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### **Clinician Disclosure Statement**

This disclosure statement provides information about me, my qualifications, and my services towards assisting you in choosing the treatment and the provider best suited to your needs. With that in mind, please carefully read the following disclosure statement about therapy services. Please read this information carefully. Feel free to ask questions or discuss this information with me at any time. Now and at any point in the future you have the right to terminate treatment services.

### **Education, Training, and Licensure**

I am a Licensed Mental Health Counselor in the State of Washington. My license number is LH 61335891. I am a practitioner in a group practice working primarily with adolescents (13+) through adult individuals. I hold a Master of Arts Degree in Clinical Mental Health Counseling from Adams State University in Alamosa, Colorado, completed in 2020. My education and training are in a range of therapeutic approaches. However, I focus most of my practice on the delivery of evidence based and informed treatments/modalities primarily within Cognitive Behavioral Therapy (CBT), mindfulness practices, motivational interviewing, interpersonal communication, emotion regulation, distress tolerance, and other modalities as are suited to the client's needs.

### **Counseling Approach In counseling,**

In therapy, I aim to help you identify your goals and work together to achieve growth, healing, and greater self awareness and to develop new strategies and skills to support you in achieving those goals.

I use a combination of evidence-based practices that may involve helping you identify, develop, and implement more effective strategies for problem solving, healthier decision making, and healthier conflict resolution. I may ask you to practice skills outside our sessions as well as read or engage in other activities between sessions. Counseling is understood to be a choice you've made among the 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.

### **Risks and Benefits**

Therapy can have both benefits and risks. Treatment requires active effort on your part. It is important for you to know that therapy often involves confronting and discussing difficult aspects and subject matter about yourself and your life. This process can at times be painful and usually involves time and hard work. Fortunately, this hard work is often associated with benefits. Much research has shown that many therapies are effective for a variety of psychological problems. Some clients may only need a few sessions to achieve their goals while others may benefit from longer-term therapy depending on the psychosocial difficulties that they're experiencing. Although it is often helpful, not everyone will benefit from therapy. There are no guarantees of what you will experience or benefit through the counseling

process. It is important for you to choose a treatment provider carefully. If you have questions about processes or procedures, please ask. If you have concerns, please bring them up before difficulties arise. If you feel you would work better with another provider, I can help with that referral process. Likewise, if I feel that I cannot help you or that you might be better served by another provider or agency type, I will also make and suggest those referrals.

### **Therapeutic Process**

I am required by law to keep records of our sessions together. To that end, I may take notes during sessions. All information is stored in our electronic health record.

### **Professional Consultation**

I participate in consultation with New Growth therapists as needed, in a monthly consultation with peers, and I reserve the right to contact other professionals as needed. In consultation, I do my best to avoid revealing my clients' identity. To that end, I do not share client names or other identifying information. In addition, all consultants are legally bound to keep any information confidential. Consultation helps me provide better care to my clients.

### **Professional Boundaries**

Licensed psychotherapists are obligated to establish and maintain appropriate professional boundaries (relationships) with present or past clients (and, in some cases, client's close friends and family members). This includes not being "friends" with clients on social media. For example, therapists should not socialize or become friends with clients. The size of our community creates situations where you and I may be present in social situations or other places outside of my office. Due to confidentiality, I will not acknowledge the existence of the relationship outside of the therapy session unless initiated by you. We will discuss any potential situations and how we wish to handle them in our sessions.

### **Personal Conduct**

Everyone is expected to conduct themselves in a responsible manner. A session should not be held when anyone is under the influence of a nonprescription drug, alcohol, or medications that are a barrier to the therapeutic process.

### **Limits of Services**

I do not make assessments of fitness for duty/work, workers compensation, disability claims/benefits, legal/courts, forensic, substance use, or predictive assessments of any type. I also do not serve as an advocate on issues, act as an expert witness, or go to court as your advocate. I do not assess fitness for custody or make recommendations regarding parenting, guardianship, fitness of a parent, or of a person's capacity to live independently.

### **Legal Proceedings**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters of a personal and confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to, divorce, custody disputes, injuries, or lawsuits), neither you (client(s)), nor your attorney(s), nor anyone acting on your behalf will call on me to testify in court or at

any other proceedings, nor will a disclosure of psychotherapy or counseling records be requested. Considering the above exclusions, upon your request, I will release a treatment summary to the given agency/person you specify per a specific written release of information signed by you unless such a release of information might be harmful in any way or violates the privacy of another person. If subpoenaed or ordered by an authorized court of law health care professionals may be required to release client confidential information. Time for preparation and/or attendance in a court will be charged as permitted by law.

### **Record Keeping and Confidentiality**

State law requires that I keep a record of the services I provide you. To facilitate this process, I may take notes during the session. You may ask to see and copy your record. You may also request corrections if you believe something has been recorded in error. Information you share with me, and any record of that information, will be kept in strict confidence. I cannot disclose any information about you to anyone else, including the fact that you are in treatment, unless you give me permission to do so, or unless I am required to do so by law. This information is stored in our electronic health record.

### **Questions or Concerns**

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.

In addition to this document, you received a copy of New Growth's Office Disclosure, which describes confidentiality and other information regarding appointments, and policies specific to New Growth. You also have access to New Growth's Privacy Policies, which describes the limits of privacy and New Growth's price sheet, which outlines the cost of services provided by New Growth.