

Anita Colombara LICSW (LW60670441)

Welcome! Before we start counseling it is both my desire and a requirement of Washington State law to provide you with the following information. Signing this form establishes our contract for therapy services.

Client Rights

As a client receiving counseling services in the State of Washington, you have the right to: 1) Choose the counselor and treatment approach that best suits your needs and purposes; 2) have full and complete knowledge of your practitioner's qualifications and training; 3) be fully informed as to the terms under which services will be provided; and 4) refuse treatment.

The Washington State Counselor Credentialing Act (WAC 246-810) requires that any counselor practicing counseling for a fee must be certified by the Department of Health. However, registration of an individual with the Department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment (WAC 246-810-031). It is every individual's right and responsibility to choose the provider and treatment modality which best suits their needs.

Background

I have gained 20 years of extensive professional experience in Boston, MA, Seattle, WA, and abroad. Prior to my work as a therapist, I worked as an advocate for survivors of domestic violence and sexual assault, a domestic violence shelter manager, a social worker for unaccompanied refugee youth in foster care, a community based mental health therapist, and medical social worker. I also spent four years in Cambodia training nationals in best practices in social services. Although I have been trained in various evidence based practices, I take a client-centered approach and encourage individuals to determine their own path of recovery. I am a strength-based therapist who believes in her clients. In other words, I have faith that people are resilient and can use their strengths and natural resources to overcome challenges. I merely hope to join and guide you through your journey towards recovery and wholeness.

Credentials

- Masters in Social Work - Health/Mental Health Track, University of Washington
- Licensed Independent Clinical Social Worker (LICSW) - LW60670441
- Licensed Mental Health Professional (MHP), Child Mental Health Specialist (CMHS) and Ethnic Minority Mental Health Specialist (EMMHS).
- Certified in Cognitive Behavior Therapy (CBT) with specialized certifications in CBT plus (for anxiety, depression, and PTSD), Trauma-Focused CBT, and Abuse-Focused CBT models.
- Trained in Solution-Focus Brief Therapy (SFBT), Motivational Interviewing, and Behavior Modification and Dialectical Behavior Therapy (DBT).

Confidentiality

I am bound by professional ethics to protect client rights to confidential communications regarding their involvement in counseling. All issues discussed throughout counseling are kept strictly confidential. By law, health care information pertaining to you may be released only with your written consent. For this reason, if you want me to release information regarding your engagement in therapy, I will require a signed "Release of Information" from you. However, the law (RCW 18.19.180) provides exceptions to client confidentiality where only relevant information may be released without your consent:

- In the event of a medical emergency information necessary for treatment may be released.
- In the event of a threat of harm to oneself or someone else.
- In the event of suspected abuse of a child, dependent adult or elder.
- If you register a complaint with the Washington State Department of Health, information will be released as requested or required by the State to resolve the issue.
- If ordered by a judge or judicial officers, information regarding your treatment must be disclosed.
- If an attorney in the state of Washington duly subpoenas your records, they will be released unless you file a protection order within 14 days of subpoena.
- In the event of a client's death or disability, information will be released as authorized by the client's beneficiary.

DISCLOSURE STATEMENT

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Records Review and Correction

I keep a record of the health care services that I provide to you. You have a right by law (RCW 70.02.070) to see and copy that record. Also, you may ask that I make corrections to your record.

Case Consultation

I engage in professional consultations for the purposes of professional training, accountability and providing the best therapeutic services to clients. I may at times discuss your situation with other professionals being careful not to disclose your identity.

Payment of Fees

Payment of fees are received at the time of the appointment. Sessions begin and end at the scheduled time and will not be pro-rated if you arrive late or leave early. The standard fee are \$140 for an initial 60-minute assessment session and \$120 for individual 50-minute sessions.

Cancellation of Appointments

If you need to cancel your appointment, please let me know at least 24 hours in advance. Missed sessions will be charged at your hourly fee. Insurance does not reimburse for missed sessions.

Reporting Grievances

If you have any concerns about your experience in counseling, please discuss it with me. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Systems Quality Assurance Division, PO Box 47857, Olympia, WA 98504-7857, (360) 236-2620.

Emergency Services

If you are experiencing a crisis and need immediate assistance, please call 911. For urgent need of resources contact the King County Crisis Line at (206) 461-3222. For less urgent matters, you may leave me a message on my voicemail and I will return your call by the next business day.

I, _____, authorize Anita Colombara, LICSW, to engage in counseling services with me. I have read and understood the preceding disclosure and policy statements. I agree to the conditions of this therapy contract.

Client's Signature

Date

Counselor's Signature

Date