

Mark G. Brown, EdD, MA, LMHC

Psychotherapist – Individuals, Couples, Families
27 ½ West Main Street, Walla Walla, WA 99362
(206) 459-7993

Office Policies and Disclosure Statement

The following information is provided as required by Washington State law to enable you to make informed decisions regarding your participation in psychotherapy as provided by me. It is important that you read all information included below and that you ask for clarification if you have any questions.

Education and Training

I have an Ed D in Educational Leadership from Seattle University and a Masters Degree in Psychology from Antioch University. I have been a Washington State licensed psychotherapist since 1990 and I have also been certified Child Mental Health Specialist in the State of Washington.

I have received specialized training in treating individuals suffering from trauma, couple's therapy, family therapy and anger management/behavioral responsibility. I served as the director of a regional mental health clinic for children and families for fifteen years, and in that role I provided regular supervision for senior clinical staff and was responsible for all clinical work within the clinic. In addition, I have maintained a private practice in psychotherapy for twenty-five years.

Informed Consent

I view engaging in psychotherapy as a choice, and as such it is voluntary. You have the option, at any time, to discontinue treatment or change treatment providers. I encourage you to seek and engage in the form of treatment which is most suited to your needs, and I further encourage you to talk with me about your concerns or questions on an ongoing basis as needed. Although it is impossible to guarantee successful treatment, I will make a consistent effort to apply my skills to the best of my ability to assist you in meeting your goals for your course of treatment.

Therapeutic Orientation

I utilize a number of therapeutic modalities in my work. Generally, I describe my approach as interpersonal – it is client-centered and relationship-based. In addition, I often focus on family history and explore the systems and relationships in which each individual is an active participant. In addition, I explore the ways that a client's thinking can substantially impact self-esteem and effectiveness in the world. I approach every client as a unique individual, and my treatment approach is tailored to the dynamics, strengths and challenges of each client.

Confidentiality and Exceptions

Your treatment in psychotherapy as confidential – I will not share what you tell me and what we discuss with anyone else, unless you have signed a written release for me to do so. There are, however, limits and exceptions to confidentiality as dictated by ethical and legal considerations. Those exceptions are as follows:

- 1) If you pose a danger to yourself or others
- 2) If you become gravely disabled
- 3) If the information you share involves abuse of dependent adults, vulnerable adults, children or the developmentally disabled
- 4) If your records are subpoenaed by a court of law

Record of Treatment

Under Washington State Law WAC 246-924-354 – Maintenance of Records, therapists are to document services provided. However, under Section G, a patient may request that no record be kept of treatment. If the therapist agrees to a request of that type, the request must be submitted in writing. In that case, only the following information will be kept:

- 1) Identity of the client
- 2) Service dates and fees
- 3) Description of type of service
- 4) Written request that no record be kept

Financial Information and Appointment Policy

The standard fee I charge is \$125 per session for an individual and \$150 per session for a couple or family. I request that payment be made at each session. A fee may be charged for extended phone consultations.

Once we have established a regular time for your sessions, this time will be your financial responsibility. The full standard fee for your session will be charged directly to you for missed or canceled appointments unless you provide me with at least 24 hours’ notice. (Insurance plans do NOT pay for missed appointments). If for any reason your insurance will not cover the full fee after copay, you will be responsible for the full amount of the session.

Technology

Cell phone use is a serious distraction during sessions. I would suggest turning your phone off during sessions in order to focus. Of course, if there is an important reason for keeping it on, let me know and we will make allowances for those situations (child care, sick spouse, etc).

Texting is only to apply to messages regarding scheduling. All other issues should be discussed at the next session.

I may not be able to be reached via cell phone in an immediate sense. If you feel you are in a crisis and cannot reach me in a timely manner, please call the Crisis Response Line at **509-524-2920**

Insurance Release

I request and give my permission for Mark G. Brown to communicate required information to my insurance company for purposes of billing.

Date: _____ Client Signature: _____

Agreement

I have read and understand the policies described in this document and the terms of treatment, and I agree to these terms.

Date: _____ Client Signature: _____

Date: _____ Signature/ Mark G. Brown _____