

B.R.I.D.G.E.S.

Alisha Guthery Counseling, LLC/ Northwest Family Life

DIRECT TREATMENT DISCLOSURE STATEMENT

WELCOME! My name is Alisha Guthery, and I am a designated supervisor member of Northwest Family Life, a certified program by the Department of Health and Human Services (DHS). I look forward to working with you!

This document contains important information about my professional service and business policies. Although this document is long and may be complex, it is important that you understand it. When you sign this document, it will also represent an agreement between us. We can discuss any questions you may have when you sign them or at any time in the future.

EDUCATION

2020 – Current Student in the Counseling Education and Supervision Doctoral Program – Antioch University Seattle
2013 – 2018 Masters of Arts, Clinical Mental Health Counseling – Antioch University Seattle
1992 – 1997 Bachelor of Arts, Music Performance – University of Nevada, Reno

TRAINING SKILLS AND PROFESSIONAL DEVELOPMENT

2018 - 2020 Somatic Transformation – Sharon Stanley, Ph.D.
2019. Essentials of Co-Parent Coaching - Karen Bonnell
2018 Child and Adolescent Trauma Professional – International Trauma Training Institute
2018 Advanced Parenting Issues in Divorce – King County Collaborative Law
2018 Compassionate Listening Training
2017 Therapist Core Training for Sexual Assault – Washington Coalition of Sexual Assault
2016 Relationship Violence Assessment and Response Specialist Certificate
2016 Narrative Therapy – Vancouver School of Narrative Therapy
2015 Economic Abuse – Washington State Coalition Against Domestic Violence (WSCDV)
2015 Legal Advocacy Essentials - WSCDV
2014 Child Support and Domestic Violence - WSCDV
2014 Advocacy Training – WSCDV
2013 Washington State Domestic Violence Perpetrator Treatment – Northwest Family Life
2013 Domestic Violence Victim Training – Northwest Family Life

DV ASSESSMENT APPOINTMENTS

Appointments will ordinarily be 1-2 hours in duration. Additional time will be spent outside of session in order to complete the report.

Late appointments:

- If you are late, your appointment will still end on time.

Alisha Guthery Counseling, LLC/Northwest Family Life
Phone: (206) 372.6782 Fax: (425) 669.9973
aguthery@nwfamilylife.org

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- Please call or text my cell phone if you are running late.

ASSESSMENT FEES

Assessments are \$450 per assessment due at the time of the service.

DV TREATMENT APPOINTMENTS

Appointments are 1-1.5 hour in length. Individual appointments are \$125/hour and group appointments are \$50/1.5. Each session is paid at the time of the session.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records and payment information are stored through a secure online platform. I keep brief records noting that you were here, your reasons for seeking counseling, the goals and progress we set for treatment, topics we discuss, your medical, social, and treatment history, records that I receive from other providers, copies of records I send to others, and billing information. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have the right to have my decision reviewed by another mental health professional, which I will discuss with you upon request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request, along with a release of information.

CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practice. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

AFFILIATE OF NORTHWEST FAMILY LIFE

I am an affiliate of Northwest Family Life. As such, I participate in weekly meetings with other affiliates where we discussed best practices and clients. I also obtain supervision with the executive director, Dr. Nancy Murphy. As part of my affiliation with Northwest Family Life, I participate in ongoing education, which may sometimes include having other affiliates observe my work.

CONTACTING ME

I am often not immediately available by telephone. I do not answer the phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible, but it may take up to 24 hours for non-urgent calls. For issues related to scheduling you may text or email me in addition to, or in lieu of calling. I do not respond to text messages or email between the hours of 8p and 8a.

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If, for any number of reasons, you do not hear from me or I am unable to reach you, and you feel that you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact the local crisis line (Care Crisis Line [Snohomish County]:1-800-584-5578, or Crisis Connections 24-hour Crisis Line [King County]: 206-461-3222, 211, or Teen Link), 2) call 911, 3) go to your local emergency room. I will make every attempt to inform you in advance of planned absences and provide you with a name and phone number of the mental health professional covering my practice.

OTHER RIGHTS

If you are unhappy with what is happening in counseling or are unhappy with your assessment, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another counselor/assessor, and you are free to end counseling at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender identity, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspect of counseling and about my specific training and experience.

The State of Washington requires that we provide you with certain information in order for you to make an informed decision about participating with me in our programs.

My Washington State Department of Health credential is: Licensed Mental Health Counselor (LMHC) LH60965204.

The purpose of this disclosure is to protect you by letting you know that I am licensed and to make you aware of the complaint process. You can contact the Department of Health to file a complaint by email at hsqacomplaintintake@doh.wa.gov or by phone at 360-236-4700. The DOH website has more information on the process:

<https://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility/HealthProfessionsComplaintProcess#1>.

CONSENT TO COUNSELING

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

SIGNATURE

DATE

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