

**DISCLOSURE**

Washington law mandates the following disclosure.

I am a Clinical Psychologist licensed in Washington. I have passed a national written and oral examination given by the Washington State Examining Board of Psychology. I've been an assistant professor at Montana State University, Chief Psychologist at Eastern State Hospital, expert witness for Social Security Disability, instructor at Spokane Community College and quite a few ancillary jobs.

I honor confidentiality, but must report child abuse and believable threats of harm by you towards either yourself or others. If you become gravely disabled, I may report this to your physician and appropriate others who will make sure your needs are met. I will faithfully warn you of the limits of confidentiality and will seek to limit disclosure as appropriate. If I am evaluating you for the court or for Social Security Disability you forego confidentiality.

I keep a record of your health care. You may ask to see, copy or correct your record here in my office by asking me. You have the sole right to request a change of therapy, a referral to another therapist or to stop therapy at any time. You may instruct me to keep minimal records to further insure your privacy.

I maintain insurance coverage to insure the protection of both you and me while you are under my care. If necessary you may report any act on my part which you believe to be unethical or illegal to the Department of Health, Examining Board of Psychology, Department of Licensing, Box 47868, Olympia, WA 98504-7869.

I am available at North Pines Counseling on weekdays excepting vacation and holidays. When Cyndi is not in the office, you may leave your message on the answering machine, which is always on when we're not available. If you are in crisis please call me at home if necessary. If I cannot be reached, please know that the Community Mental Health Service has a 24-hour Crisis Line at 838-4651.

I am pleased you have come to me for help and am honored to have the opportunity to provide quality care.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_