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STATE OF WASHINGTON REQUIRED DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by both the client(s) and the therapist. This agreement will outline those rights and responsibilities in an attempt to create a safe space that allows you to take risks and to be supported in your process towards positive change. As a client in therapy, there are certain rights as well as limitations to those rights that are important for you to be aware of.

My Training and Approach to Therapy

I have a Psy. D in Clinical Psychology earned in 2007 at Argosy University/Seattle. I am licensed as a Psychologist in the State of Washington. My areas of special training and expertise include working with young adults, the GLBTQ community, and women, as well as with people dealing with the effects of trauma, life transitions, anxiety and depression. In addition to psychotherapy with individuals and couples, I spend some of my time completing psychological evaluations and providing consultation and supervision to fellow mental health practitioners.

My approach to psychotherapy is integrative in nature, combining aspects of Psychodynamic, Existential, and Client-Centered approaches. I focus on what is happening in your life now, while also looking at how your current experience is informed by past experiences and relationships. My goal in therapy is to help you find the insight and empowerment you need to work towards positive change and acceptance. I use a variety of techniques in therapy depending on who you are in the world and what works for you. These techniques are likely to include dialogue, interpretation, cognitive reframing, mindfulness, visualization/relaxation, journal-keeping, and reading books. If I propose a specific technique that may have special risks attached, I will inform you of that and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physical health care provider regarding somatic treatments that could help your problems; I refer both to traditional and non-traditional (homeopathic and Oriental medicine) practitioners, and will be glad to discuss with you the pros and cons of various alternatives. I may suggest that you get involved in a therapy or support group as part of your work with me. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care. You have the right to refuse anything that I suggest. I do not have social or sexual relationships with clients or former clients because that would be unethical and illegal.

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary and sometimes disruptive to the relationships you

already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

You normally will be the one who decides therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgement not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I am away from the office several times in the year for extended vacations or to attend professional meetings. I am not always available to answer phone messages during those times. I am typically available for brief between-session phone calls during normal business hours. If you are experiencing an emergency when I am out of town, outside of my regular office hours (after 6 pm weekdays or over the weekend), or not available to answer my phone, please call the Crisis Clinic at 360 586-2800. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance.

Your Responsibilities as a Therapy Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than 48 hours notice, you must pay for that session at our next regularly scheduled meeting. The voicemail system has a time and date stamp which will keep track of the time that you called me to cancel. I cannot bill these sessions to your insurance. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires), or if you or someone whose caregiver you are has fallen ill suddenly.

You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. My fee for a session as of October 1st, 2009, is \$150.00. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to emails from you during a given week, I will bill you on a prorated basis for that time. My fees go up \$10.00 every two years. If a fee raise is approaching I will remind you of this well in advance.

I am not willing to have clients run a bill with me. Any overdue bills will be charged 1.5% per month interest. If you eventually refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency.

Confidentiality

With the exception of certain specific situations (described below) you have the right to confidentiality. I cannot and will not disclose anything that is told to me within the course of therapy, or even that you are in therapy with me, without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but will do so only in the case of an emergency.

The following are legal exceptions to your right to confidentiality.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.

3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police and/or the county crisis team. I am not obligated to do this and would explore all other options with you before I take this step. If at that point you are unwilling to take steps to guarantee your safety, I would likely make the a call to Thurston county the crisis team.

4. If you provide me with information that leads me to believe that another named health or mental health care provider has either a.) engaged in sexual contact with a patient, including yourself or b.) is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their respective licensing board. I would inform you before taking this step. *If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.*

The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in *couples therapy* with me.

If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. *Do not tell me anything you wish kept secret from your partner.* I will remind you of this policy before beginning such individual sessions.

Record-keeping.

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. If you prefer that I keep no records, you must give me a written request to this effect for your file – after receiving this request I will note only that you attended therapy in the record. Under the provisions of the Health

Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider. I maintain your records in a secure location that cannot be accessed by anyone but me.

Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term in nature. All of the diagnoses come from a book titled the *DSM-IV*; I have a copy of this manual in my office and will be glad to let you look at it upon request.

Other Rights

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I've decided to do what I'm doing and to look at alternatives that might work better. You can ask me about my training as related to the problems you are experiencing. If at any time over the course of our work together you decide that I am not the right therapist for you, you can request that I refer you to someone else. You are free to leave therapy at any time.

Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically you can make a formal complaint to the Examining Board for Psychology, Dept. of Health, Olympia WA 98504.

Client Consent to Therapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to take financial responsibility for any portion of the fee (\$150.00 or agreed upon sliding scale/insurance copay) that is not covered by my health insurance. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Tasmyn Bowes, Psy.D. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Tasmyn bOwes, Psy. D. I am over the age of eighteen.

Signed: _____ Date: _____
(Client, or legal guardian if client is under age 13)

Witness: _____ Date: _____