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Honored Spaces Psychotherapy

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PROFESSIONAL DISCLOSURE STATEMENT

Welcome to Honored Spaces Psychotherapy! I look forward to our working together and am honored to be chosen to walk with you on your journey through your particular mental health concerns. I ask that you read the following information carefully and ask for any clarification if needed.

Professional Qualifications: I hold a Master of Arts degree in Counseling Psychology from Argosy University, Seattle, 2013. My BA in Psychology was also from Argosy University, Seattle, 2010. My AAS degree in Early Childhood Education was received (way back) in 1979, at the State University of NY at Cobleskill (SUNY Cobleskill). I am also a nationally certified counselor with the State of Washington. I received my LPN (licensed practical nursing) certification in 1984; while not currently a licensed practical nurse, I gained experience working with head injured populations as a "Cognitive Nurse" and when working at a Florida psychiatric hospital with troubled teens, I gained some psychiatric nursing experience. In fact, it was that nursing experience in the 80's that fostered my passion for what I do today. I have worked with empowering individuals in domestic violence situations in addition to working as a childcare specialist, with preschoolers and their families in addition to the early childhood education student teachers, with Peninsula College's Educare program.

My Approach to Counseling: While I counsel adults, teens and children with styles that are unique to their emotional needs, I have a Rogerian framework from which I base my work. My foundational orientation is based on the work of Carl Rogers and other person-centered therapists like him. The basic premise is that in a therapeutic environment of empathy, unconditional positive regard and congruence(genuineness), the client can discover that in most cases, they already have what they need within themselves to begin their healing process. It is with this understanding that as your therapist, I supportively join you on your path to healing and wellness.

Commitment to Change: When you as my client, commit to change and growth through the stuck parts in your life, I can as your facilitator and guide, better help you to explore your avenues for healing and change. With

your openness to heal comes the discovery of your own strengths that are needed on your journey to emotional growth and wellness.

Fees and Payments: My current fee is \$120.00 for a 60-minute session. These fees are subject to change with the cost of living. Clients will be given ample notice should this fee change occur. I do offer a sliding fee range. Please inquire to see if you qualify, as this range is unique to a particular client's financial situation, and you will *not* automatically be assigned a sliding fee range. Payment will be collected at the time of service, unless otherwise arranged. **NOTE:** If you pay by personal check and you have insufficient funds in your account to cover this check, you will be asked to pay in cash or by cashier's check or money order, the original amount of session plus the bank fees I will be fined for your bounced check. My bank currently fines \$12.00 per NSF check. You may be asked to not pay by this method in the future.

_____ By initialing this, I agree to the counseling fee of \$ _____.00/hr.
Please initial each paragraph below signifying that you have read each line item. Do not hesitate to discuss any questions you may have with this therapist.

Insurance: Honored Spaces Psychotherapy does not *usually* participate with insurance companies *at this time*. My loyalty is to you, my client; this means I serve no conflicts of interest. By not associating with insurance companies I can have better therapeutic control in our sessions (in my opinion, deciding how long you can be seen should not be the decision of a 3rd party for example, but that of the client and therapist alone.), I am better able to keep your confidentiality intact, especially with more sensitive mental health disorders. _____

Your health insurance policy is a contact between you and your insurance company. I am considered an **out-of-network provider**, and you will need to inquire about your benefits. If you are interested in submitting your therapy invoice to your insurance company a specialized payment receipt will need to be drafted, so I would need to know your intentions at the beginning of our session. _____

Appointments: Your appointment time is held just for you. Appointment opportunities for that particular time frame were denied other clients so you could hold your scheduled appointment. If you arrive late, I am not able to extend the time of your session. I will not charge you for sessions cancelled with a 24-hour notice, but you will be held financially accountable at the full session fee, for missed sessions without such notice. **Illness:** While it can be hard to predict that we are "coming down with something", if you know that you or your child have not been feeling well or were

exposed within the past few days to a week to someone with the flu, please advise this therapist! It is better to reschedule or **ask for a phone session**, then to have your therapist be out for 2 weeks with the flu! I also treat clients with frail medical conditions that could be then be at risk medically if I were exposed to the flu (for ex) and shared it with an at-risk person.

Confidentiality: All information discussed throughout the course of our therapeutic relationship will be held in the strictest confidence. By law, I cannot release treatment information without your written consent. The EXCEPTIONS to this confidentiality are as follows: *As a mandated reporter by law, I MUST report suspected child abuse/neglect, suspected elder abuse/neglect, suspected abuse/neglect to any vulnerable adult, and threats of serious suicidal intent, or threats to harm another person.* Minor children in counseling can have their therapy records subpoenaed by the court system. Were this to ever happen to you, I would inform you immediately.

For my professional growth and for the benefit of my clients I will seek consultation from a professional supervisor regarding my work. Know that I will hold your identity in confidence if discussing my work with you to my supervisor. _____

During and After-Hours Contact: You are welcomed to leave a message with my voice mail at anytime. I check messages throughout my business day and will always attempt to return calls within 24 hours of receiving them, if not sooner. If your situation is a true emergency, is urgent and cannot wait for a return call from me, please call 911, the Crisis Line at (360) 452-4500, or go to the emergency room. Also note that cell phones are not always reliable. If you have not heard a confirmation to your voice mail or text, this means I did NOT receive it! Please leave an email message at that time. (honoredspaces@gmail.com) _____

Client's rights:

As my client you have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits their needs.

You may obtain a list of or copy of the [acts of unprofessional conduct listed under RCW 18.130.180](#) or send a written complaint to the U.S. Department of Health and Human Services, Washington, D.C.; or the Department of Health, Health Professions Quality Assurance, Olympia, WA You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint. _____

Disclosure-Consent:

I have read the above Disclosure information and clarified any questions I have. I agree to the stated terms (and counseling fee of \$____.00/hr.). If I use insurance coverage, my signature authorizes release of information required to process claims and authorize payment to my counselor.

Client: _____
Date: _____

Parent/Guardian: _____
Date: _____

Counselor: _____ Date: _____

This form updated 11/18/19