

STATE OF WASHINGTON REQUIRED DISCLOSURE

This disclosure statement provides information about the treatment provider and the treatment offered, to assist you in choosing the treatment and the provider best suited to your needs.

My Approach to Treatment

I believe the counseling process to be forming a mutual alliance with you to explore the nature of your struggles. It is my belief that we are relational beings, and are meant to have deep, satisfying relationships with others and with ourselves. Often these significant relationships include dynamics that are the source of our greatest joys as well as our deepest hurts. In working together, we will explore the nature of your relationships and how your relational style impacts your ability to engage life in the manner you desire. My hope would be that by dealing with the source of the problem, we will address the constellation of symptomologies as well. Ultimately, I believe that healing occurs in relationship and believe the therapeutic relationship to be a place for such transformation. The outcome of such transformation is relief from issues that stir one to seek out therapy, and hopefully the ability to more freely enjoy life. This theoretical orientation is influenced by my theological and psychological trainings in relational psychoanalysis, attachment theory, and interpersonal and feminist psychologies.

My Education, Training and Experience

I hold a Bachelor of Arts in Secondary Education, with an emphasis in Mathematics from Pacific Lutheran University, and a Masters of Arts in Counseling Psychology from The Seattle School of Theology and Psychology. Prior to pursuing my graduate degree, I spent 6+ years working in a non-profit ministry, directly working as a mentor for adolescents and young adults. I have been working as a therapist with adolescents and adults since 2010. I am Licensed Mental Health Counselor (LH60498732). I have taught courses in Psychodynamic Psychotherapy at The Seattle School of Theology & Psychology and The Center for Object Relations, in Seattle. I am currently supervised by Sue Carlson.

Client's Course of Treatment

If you decide to continue treatment beyond an initial assessment, we will develop an individualized treatment plan with you. This plan will include what is known at the time about your course of treatment and will be amended as appropriate during our work together.

Participation

The therapy experience is created both by the therapist and client. Both participants are encouraged to be honest, open and curious. Your freedom to be honest about your thoughts and feelings regarding the therapeutic process is a posture I invite in our time together. You have the freedom to stop therapy at any point, refuse to do a particular activity, or request a referral to another therapist. Most important is your experience as a client. Together we will work to ensure a positive therapeutic experience.

Confidentiality

Please see the Notice of Privacy Practices.

Billing, Fee and Financial Information

Your fee will be discussed and written down on the Service Agreement. Procedures regarding additional charges and charges for cancellation will be discussed during the first session as part of the Service Agreement.

SEE OVER

Notice to Clients

As required under Washington law, therapists practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration or licensure of an individual with the Department of Health does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. It is every client's right to refuse or discontinue treatment at any time. It is the responsibility of clients to choose the provider and treatment modality which best suits their needs and purposes.

In addition, licensed or registered therapists are required to inform clients of the purpose of the Counselor Credentialing Act (the law regulating counselors). The purpose of the Counselor Credentialing Act 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 therapists who would commit acts of unprofessional conduct. Clients of licensed or registered therapists in the State of Washington may file a complaint with the Department of Health at any time they believe a therapist has demonstrated unprofessional conduct. To obtain a list of actions considered to be "unprofessional conduct," or to file a complaint, contact the Department of Health, Business and Professional Administration, P.O. Box 9012, Olympia, WA 98504-8001, (360) 236-4700.

By my signature below I acknowledge that I have received a copy of the Notice of Privacy Practices and Required Disclosure for Jamelyn Keatts, and understand the information provided.

Client Signature

Date

Client Signature

Date

Therapist Signature

Date

If a personal representative on behalf of the client signs this acknowledgment, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

This form will be retained in your medical record.