

Counselor Disclosure Statement, Adolescent Client Informed Consent, and Parental Consent for the Treatment of a Minor

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Please read each section carefully, and initial at the bottom of each page.

Counselor Disclosure Statement

Education and Credentials

I received my Master of Science degree in Mental Health Counseling from Central Washington University, and I completed my internship at Sound Mental Health in Auburn, WA. I am a Licensed Mental Health Counselor in the state of Washington. My Washington Department of Health license number is LH60711517.

Therapeutic Orientation

I provide psychotherapy and mental health counseling services, and I mainly use Cognitive-Behavioral Therapy, Psychodynamic Therapy, Internal Family Systems Therapy, and Acceptance and Commitment Therapy. I use these modalities in a respectful way, working to stay connected with you in the moment and recognizing that while I am the psychological expert, ultimately you are the foremost authority on what it is like to be you.

Course of Treatment

The length of treatment and frequency of sessions will depend on many factors, including your goals, your level of commitment, and your progress. Generally, I recommend that our sessions take place at least once every 10 days, in order to catalyze the therapeutic process; however we will always decide on the frequency and length of treatment collaboratively.

Appointments and Fees

The fee for a standard 50-55 minute session is \$150, unless otherwise arranged. It is due at the time of service and is payable in cash, personal check, or Paypal transfer. I currently do not accept insurance; however, if your insurance covers my services, I can provide you with statements you can submit to your insurance for reimbursement. I reserve a limited number of sliding-scale appointments, for which your fee will depend on demonstrated financial need; however these appointments are subject to availability. *In order to avoid being charged your full session fee for missed appointments, a 24-hour cancellation by telephone is required.* Insurance does not cover missed appointments.

Client Rights

As my client, you have the right to refuse treatment and the right to choose whether or not to employ me as your counselor. You also have the right to decide which methods or modalities may best suit your needs and goals.

Adolescent Client Informed Consent

According to Washington State Law, the age at which a person may consent to counseling/psychotherapy is 13; *however, it is my policy to provide your parent(s) or legal guardian(s) all of the information below and obtain their consent to our working together.*

Confidentiality

I will keep what you and I talk about during our sessions confidential, unless you give me a written consent to disclose the information. Exceptions to this confidentiality include the following:

1. If I believe you are likely to cause serious harm or death to yourself or to another person, I must take steps to protect you and/or the other person. This may include informing your parent(s) or legal guardian(s), other mental health professionals, the police, and/or any persons that may be in danger.

Client initials ____ Parent/Guardian initials ____

2. If you are doing things that can potentially cause serious harm to either you or another person (even without your intention to cause harm to yourself or another person), I will use my professional judgment to decide whether your parent(s) or legal guardian(s) should be informed.
3. If you tell me that you, another child, or a vulnerable adult are or have been abused or neglected, or if, based on what you tell me, there is reason for me to suspect such abuse or neglect, I am required by law to report this information to Child Protective Services or Adult Protective Services.
4. If you are involved in a court case, your information can be subpoenaed by a court of law. Although I will request your consent to release such information, I can be legally obligated by court order to turn over my records in situations such as this. I exercise due caution in my record keeping in order to protect your privacy in the event of a subpoena. You may complete a written request for me to maintain minimal records if this is of concern to you.
5. If you have been directly referred to me by someone else, I may as a good business practice, acknowledge to them that you have contacted me and thank them for the referral. I will not discuss your situation with them unless I have your written permission.
6. For our mutual benefit, I participate in professional consultation; however I will not disclose any identifying information about you.

Communicating with Your Parent(s) or Guardian(s)

Except for situations such as those mentioned above, I will not tell your parent or guardian the specific things you share with me in our therapy sessions. This includes activities and behavior that your parents would not approve of or would be upset by, but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. *If I feel that you are in such danger, I must communicate this information to your parent or guardian.*

- For example: If you tell me that you have tried alcohol at a few parties, I would keep this information confidential. If you tell me that you are drinking and driving or that you were a passenger in a car with a driver who was drunk, I would not keep this information confidential from your parent(s) or guardian(s).

You can always ask me questions about the types of information I would disclose in the form of a hypothetical situation, like "If someone told you that they were doing ..., would you tell their parents?"

Risks and Benefits

Most adolescents who come to counseling are experiencing internal distress, relationship challenges, or engage in behavior that worries them and/or others. The purpose of counseling is to help you explore your difficulties and goals in a safe environment, learn new ways of interacting with yourself and others, and thus be better prepared to have the life that you want. At the same time, frequently as we work in therapy you may experience thoughts or feelings that you may find uncomfortable - this is part of the process. As you commit yourself to work through your problem areas and build on your strengths, you will likely see significant improvements in your life.

Appointments and Cancellations

We will schedule our appointments by email, by phone, or in person at the end of our sessions. Your parent(s) or guardian(s) will likely schedule and pay for the appointments on your behalf; however it is ultimately your responsibility to attend our appointments. Please let me know as soon as you can by email or by phone, if you need to cancel or reschedule our appointment. If you do not give me at least a 24-hour cancellation notice, you will be charged the full fee for the missed appointment.

Emergency and Other Contacts

Between our appointments, you may email me or call me and, if I do not pick up, leave me a voicemail message. I read emails and listen to messages regularly and will get back to you as soon as I can. When contacting me by email, please bear in mind that email is not a completely confidential form of communication. If you find yourself in a psychological emergency, please call the National Lifeline at 1-800-273-8255. If you are feeling unsafe, please call 911.

Client initials ____ Parent/Guardian initials ____

Duration and Termination of Therapeutic Work

Counseling is a highly individual process, and the duration of counseling depends on each person's particular goals and difficulties. As we work together, we will frequently revisit the progress we have made and talk about the potential duration of our upcoming work.

You have the freedom to make your own decisions regarding counseling, which includes choosing your counselor or ending therapy with a particular counselor. If you would like to end our work, I would only ask that you discuss your decision with me in person.

Unprofessional Conduct

If you suspect that my conduct has been unprofessional, you can contact the Department of Health at the following address and phone number:

Department of Health, Counselor Programs
P.O. Box 47869
Olympia, WA 98504-7869
360-664-9098

Information for the Adolescent's Parent(s) or Legal Guardian(s)

The Fundamental Importance of Confidentiality in Adolescent Psychotherapy

The importance of confidentiality in counseling cannot be overstated - it is fundamental for the building of safety and trust in the therapeutic relationship. The biggest factor contributing to successful therapy is the bond and alliance between the client and the therapist. That said, I highly value and respect your role in your child's life and will involve you in the process when appropriate.

In counseling adolescents, there are many areas that a therapist will not have a good opportunity to address unless the adolescent trusts that what is said in counseling will not be shared with parents or guardians. These areas include use of cigarettes, alcohol, and other drugs, self-harming behavior, sexual behavior or concerns, truancy, school difficulties, unauthorized time with peers, and criminal activities. I will work with your child to help them behave in ways that are considerate of others, mindful of consequences, and not self-destructive. If any of the above issues rise to the point of being a serious, imminent danger to self or others, I will notify you and/or the appropriate authorities.

Other Limits to Confidentiality

1. If I believe your child is likely to cause serious harm or death to themselves or to another person, I must take steps to protect your child and/or the other person. This may include informing you, other mental health professionals, the police, and/or any persons that may be in danger.
2. If your child is doing things that can potentially cause serious harm to either your child or another person (even without your child's intention to cause harm to themselves or another person), I will use my professional judgment to decide whether you should be informed.
3. If your child tells me that they, another child, or a vulnerable adult are or have been abused or neglected, or if, based on what your child tells me, there is reason for me to suspect such abuse or neglect, I am required by law to report this information to Child Protective Services or Adult Protective Services.
4. If your child is involved in a court case, their information can be subpoenaed by a court of law. Although I will request your child's consent to release such information, I can be legally obligated by court order to turn over my records in situations such as this. I exercise due caution in my record keeping in order to protect your child's privacy in the event of a subpoena. Your child may complete a written request for me to maintain minimal records if this is of concern to them.
5. If your child has been directly referred to me by someone else, I may as a good business practice, acknowledge to the referring person that you or your child have contacted me and thank them for the referral. I will not discuss your child's situation with them unless I have your child's written permission.
6. For the benefit of my clients and myself, I participate in professional consultation; however I will not disclose any identifying information about your child.

Collateral Contact with Parents, Guardians, and Others

Your contact with me is collateral, meaning, auxiliary to your child's counseling process, for the purpose of assisting in that process. In adolescent counseling, the adolescent is the client, and not the parent(s) or guardian(s) - which is an important distinction. This means that while I will always give consider and keep in mind your concerns and hopes regarding your child, I have no therapeutic obligation to you, and your communication with me is not

Client initials ____ Parent/Guardian initials ____

privileged or confidential. Should you request it, I will be happy to provide you with referrals for your own counseling, as it will have a high chance of helping you in your own personal growth and in supporting your child.

Termination of Therapy

Terminating therapy with your child is an important step and should be done over a number of sessions, especially in cases of long-term therapeutic relationship.

Email and Phone Contact

If you ever have questions for me, you are welcome to give me a call or email me. I will answer your questions to the best of my ability, keeping in mind the confidentiality requirements outlined above. When contacting me by email, please bear in mind that email is not a completely confidential form of communication. Occasionally, it may be therapeutically appropriate for us to schedule a separate session with one or both parent(s) or legal guardian(s) so that we can address your questions and concerns.

The undersigned practitioner has gone over this document with the undersigned client and has answered all questions to the client's satisfaction.

Max Tsymbalau, MS, LMHC

Date

The undersigned client has been provided with a copy of this disclosure statement, has read the statement, and understands the rights and responsibilities contained herein. The undersigned client authorizes treatment under the conditions of this document.

Client

Date

The undersigned legal guardian of the client has been provided with a copy of this disclosure statement, has read the statement, and understands the rights and responsibilities contained herein. The undersigned legal guardian of the client authorizes treatment under the conditions of this document.

Client's Parent or Legal Guardian

Date

Client initials ____ Parent/Guardian initials ____