



THE SHEPHERDS CENTER
FOR PSYCHOLOGICAL SERVICES

SANDY MILTON, LICSW, ACSW

Individual & Family Therapy

CLIENT INFORMATION AND DISCLOSURE STATEMENT
WA Independent Social Worker Licensure #: LW00004282

State law requires that individuals practicing counseling for a fee must be certified or licensed with the Department of Licensing for the protection of a person's health and safety.

Registration of an individual with the Department does not include recognition of any practice standards nor necessarily implies the effectiveness of any treatment.

I am an independent, private practitioner. My work as a therapist is solely my responsibility and does not necessarily reflect the views of other independent therapists at The Shepherd's Center.

PROFESSIONAL PROFILE

I have a Master of Social Work Degree from the University of Texas at Austin. I have worked in the field of Social Work since 1984, and have been in private practice since May 2001. Clinical issues I have experience with include individual, couples and/or family counseling dealing with relational/couples issues, emotional problems, behavior problems, depression, parent-child relationships, communication, anxiety, grief/loss and anger management as well as temperament issues. Through the years, my work has involved a range of therapy as well as case management with children, individuals and families with a view toward maintaining the placement of the child with his/her biological family or foster family. I have also trained professionals throughout the U.S.A. in the Homebuilders/Family Preservation model of practice and have served in a supervisory capacity for a Homebuilders program. I have had the privilege of teaching Social Work skills both at the University of Washington and in Saratov, Russia. Additionally, I have worked as a Guardian ad Litem through the Superior Court of Pierce County, WA to give recommendations to the Court regarding a parenting plan for the child(ren) involved in the case. I am a Licensed Independent Certified Social Worker in the State of Washington and belong to the Academy of Certified Social Workers through the National Association of Social Workers. I am also a member of the National Association of Christian Social Workers.

COUNSELING PROCESS

The therapy process is an interactive one with the goal being to address your needs through a variety of means, based on your individual situation, depending on your input and my professional discretion. It is my belief that people are doing the best they can in their situations with the skills they have and I seek to build on existing strengths. However, new skills are often needed to address the issues that bring dissatisfaction or pain into one's life. I view my role as presenting new ideas or skills that might address those issues, as well as understanding and listening to your concerns in order to better develop goals that will help you

address your needs. I also believe the counseling process can be a healing relationship by helping you discover your own strength and abilities as well as understanding, changing and dealing with your emotions, relationships and personal goals. There will be times when you will be asked to do “homework” in between appointments in order to reinforce the material we are covering during sessions. Should you desire to approach your situation from a Christian perspective, I am glad to include Biblical principles in the counseling process.

CONFIDENTIALITY

Confidentiality is an important element of the therapy process. Your identity and ongoing work in therapy will be kept strictly confidential, with only the following exceptions:

1. State law requires reporting to the proper authorities cases of suspected abuse (child, elder, dependent adult).
2. Threat of harm to self or others (suicidal or homicidal statements) may be reported to family members and/or appropriate mental health or law enforcement professionals.
3. Case records and testimony may be subpoenaed by court order.
4. Professional consultation and/or supervision.
5. Records of insurance clients are subject to scrutiny by their insurance companies in return for claims payment.

By law, information about clients may only be released upon written consent of the persons treated or the person’s parent or legal guardian, except for the above listed conditions.

FEES

My hourly fee is \$130.00 when billing is involved. However, if you pay in full on the day of service, I will reduce my fee to \$100.00. The fee for the initial session is \$140.00 (\$125.00 if paying in full at the time of intake), due to the extra work involved in beginning with a new client. Sessions last 53-60 minutes. There are some insurance companies who do not cover the fee for the full 53-60 minutes. For those clients using an insurance company that does not cover the 55 minute session, the session is 45-50 minutes and the billed rate is \$120.00. Charges for extended appointments will be assessed according to your hourly rate. This also includes between-session telephone calls lasting over ten (10) minutes. In addition, if we believe that it would be helpful for me to consult with another paid professional regarding your situation; you will be responsible for all fees, including my time. If you believe your health insurance will cover my services, please supply me with all the necessary information to process your claims. My billing service will bill the insurance company for you at the \$130.00 hourly rate (after the initial session).

Appointments are generally made on a regularly scheduled basis. In the event you are unable to keep an appointment, a twenty-four (24) hour notice is required for cancellations. Except for unseen circumstances, you will be charged the full fee for a “no-show” and for a cancellation of less than twenty-four hours notice as insurance does not cover the charge under these circumstances.

Financial considerations are a necessary part of counseling. Openness and flexibility are needed when determining a client’s financial obligation. If at any time you find there are any problems regarding fee payment, or you need to make arrangements for a payment plan, I will be glad to speak to you regarding your concern. It is also my policy to not let a client accrue a balance of more than \$250.00 in personal debt (this excludes the amount owed by insurance).

If your balance should go beyond that amount, we will need to discuss whether or not I can continue to see you in counseling until reasonable effort has been made to reduce your balance. I reserve the right to determine what "reasonable effort" is. Bills for which no payment has been made for sixty (60) days will be considered delinquent and may be instituted for collection. The fact of your counselor-client relationship for purposes of billing may be released to appropriate persons for collection of overdue accounts.

DISCLAIMER REGARDING CHILDREN

Unless children are part of the therapy session, it is recommended that they not be brought to the office. I am unable to guarantee their safety if left unattended in the waiting room or conference room.

CLIENT RIGHTS AND RESPONSIBILITIES

The goals and course of therapy are mutually determined. You are encouraged to ask any questions you may have regarding educational or professional background, therapeutic approach and the specific therapy plan and progress. It is your responsibility to determine whether the services offered are appropriate and ultimately helpful. You have the right to end therapy at any time without additional obligation other than that which has already been accrued.

Anyone wanting additional information, having questions or wishing to file a complaint should write or call the:

Department of Licensing Business and Professions Administration
P.O. Box 9012 Olympia, WA 98504-8001 (360) 753-1761

I trust this information has helped you understand my background, approach to therapy, and policies, as well as your own rights and responsibilities as we begin our counseling relationship. Please sign below to show that you have read, understood, and agreed to the terms previously described in this disclosure. Thank you.

Date: _____

Client (s) Signatures:

Witness: _____