your attorney, etc. In such cases, I will seek your written permission for this exchange of information.

I do consult with colleagues regarding my work with clients to gain feedback and suggestions about treatment. My work with you may be discussed in formal or informal sessions with my colleagues, staff, or with other professionals. During these consultations, neither your last name nor other unique identifying information will be used. All discussions of this type with other professionals are subject to the same provisions of confidentiality discussed above.

If you have been directly referred to me by someone else, I may, as a good business practice, acknowledge to them that you have contracted with me for services and I will thank them for the referral. I will not discuss your situation with them unless I have your written permission.

You always have the right to request a change in the treatment process or refuse treatment. It is important that what we do together meets your needs. If you believe you are not being helped, please tell me so that we can work through the difficulty together. If we are unable to do so, I will assist you in finding another therapist.

My Voice Mail number is (206) 355-8568. I check my mail box at regular intervals throughout the day. If you are unable to reach me and are urgently in need of help, call the **Seattle Crisis Clinic at (206)461-3222** (if outside of this area, you may need to contact another local area crisis line) or call 911 for immediate help.

Although you are free to terminate therapy at any time, it is my request that you discuss your decision and reasons for termination at the beginning of a regularly scheduled session. I consider it of therapeutic value to you that the counseling relationship be closed in a straight forward manner, ensuring that all counseling issues have been dealt with to the best of your and my ability. In any case, notice of termination will result in my scheduling other clients into your regularly scheduled time slot. If you cancel an appointment or miss an appointment without leaving notice of rescheduling with my answering service or secretary, notice of termination will be assumed and your time slot will be given to the next available client.

### **Appointments and Fees**

Appointments are usually scheduled once per week or once every other week. The session lasts for 50 minutes unless we arrange in advance to meet for a longer time. The scheduled time for your session is set aside for you. **If you miss a session without canceling or if you cancel with less than 24-hours notice, I will bill you in full for that time.** Insurance or other third-party payors will not compensate you under such circumstances.

If you are late for a session, you will be seen for the remainder of your scheduled time and charged the full rate.

My standard fee is \$75 for individual sessions, \$85 per couple's and family sessions. My policy is that the session fee be paid in full at the time of service. Subsequent session fees must be made at the conclusion of each session for your portion of the full fee which is determined on the basis of your medical coverage, unless we specifically agree on another method of payment. I accept checks or cash, a \$25.00 fee will be charged for returned checks.

If I am doing work related to your treatment that is outside the bounds of our scheduled counseling, I will bill you on an hourly basis for all the time I spend on your case, including travel time to another location (such as the hospital, your home, an attorney's office, or another setting).

Following the completion of our work together, your complete financial and clinical records will be stored and available for review. After three years a **clinical summary** and full financial record will be maintained for an additional four years. After seven years all records will be deleted from our computer systems, as well as the physical files shredded.

### **My Training and Approach to Therapy**

I have a Masters of Arts degree in Applied Behavioral Science from the Leadership Institute of Seattle, Bastyr University.

My overall treatment orientation is systemic. That is, regardless of who I see or how many people attend the session, in a systems orientation to assessment and treatment I carefully consider the biological, individual, family, school and work, and other community systems that are relevant to an individual's couple's, or family's functioning and health. I may want to include other family members at some point during the course of treatment.

I regard both current issues as well as historical information, especially family-of-origin history, as important in assessment and treatment planning. I assume a problem-solving approach in working with clients;

