

# Disclosure Statement and Informed Consent to Treatment

## Max Tsymbalau MS, LMHC

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

### Education and Credentials

I received my Master of Science degree in Mental Health Counseling from Central Washington University and completed my internship at Sound Mental Health clinic 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

As a counselor, I tailor my approach individually to each person I work with. I use a combination of cognitive-behavioral therapy, internal family systems therapy, acceptance and commitment therapy, mindfulness training, and body psychotherapy. I use these approaches 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 a week in the beginning, in order to catalyze the therapeutic process. That said, we will always decide on the frequency and length of treatment collaboratively.

### Appointments and Fees

My fee for a standard 50-55 minute session is \$300, unless otherwise arranged. It is due before or at the beginning of the session and is payable by Venmo (@maxcounseling). I am not contracted with any insurance companies; however, if your insurance covers my services, I can provide you with statements you can submit to your insurance company for reimbursement. *In order to avoid being charged your full session fee for missed appointments, a 48-hour cancellation notice 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.

### Confidentiality

What you and I talk about during our sessions will be kept confidential. Exceptions to this confidentiality include the following:

1. If I believe you are likely to do harm to yourself (suicide) or to another person (violence and/or homicide), I must take steps to protect you and/or the other person. This may include asking for assistance from other mental health professionals or the police.
2. In the cases of suspected abuse or neglect of a minor child or vulnerable adult, I am required by law to report information to Child or Adult Protective Services.
3. If you are involved in litigation, your information can be subpoenaed by a court of law. Although I will request your consent to release information, I can be legally obligated by court order to turn over my records in situations such as this. You may complete a written request for me to maintain minimal records if this is of concern to you.
4. If you are seeing me in couples or family counseling, and you or a family member/partner should happen to see me in an additional individual session, information shared with me in that meeting may be shared by me in the joint session if I feel it to be in the best interest of the work we are doing together.

Client initials \_\_\_\_

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 may participate in professional consultation; however I will not disclose any identifying information about you.

### **Risks and Benefits**

Most people who come to counseling are experiencing internal distress, relationship challenges, or engage in behaviors that worry 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 become 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. If you need to cancel or reschedule our appointment, please let me know by email or by phone as soon as you can. If you do not give me at least a 48-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 will get back to you as soon as I can. Please note that I do not provide emergency services. If you find yourself in a psychological emergency, please call the National Lifeline at 1-800-273-8255 or go to your local emergency room. If you are feeling unsafe, please call 911.

### **Email, Social Networking, and Accidental Meetings Outside of Session**

I strongly recommend that email only be used for general logistical purposes, such as scheduling, for privacy reasons. If you would like to discuss therapeutic issues, we will connect over the phone, over video, or in person. Due to the professional nature of our relationship, I will not be able to accept invitations to connect personally outside of therapy. I will also not be able to accept invitations to connect on social networking sites such as Facebook or LinkedIn. This will apply even after you are no longer an active client of mine, as you may want to return to working with me in the future. If we accidentally see each other outside of my office, I will not acknowledge you first in order to maintain your privacy. You are welcome to approach me and/or introduce me to any others however you see fit. I will follow your lead in the conversation and disclose only the information that you disclose or request.

### **Therapeutic vs Forensic Role**

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for preparation of litigation or other legal action, I can provide you with referral resources to help you identify a provider who offers forensic evaluation services. I do not voluntarily participate in legal proceedings. If my participation in court is requested or required, my regular hourly rate applies to all preparation, participation, travel, and waiting times.

### **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 or over phone/video.

### **Online Therapy Information**

For our online video sessions, we will be using an encrypted, HIPAA-compliant online platform. I will provide you with additional information about the process of connecting online.

### *Logistics*

To make sure that our online therapy sessions go smoothly, please do the following:

Client initials \_\_\_\_

1. Make sure that you are in a space where you will have continuous, uninterrupted privacy for the duration of our session. You can achieve extra sound privacy by using either a white noise machine or a white noise application on your phone. Putting the white noise device on the outside of the door to your room tends to work best.
2. Please make sure you have excellent internet signal strength and speed. If you are using a laptop or computer, either use wired Ethernet connection or be as close to your wireless router as possible. If you are using your phone and are connecting through your cellular plan, please make sure you are in an area where your signal strength is excellent.
3. Ideally, please use either a laptop or a computer with an adjustable webcam, so that you can easily adjust the angle at which I see you.
4. I recommend using a videoconferencing Bluetooth headset (headphones with a boom mic on the side) for best audio quality on both ends. You can Google “videoconferencing Bluetooth headset” to see examples of these products. Having a Bluetooth headset will also make it easier for you to move around for any body work that we may do.
5. I will not record our sessions, and I ask that you do not record our sessions either.

*Payment*

Payment for online sessions is due before the beginning of the session and is payable by PayPal or Venmo. Full session fee applies despite any technical difficulties that may arise.

**Unprofessional Conduct**

If you suspect that my conduct has been unprofessional, you can contact the Department of Health:

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

By signing this document, you are attesting that you have received, read, fully understand and consent to the conditions above, that you have received a copy of my HIPAA and Washington State Notice of Privacy Practices, have read and fully understand these rights, and have been given the opportunity to ask questions.

By signing this document, you are attesting to your consent to participation in counseling services provided by Max Tsymbalau MS, LMHC.

\_\_\_\_\_  
**Client**

\_\_\_\_\_  
**Date**

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**

Client initials \_\_\_\_