

ALEXANDRA HEPBURN, Ph.D., C.C.

Camas, WA.

(206) 915-8833

www.transformu.org

Disclosure Statement

Dear Client,

I welcome you to this courageous work. In order for me to be as helpful to you as possible, I have found that it is important for us to be clear about certain aspects of our work together. You have the right to know my qualifications and how I do my work. You also have the right to choose a counselor/therapist who best suits your needs and purposes. Please read the following material and talk with me about any questions before signing the form.

Orientation and Scope of Practice

I have a Ph.D. in Developmental Psychology and have been a registered counselor in the State of Washington (RC 00015143) since 1990. This credential has now changed to Certified Counselor (CL 60145801) following changes in state law, additional coursework and the passing of an exam. I am a member of the Washington Professional Counselors Association, the Grief Network Northwest, and the Association for Transpersonal Psychology. I also taught in the counseling psychology program at Antioch University Seattle between 1988 and 2014.

My work as a counselor is based on an understanding of human development and of change and transition processes. Because of my background in hospice and bereavement work, I also bring to my work a deep appreciation for the role of loss and grief in our lives. My special interests and training include: coping with change and major life transitions, loss and grief, identity issues and the growth of self-understanding, and spiritual growth. In addition, I practice EMDR, or Eye Movement Desensitization and Reprocessing, and Brainspotting, both techniques that help to strengthen internal resources and enhance functioning in various ways. I also work with a number of approaches that fall under the heading of Energy Psychology, including a variety of mind-body techniques. Hypnotherapy may be an occasional part of my work with a particular client. I have specific informational hand-outs on each of these three modalities.

In all of my counseling work, I am open to various modes of exploration, healing, and growth. During our sessions you may engage in talk, guided imagery, body awareness. You may discover and learn about your personality pattern or different parts of yourself. We may use music, reading, or drawing as part of the process. I may ask you to do some follow-up work between sessions. Please see my website for more information on all these possibilities.

I believe that therapy is a collaborative process. I generally find that the first one to three sessions involve gaining an understanding of who you are and what you need, and helping you to articulate your goals in counseling. This is also a good time for you to evaluate whether working with me feels right and comfortable for you. The goals you set may be clarified or modified at any time during our work together. If at any point you feel you are not making enough progress, or have difficulty with something I say or do, please know that it may be very helpful to tell me how you are feeling. Although I realize this may not be easy, I welcome an open discussion – which will often lead to an unexpected breakthrough.

The length of time we spend working together varies with the nature of the process and your particular needs. Termination of therapy should not take place by phone. Because of my belief in the importance of handling endings, I strongly recommend that we take one to three sessions to complete and conclude our work. However, if at any time, you find that this counseling process is not meeting your needs, you have a right to request a change or to discontinue.

Confidentiality is a crucial aspect of our work together. You will find a fuller exploration of my policies on confidentiality in the Notice of Privacy Practices handout which you also received.

As a Certified Counselor, I am not credentialed to diagnose and treat mental disorders or to conduct “psychotherapy” as defined in WAC-246-810-010 (14) (*definition*: “the practice of counseling using diagnosis of mental disorders according to the 4th edition of the Diagnostic and Statistical manual of Mental Disorders, and the development of treatment plans for counseling based on diagnosis of mental disorders in accordance with established practice standards.”) If I believe that your issues are outside my scope of practice and expertise, I will help you find an appropriate referral.

Appointments

A typical session lasts a full hour. On occasion it is best to schedule one and a half hours or even two hours for a hypnotherapy or EMDR/Brainspotting session. This would only be done if we jointly agreed on the need for a longer time together. Emergency appointments are available as needed; depending on time and circumstances, these may take place in person or by phone. If you are unable to keep your appointment, please call me, or leave a voice mail message, at 206-915-8833. Except in an emergency or in case of illness, 24 hour cancellation notice is required, or you will be charged for your reserved appointment time.

Fees and Payment

I accept checks, cash, and credit cards. There is a small surcharge for credit card use. My fees are as follows:

One hour - \$100

One and a half hours - \$ 145

I do not have a formal sliding scale. In cases of significant financial hardship, I am willing to discuss a fee reduction. My services are not likely to be covered by your insurance company. Payment is due at the time of the session unless otherwise arranged. You are not liable for any fees for services rendered prior to the receipt of this disclosure statement.

If you need to cancel an appointment, please call 24 hours ahead of time; full payment is expected if this advance notice is not given (except in the case of illness). There is no charge for a brief telephone consultation. Those extending over 10 minutes will be calculated on a prorated basis at the same rate as for an office session.

Emergency Services

A message may be left on my voice mail at 206-915-8833; I check my voice mail frequently. Please clearly indicate that it is an emergency and leave a number where I may reach you. You will be notified in advance if I am going to be unavailable for any length of time.

In a crisis situation, you may need assistance before I have the opportunity to receive your call. In that case, you may call:

Snohomish County Care Crisis Line at 425-258-4357, or 800-584-3578

King County Crisis Clinic at 206-461-3222, or 800-244-5767

Kitsap County Crisis Clinic at 360-479-3033

If you are dealing with a life-threatening emergency, please call 911 and/or go to the emergency room or see your medical care provider.

Disclosure requirements

In addition to the information provided in the Notice of Privacy Practices section of this document, Washington State law WAC246-810-010 requires that I provide you with the following information:

- Counselors practicing counseling for a fee must be credentialed with the department of health for the protection of the public health and safety.
- Credentialing of an individual with the department of health does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

- The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is: (A) to provide protection for public health and safety, and (B) to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

Complaints may be addressed to:

HSQA Complaint Intake

P.O. Box 47857, Olympia, WA 98504-7857

Phone: 360-236-4700 Email: HSQAComplaintIntake@doh.wa.gov

By law I am also required to provide you with a copy of the Acts of Unprofessional Conduct, RCW 18-130: see the attached document.

Please know that I am interested in listening to any questions or concerns you might have about policy, process, and/or the content of the work we do together. I hope you will feel free to discuss with me any issues that arise. It is my privilege to do this work with you.

Statement of Agreement

I have read this document, understand its contents, and have had an opportunity to ask questions and clarify my concerns. I understand my rights and responsibilities as a client, and my counselor’s responsibilities to me. Any changes to this agreement are indicated on this document, dated and initialed by Alexandra Hepburn, Ph.D. and myself. This authorization constitutes informed consent without exception. I have received a copy of this agreement.

Client signature

Date

Counselor signature

Date

Revised: 05/30/2022