

**Capella University Marriage and Family Therapy Program**  
Loftis Professional Disclosure

**CLIENT INFORMATION AND COUNSELOR PROFESSIONAL DISCLOSURE**

**Laura Loftis, MT-BC**

The following information is designed to inform you about my background and to ensure that you understand the nature of our professional therapeutic relationship and your rights as a client.

I am a master's student in the Marriage and Family Therapy program at Capella University in Minnesota. As a master's student, I am currently under supervision of a Licensed Marriage and Family Therapist at Capella University, as well as a licensed mental health professional at my current place of employment. Upon graduation, I will meet the educational requirements to pursue licensure by the Washington State Board of Marriage and Family Therapy. I currently have a Music Therapy license, (08058) which is Board Certified in all 50 states.

***Professional Services***

I provide individual, couple and family therapy sessions for adults, children, and adolescence. I have been trained to work with the following presenting issues: anxiety, depression, marital stress, parent/child interactions, sex, and gender conflicts. My therapeutic approach incorporates several major theories of counseling, including Solution-Focused Therapy, Narrative Therapy, Bowenian-Multi generational Family therapy, Structural Therapy, and Emotion Focused Therapy. I tailor my particular focus to the needs of the client(s). I believe that every individual possesses the strength and potential to work through life problems. I seek to help my clients discover this potential and learn skills and strategies that will help them achieve their goals through empowerment and providing them with conditions for personal growth.

**The therapeutic process involves a collaborative relationship between client and therapist** in an open environment where clients are free to share their thoughts and feelings honestly. Thus, your active participation and personal work outside of sessions are essential for therapy to be effective. I may ask you to try various things outside of the therapeutic hour to help you reach your goal. In most cases, you will be given a mental health diagnosis as part of your treatment. This diagnosis will be discussed with you and is used to plan the appropriate course of therapy. Your diagnosis will become part of your permanent record at this site and may be accessed by your insurance company and any other entity to which your records are released.

It is also important for you to feel comfortable with your therapist. You have the right to refuse treatment, and to seek a therapist that you feel is a better fit for you. I will be ending my internship in December of 2022, so any clients that are still in need of services

at that time will be transferred to a therapist that is available and that I feel would be a good fit for them.

### ***Confidentiality***

I respect your right to privacy, and anything shared in our sessions will remain confidential. **There are some exceptions, however, to confidentiality.** I am ethically bound to break confidentiality if I believe you are in imminent danger of harming yourself or others; if there is reported abuse or neglect of a minor, older adult, or disabled individual (even if they are a third party not directly involved in our counseling relationship); or if I come under court order to release information. More about exceptions to confidentiality are outlined in our Office Policies Disclosure. Clients ages 13-18 have a legal right to confidentiality, however exceptions to confidentiality apply where major health, safety, or welfare issues arise and will be discussed at the time of disclosure with adolescent clients. In accordance with professional ethics, I may consult with my direct supervisors, other counselors at New Growth Counseling Services, and the peers in my supervision group from time to time about aspects of certain cases while revealing as little as possible about clients' identities. My supervisor and all other consultees are mental health professionals and are held to the same standards of confidentiality as I am, and these consultations are designed to help me provide the best services possible. Other than these basic exceptions to confidentiality and consultations, you must provide specific signed permission for me to reveal any aspects of our counseling relationship to an outside party.

### ***Additional Confidentiality Considerations***

In the state of Washington, the age of medical consent is 13 years of age. If a parent wishes to have access to their child's records who is between the age of 13 and 18, then the child must grant written permission to their parent.

When working with couples or a family, it will be assumed that the couple or family will be treated as one client when in the therapy room. As a therapist, I adhere to a "no secrets" policy. If a member of the couple or family chooses to have an individual session and discloses information that is beneficial to the progress of therapy even if that information would be difficult to share, that information will be shared at the following couple or family session. Participants in therapy should also be aware that records will only be released with written consent of everyone who was present and able to give consent. This is to include children aged 13 and older.

### ***Risks and Benefits***

Therapy can have benefits and risks. It is important for you to know that therapy often involves confronting and discussing difficult aspects of your life. This process can at times be painful and usually involves hard work. It can often feel like you are on an emotional rollercoaster, especially at the beginning. Fortunately, this hard work is often associated with many benefits. Therapy often leads to better relationships, can provide solutions to specific problems, and often reduces feelings of emotional distress. There is no set number of sessions to achieve these results, each person responds to therapy differently. Although it is often helpful, not everyone benefits from therapy. There is no guarantee that you (or your child) will experience the listed benefits.

If you choose to incorporate music therapy into treatment, additional benefits may be an increased sense of mastery and self-esteem from creating your own song. On the other hand, you may experience distress when dissatisfied by your music or lyric choices. In addition, music can trigger deep rooted emotions and memories that can be distressing. If you experience any of these risks at any time it is important to discuss them with me right away so that we can alter treatment to address these concerns.

It is important for you to choose a treatment provider carefully. If you have questions or concerns, please bring them up so we can discuss and address them. If you feel you would work better with another provider, I can help with referrals. Likewise, if I feel that I cannot help you or that you might be better served by another provider or agency type, I will suggest referrals if you wish.

Counseling is understood to be a choice you've made among other available options. Other options include receiving therapy from another counselor, using other therapies, using support groups, seeking self-help resources, and other modes of treatment.

### ***Counseling Relationship***

It is very natural for counseling to feel very intimate. For this reason, it is important to maintain a professional relationship—rather than a social one—to support effective and ethical therapy. If you find me on social media, please understand that we cannot be “friends.” In addition, professional ethics precludes me from entering any dual role that would impair clinical objectivity, effectiveness, or client’s welfare. This includes not entering other kinds of relationships with any current or past clients—and in some cases family members or friends of a client. Please also be aware that I can not accept any kind of gift that is of monetary value. This can be seen as the start of forming a dual relationship.

In our small community, there are very likely times where we may intersect in public. When this happens, I will not initiate contact/acknowledgement in order to protect your confidentiality. During our sessions we will discuss any potential situations that could arise and how we would like to handle them.

### ***Length of Sessions, Fees, and Cancellations***

Services will be rendered in a professional manner consistent with accepted ethical standards of the therapy profession. Therapy sessions are 50 - 60 minutes long. As I am a therapy intern, the therapy sessions are provided at a discounted rate. If you need to cancel or reschedule an appointment, please notify me at least 24 hours before your scheduled appointment time at 360-457-1610 x313, or email at [laura@thinknewgrowth.com](mailto:laura@thinknewgrowth.com), or a no show fee will be charged to your account.

### ***Complaint Procedures***

If you are not satisfied with any aspect of your therapy experience, please discuss this with me immediately. If you think you have been treated unethically and are unable to resolve the problem with me, you may contact my site supervisor, Allison Williams, ATR, LMHC, PMH-C, 430 E Lauridsen Blvd. Port Angeles, WA 98362, Phone:

360-457-1610 x 305, or my university supervisor's information can be provided upon request.

For clarification of client rights or to issue a complaint. You may also obtain a complaint packet, with the American Association of Marriage and Family Therapists (AAMFT) by sending an email to [ethics@aamft.org](mailto:ethics@aamft.org) or contact AAMFT by phone at 703-838-9808. If you have chosen to receive music therapy services, and are unhappy with them in any way, you may contact the CBMT board at [CBMT Code of Professional Practice Complaint Form - Formstack](#) to fill out a complaint form.

If you have any questions or concerns about the information provided above, please discuss them with me. To indicate that you have read and understand this information and agree to the terms outlined in this professional disclosure statement, please sign and date the form below. A copy of the signed form will be returned to you, and one will be kept by this site in your confidential records.

### ***Limits of Services***

I do not assess fitness for custody or make recommendations regarding parenting time. I do not assess fitness for duty for work. Unless specifically agreed to, I do not serve as an advocate on issues, act as an expert witness, or go to court as your advocate. Please see our Office Policies Disclosure for more information.

If at any point you have questions or concerns about the therapeutic relationship or the direction of our work together, please feel encouraged to bring this up with me.

Again, you also have access to New Growth's Office Policies Disclosure, Privacy Policies (which describes the limits of privacy), and New Growth's Price Sheet (which outlines the price for services provided by New Growth). These documents provide additional information that may not be specifically outlined in this disclosure.