

Dianah Jackson, LMFT MG 60328208

Couples and Family Therapy; Therapy for Teens and Their Adults

4699 Woodson LN SUITE 319C, Bainbridge Island, WA 98110

www.bainbridgefamilycounseling.com – jackson.dianah@gmail.com – 206.953.2810

Disclosure and Consent

Education, Training, Experience: I hold a Masters of Psychology degree with a specialization in systems counseling from LIOS Graduate College of Saybrook University. I have been in private practice on Bainbridge Island since January of 2013. I also hold a doctoral degree in French Studies and prior to my practice as a psychotherapist, I worked as literature teacher, cademic researcher and writer at the graduate, university and high school levels. I am a fully Licensed Marriage and Family (LMFT) in the State of Washington.

Therapeutic Orientation: I believe that you hold expertise regarding your experiences, feelings, thoughts and relationships. My role is to facilitate your access to that expertise. When working with families, my job is to help families increase healthy patterns of relationship while reducing distress and suffering. My strengths lie in two areas. I am able to identify the existing resources that bring family members together, and I am able to discover alongside you new resources and to cultivate the ones that need growth. My work is primarily oriented towards narrative therapy and the general principles of family systems. I am a member of the American Association of Marriage and Family Therapists (AAMFT) and abide by its Code of Ethics. Accordingly, I do not perform forensic evaluations for custody, residence, or visitation of minors who engage in therapy with me.

Confidentiality: All information that you disclose during your session is confidential. Please note that children over the age of 13 have the right to full confidentiality, if they so choose. This means that the therapeutic process and files are privy to them alone. I participate in ongoing consultation with other mental health professionals. Such consultation allows me to stay current with professional standards and new developments in the field. It also allows me to receive valuable input on my work. When discussing cases, I do not disclose any identifying information about you, using the utmost care to protect your confidentiality.

Exceptions to Confidentiality: When working with couples or families, it is in the best interest of the therapeutic process that I do not keep secrets between individuals. There are legally mandated exceptions to confidentiality as well: (1) if I have reason to believe there is abuse of children, the elderly, or dependent persons; (2) if you present a life-threatening danger to yourself or others; (3) if you take legal action against me; (4) if your records are subpoenaed by a court of law; (5) if an involuntary commitment for mental assessment appears necessary.

Privilege: If you become involved in legal proceedings, you may be entitled to obtain a judicial ruling that my records and recollections pertaining to you are privileged and should be excluded from admission into evidence. You are responsible for claiming privilege in a timely and acceptable manner. You should seek you own legal counsel for a full explanation of privilege and for assistance in asserting a privilege claim.

Fees: My fee is \$120 for a 50-minute session in person or by phone, Skype or Facetime (charged in 10-minute increments). Payment should be made at the end of each session. I do not bill insurance but can provide a receipt with necessary information for reimbursement from your insurance company.

Cancellation policy: Please provide 24 hour notice for cancellations to avoid paying your regular fee for a missed session.

Course of treatment: After the first two or three sessions, we will decide if I am the best person to provide the services you need, then determine a regular meeting day and time reserved for you. I may request your permission to contact and collaborate with your former and current medical and/or mental health providers. You have the option of discontinuing therapy at any time.

Emergencies: If there is a life-threatening emergency, please call 911. You may call the Crisis line at 206.461.3222, or Kitsap County 24-hour telephone crisis services at 360.479.3033 or 800.843.4793 if you are unable to reach me.

State Laws: WAC 308-109-040: *Counselors practicing for a fee must be registered or certified within the department of health for protection of 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. SHB 1828: A record of the mental health care provided is kept in this office. You may ask to see a copy of that record. You may also ask this office to correct that record, if you believe the information within your record is in error. A copy of your corrections to the office records will be placed within your record, at your request. This office will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so. You may see your record, or get more information about it, at this office. The Counseling Credentialing Act empowers the citizens of the State of Washington by providing a complaint process against those who would commit acts of unprofessional conduct.*

I have read and understand all the information provided in this disclosure statement.

Client/Parent/Guardian Signature(s) and date

After two or three sessions we will formalize our agreement to work together. Soon after I will provide a treatment plan, detailing the goals and strategies for therapy. Your signature below formalizes our mutual commitment to work together.

NOTE: Please leave the section below blank until we have met for two or three sessions to determine mutually if we will work together.

I hereby give my consent for treatment.

Client/Parent/Guardian Signature(s) and date
