

DISCLOSURE STATEMENT & INFORMED CONSENT

Margie Segress, MA, LMHC

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Philosophy and Approach

I work with individuals and couples of all stages of life in the formation of a trustworthy relationship geared toward identifying, understanding, and breaking down internal barriers to personal healing and growth. I believe each person has ways of relating to his/her world, and I seek to understand that relationship. Although my approach to the therapeutic process is primarily influenced by Attachment-informed Narrative and Existential theories, I draw from other theoretical orientations as necessary in facilitating particular individuals' progress towards identified treatment goals.

What I find is that many of the ways people relate to their worlds are useful and productive, but many others are not. In order to identify patterned thinking and behavior that may not be leading to desired results, I seek to understand my clients' life stories and bring greater awareness to unhelpful perceptions—and, with those who are interested, the deeper life meanings to be discovered therein.

Education & Experience

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| • Masters in Counseling, CMHC | Antioch University, Seattle, WA | 2016 |
| • Associates in Arts, Illustration | American Academy of Art, Chicago, IL | 1996 |
| • Bachelors of Arts, Art History | Northwestern University, Evanston, IL | 1992 |

I am a Licensed Clinical Mental Health Counselor with experience providing individual counseling—as well as facilitating creative means of emotional expression in group settings—in the arenas of both community mental health and private clinical settings. I am also teaching/supervising Masters-level counseling students at Antioch University. My education, training, and experience have prepared me to provide counseling to individuals of all ages, ethnicities, race, religion, and sexual orientation. While I do not currently work with families in my therapeutic setting, I can offer referrals in that area.

I am a member of the American Counseling Association (ACA), Seattle Counselors Association (SCA), and The Center for Self-Leadership.

Informed Consent: Counseling is understood to be a choice you have made among available options such as, other counselors, other therapies, support groups, self-help resources, and other modes of treatment. Counseling can have benefits and risks. Counseling sometimes involves discussing unpleasant aspects of your life, and you may experience uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has been shown to have many benefits. It often leads to better relationships, solutions to specific problems, and significant reductions in feelings of emotional distress. Some clients require only a few sessions to achieve their goals, while others benefit from long-term counseling. You have the right to terminate counseling at any time; however, it is understood that premature termination may result in the return or worsening of the initial problems and symptoms.

I encourage you to talk with me directly if you are dissatisfied with my services, want a second opinion or referral, or if you are intending to discontinue appointments. If I am not able to resolve your concerns, you have the right to file a complaint with the Department of Health regarding unprofessional conduct on my part.

Confidentiality

I keep very brief records, noting only that you have met with me, what interventions happened in session, and the topics discussed. You may ask to see a copy of that record. If you prefer that I keep no treatment records, you must submit a written request to that effect. Once received, I will place your request in your file and retain only the following records: Your name and signed disclosure statement, the session date and fee for service.

I will not disclose your record to others unless you direct me to do so or the law authorizes or compels me to do so as outlined by the following: (1) to report suspected abuse of a child, of a developmentally disabled person, or of a dependent adult; (2) to interrupt potential suicidal behavior; (3) to intervene against threatened harm to another (which may include knowledge that a client is HIV positive but is unwilling to inform others with whom he/she is intimately involved); and (4) when required by court order or other compulsory process.

Disclosures may also be made if (a) you sign a written authorization permitting disclosure; (b) you file a complaint against me; (c) you make a payment by check, which permits bank employees to view names of my clients; (d) you have caller identification on your phone and my name appears on the monitor; and if (d) a contracted third-party agent contacts you by mail or phone to receive payment for a balance due that exceeds 90 days.

As a part of my lifelong professional development and in service to my clients, I consult with other therapists because I believe our collective knowledge may help me provide you with the best counseling services possible. I do not disclose names or details that would allow identification of my clients during these processes. In addition to ongoing consultation with other professional counselors, I engage in supplemental continued learning to keep up-to-date and connected with advancements and best practices in the profession.

Minors & Parents: In my work with children, parents are encouraged to take an active role in their child's treatment. However, because effective counseling cannot be done if a child does not trust the counselor, I guard against becoming a conduit of information to parents about their child. Therefore, I will share information only when I deem it appropriate and necessary for the welfare of my minor clients.

Insurance/Use of Diagnosis

I currently do not accept insurance. However, I can provide a statement for you to submit to your insurance company if you would like to request out-of-network provider reimbursement.

Please note, some health insurance companies will reimburse clients for counseling services and some will not. In addition, most require a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you—and any diagnosis made will become part of your permanent insurance records. Additionally, some conditions for which people seek counseling do not qualify for reimbursement. You are responsible for payment of my fees regardless of whether or not you are reimbursed by the insurance company.

Technological Communication

Please note that any emails and text messages that we send back and forth are not encrypted and are therefore potentially vulnerable to being intercepted by third parties. For that reason, please use email and text messaging for scheduling purposes only. The counseling process can be emotionally challenging and can stir up intense feelings that leave clients feeling in distress/crisis. If the feelings you experience generate a sense of urgency, you can call the King County Crisis Clinic at 1-866-427-4747.

Fees, Scheduling, & Appointments

I offer a complimentary first session after which I charge \$100 for a 50-minute individual session / \$130 for a 50-minute couples session. I also offer sliding scale fees (ranging from \$45 to \$80 per 50-minute session) for those in need of a reduced rate. Fees can be paid by cash, check, or credit card. During our first session, we can discuss a regular meeting time that secures you a day and time that I reserve just for you. With that in-mind, please give as much notice of any changes/necessary cancellations as possible—and not less than 24 hours’ notice to avoid the \$40 cancellation fee.

Terminating Treatment

My goal is to assist you in obtaining your desired therapeutic outcomes. If you have any questions or concerns about any aspect of your therapy, please discuss them with me. If you elect to terminate or suspend treatment, please discuss your decision with me so that we can bring sufficient closure to our work together. In our final session, we can discuss your progress thus far and explore ways in which you can continue to utilize the skills and knowledge you have gained through your therapy. We can also discuss referrals that you may require at that time. By signing below, each of us confirms this document to represent the agreement between us, and that you have read, understood and received copies of this disclosure.

Client _____

Date _____

Counselor _____

Date _____