

## **Sound Christian Counseling, Inc.**

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### **Disclosure Statement And Policies**

Dear New Client:

Thank you for choosing Sound Christian Counseling, Inc. We look forward to working with you. The State of Washington requires that we provide you with certain information in order to allow you to make an informed decision about participating in counseling.

Washington State requires that “counselors practicing counseling for a fee must be licensed with the Department of Health for the protection of the public health and safety. Licensing of the individual with the department does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment:” (WAC 246-810-031) The purpose of the law is to protect you by letting you know that I am licensed and to make you aware of the complaint process. Attached to this letter is a copy of the Washington State brochure, which includes information on the requirements for licensing, confidentiality, assurance of professional conduct and contact information for making complaints to the Department of Health.

#### **Education:**

I am a Licensed Independent Clinical Social Worker (LICSW). I earned a B.A. in Psychology from the University of Washington and a Masters in Social Work from the University of Texas at Austin. I am a born again Christian and I have over 15 years of experience in the field of social work with six of those years spent doing individual and family counseling and prayer ministry with adults, children and adolescents. I have specialized experience working with adolescents and young adults suffering from depression, anxiety, Attention Deficit Disorder and Oppositional Defiant Disorder.

#### **Treatment Methodology:**

I use an eclectic approach borrowing from cognitive behavioral therapy, reality therapy and prayer ministry counseling. Incorporated into the counseling process, is my underlying belief in the virgin birth, death and resurrection of the Lord Jesus Christ. This belief allows me to draw upon and impart faith and hope to those I counsel. My background is non-denominational, however, I do not promote or discourage a particular doctrine. I incorporate prayer and scripture reading into my sessions when appropriate and encourage clients to develop a personal relationship with Jesus Christ. I also encourage them to develop that relationship through regular Bible reading, prayer, and fellowship with believers.

#### Fees and Payment:

Fees are from \$75 to \$105 for a 50-minute session, and are adjusted for longer sessions, family sessions and phone calls over 10 minutes. All additional services, reports, and evaluations are charged for separately. Payment is due at the end of each session. Checks are to be made payable to: Sound Christian Counseling, Inc. A \$25.00 fee will be charged for NSF (non sufficient funds) checks.

#### Appointments:

Counseling sessions are 50 minutes long unless otherwise arranged.

#### Cancellation of Appointments:

A twenty-four (24) hour notice of cancellation is required or you will be charged \$25.00. You may leave a voice mail message after regular business hours.

#### Client Rights:

- To choose a counselor that meets your needs.
- To know the method and course of treatment.
- To receive accurate information about the services.
- To know the cost of services and billing practices.
- To be informed of confidentiality practices.
- To know the complaint process.
- To terminate services that are not satisfactory.

#### Confidentiality:

I will not release information without your written consent. At the age of 13 an adolescent must sign a consent form to permit the sharing of information with parents and outside providers. I return all phone calls with “this is Veronica Rasmussen with Sound Christian Counseling, Inc.” The exceptions to this confidentiality rule are:

- 1) If you are at risk of harming yourself
- 2) If you are at risk of harming another person
- 3) If there is evidence of abuse/neglect of a child, disabled, or elderly person.
- 4) If you are involved in litigation and we are ordered by a court to release your records.

It is common practice for a therapist to periodically consult with colleagues about their work with clients in both formal and informal situations to obtain suggestions about treatment and feedback. If your case is the subject of one of these consultations your last name and any unique identifying info will be omitted.

#### Contacting me outside of appointment times:

If you wish to speak with me between appointments, you can reach me by leaving a message on my business line at (206) 762-3007. I will check voice mail at least twice a day during normal business hours and will return your call as soon as I can. If you have a clinical emergency outside of regular business hours, I encourage you to call the Crisis Clinic at (206) 461-3222

## Receipt of Disclosure Statement

I hereby certify that I have read, understood and received a copy of the Sound Christian Counseling, Inc. Disclosure statement. I have asked any questions that I have about this statement and agree to the terms described in this document. My signature below indicates that I have received a copy of this agreement. For clients under 13, consent must be given and this form must be signed by a parent or legal guardian.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veronica D. Rasmussen, MSW LICSW

\_\_\_\_\_  
Date