

Client Disclosure Statement

Mark J Goodman, MA
Mindfulness-Based Psychotherapy
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General Information

My mission is to provide a safe environment in which you can grow, come to know yourself more deeply, and find a way to improve your life and relieve your suffering. My counseling style is both educational and therapeutic. Yet underlying all practices is my deep respect for each person's capacity to heal and find their own answers. I want to provide the means and the guidance to support you in finding the internal and external resources to create the life you want to create.

My Approach

My approach is eclectic, systemic, and holistic. I believe that people get stuck and frozen in thinking, feeling and behaving patterns that limit possibilities and create suffering. Through deep listening, homework, challenges, looking at your present and past relationship systems, emotional identification and release work, and experiential exercises, I strive to create openings and possibilities where before there looked like there were none. I believe in the inherent strength of every human being. These old patterns sometimes obscure this strength. I look for and help bring to light these inner resources. Specific therapeutic techniques will be designed around your individual needs. Ultimately, I want to help you unfreeze frozen harmful patterns and move toward more freedom, more choice, and more joy in your life.

Education and Training

I have been in practice for over ten years now. I received a BA degree in English from Brown University, an MA in teaching from Tufts University, and an MA in counseling from LIOS/Bastyr University. I taught middle and high school English for five years. I did my intern training at Group Health Cooperative. I have also done extensive work facilitating workshops on communication skills and alternatives to violence in WA state prisons. I consider myself a life-long learner. I am constantly participating in workshops and retreats which further my growth and nourish me at my core. I feel it is part of my job to continue to learn and grow so that I can serve you to the best of my abilities. I seek on-going supervision from other experienced therapists as part of my desire to bring you the best possible care. Thus, at times, I may share pieces of your story with a supervisor or a supervisory group. As much as possible, when sharing such information, I will protect your privacy and not share identifying information.

Ethics and Professional Standards

Counselor Credentialing Act: I honor all regulations in the Counselor Credentialing Act (18.19 RCW). The purpose of the law is: (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

The Washington State Licensing Department asks that you be informed of the following: *“Counselors practicing counseling for a fee must be credentialed with the Department of Health for the protection of the public health and safety. Credentialing of an individual with*

the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.”

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 counselor’s qualifications and training; 3) be fully informed as to the terms under which services will be provided; and 4) refuse treatment.

Confidentiality: As a counseling client you have privileged communications under state law. With the exceptions of situations listed below, you have the right to have information shared in therapy sessions to be held in the strictest confidentiality, including the fact that you are seeing me for counseling. The privilege is yours, not mine, and cannot be waived without your written consent. I will always act to maximize your privacy even when you waive your confidentiality.

The following are exceptions to your right to confidentiality:

1. If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
2. If I believe that you may be physically or sexually abusing or neglecting either a minor child or a vulnerable adult, or if you report information to me about the possible abuse of a minor child (under 18 years of age) or vulnerable adult (one who is dependent upon another adult for physical and/or emotional caretaking), I am required by law to report this to either Child Protective Services or Adult Protective Services.
3. If information is subpoenaed by a court.
4. If financial funding sources of the services (ie insurance companies) request information for quality assurance purposes.

Should disclosure of confidential information be necessary, I will work with you as respectfully and directly as possible.

Complaints: If you have any concerns about your experience, 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. You may also call them directly at (360) 236-2620 or access on-line forms and information at www.doh.wa.gov/hsga.

Record Keeping: By law I am required to keep records of our sessions for 5 years unless you request in writing that no records be kept beyond basic identification.

Fee Information, Cancellation Policy and Legal Matters

The private one hour sessions of \$125.00 is payable at your session. If you must cancel your appointment please contact me at least 24 hours in advance. This ensures I can see other clients in the opening and can plan accordingly. You will be responsible for the fee when cancellations are received less than 24 hours in advance. Insurance will not cover missed session for those getting reimbursed by their health insurance company. I am open to phone calls between sessions and phone calls that last more than 10 minutes will be charged at my

hourly rate. Likewise, any work such as writing assessments or letters on your behalf or talking to other care providers will also be charged at my hourly rate. Finally, I welcome referrals, which signify your satisfaction and trust in my services.

It is my policy not to become involved in clients' legal matters (e.g. divorce, custody, immigration, etc.) For several important ethical and professional reasons I do not speak with clients' attorneys, provide reports, etc. If I were ever subpoenaed to testify in court regarding you and your psychological work with me, my base fee would be \$375/hour and additional fees may apply. In short, I am not a forensic psychologist, do not have skill or expertise in dealing with the court and do not feel it would be to your benefit to use me in that way.

**Consent for Participation
in Counseling Services
Provided by Mark J Goodman, LMHC,
License Number: LH00010410**

I have received and reviewed the Client Disclosure Statement. I have had the opportunity to ask any questions regarding this material and understand the information provided. I am of sound mind and body, participate voluntarily, and understand that I am personally responsible for my experience.

Client Signature

Date

Name (Please Print)

Home Phone

Street/Mailing Address (Please Print)

Work/Cell Phone

City/State/Zip

Counselor Signature

Date