

Thomas W. Sherry, MS
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Licensed Mental Health Counselor, LH3931
Sex Offender Treatment Provider, FC 192
National Certified Counselor, #65826
Child Mental Health Specialist

Disclosure Statement

The following information is provided in compliance with law to help you understand my background, the extent of confidentiality, general billing information, and your basic rights. Your signature at the bottom of this document indicates that you understand this information that all of your questions regarding it were raised and answered, and that you agree to participate in and receive services with this provider.

I was awarded a Masters of Science in Marriage and Family Therapy from Seattle Pacific University in 1993. I was awarded Bachelors of Arts degrees in Comparative Literature and Business in 1985 from the University of Washington; upon graduation, I also earned initial certification for Secondary Education through the State of Washington. Through additional training and experience, I have earned licensure from the State of Washington as a Mental Health Counselor and full certification as a Certified Sex Offender Treatment Provider. Furthermore, I have earned voluntary National Certified Counselor designation and Child Mental Health Specialist distinctions. Noteworthy experiences include ROPES facilitator certification, Child Protective Team member since 1997, and Professional Ethics trainer since 1994 (average 16 trainings per year). Life experience from which I draw include: coaching, directing & volunteering a summer camp for Hemophilia foundation of WA (1981-2009), operating a small business for 9 years, and competing on a regional & national levels in Triathlons since 1986.

I draw from a variety of treatment perspectives, depending upon what appears to best address the concerns you present. My primary training is based on Systemic Therapy approaches; I also regularly utilize Cognitive Behavioral, Solution Focused, Narrative and Brief Therapy models in supporting positive changes in your and/or your family's life. Though therapy will be directed at improving your current status, do realize that changes in your or a family members' life may bring about unexpected and/or negative outcomes in some dimensions. Be reminded that you can question and/or refuse to attempt activities suggested in treatment sessions. You have the right to choose counselors who best suit your needs and purposes at any time.

Your questions and full participation in therapy are essential to supporting positive change. As you likely realize, current problems may have been developing over time; as such, your effort over time will be necessary to modify or correct them. Based upon my assessment and understanding of your current situation, I will often recommend activities to complete outside of the treatment setting; it will be expected that you will attempt them as part of your efforts to further improve your life--or that you will discuss why the activities are not appropriate for you and/or your family.

Confidentiality is an essential element in your treatment. By law, I must strictly guard whatever you bring to the treatment process, including even your name. With your written consent, I may share information about you to specified parties. There are specific exceptions to maintaining confidentiality outlined in the law: if I have reasonable suspicion that you or a specific person(s) is in danger of significant harm, and/or I have reason to believe that there is physical abuse, sexual abuse and/or neglect

of a vulnerable person, I am required by law to notify appropriate authorities. In any of these cases, I will notify you of the sharing/disclosing of information. Lastly, as outlined in your insurance coverage (where applicable), basic information in your chart may be reviewed.

Below are listed the services I provide and current, corresponding fees for which you will be responsible (third parties, such as insurance carriers, as you may have noted on your registration form, will be billed as a service for you, unless you direct otherwise):

<u>Service:</u>		<u>Initially Planned for Tx:</u>
Diagnostic Interview (90791)	\$140	yes / no
Individual Therapy (90834, 90837)	\$110/120	yes / no
Family Therapy (90847)	\$120	yes / no
Group Therapy (90853)	\$35	yes / no
Consultation & Report writing	\$110/hr.	yes / no
Psychosexual Assessment	\$1025	yes / no
Expert Witness	\$150/hr.	yes / no

Co-pay/cost share, as determined by third party payers, may be due at time of services. Please ask about payment options; reasonable payment plans can be arranged & credit cards billed.

You will be responsible for obtaining all necessary referrals to enable my office to bill your insurance company, if applicable, for services provided. If you do not have appropriate referrals at time of first service(s), you may be individually responsible for all fees for services provided if you cannot rectify the situation with your insurance carrier. If the client is under 18, the parent(s) or legal guardian(s) are responsible for financial obligations.

A fee for appointments missed or unchanged within 24 hours of scheduled appointment time will be assessed; the fee can be up to 100% of the planned service. After 2 no-shows, the fee can be 100% of planned service and services may be terminated as ability or interest to participate comes in question.

My signature shows my acknowledgement of the above and any questions I may have regarding the above have been adequately addressed.

Client(s) and parent/guardian Date

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Emergencies: In case of emergency, after hours, weekends, and when you cannot reach me,

call the 24-hour Crisis Clinic at 479-3033, dial 911, or go to the hospital emergency room. If you think your current situation will involve a great need for crisis or after-hours response, you may wish to choose another therapist, as my availability for this is limited.

Confidentiality: I am bound by my professional ethics to protect client rights to confidential communications in regards to their involvement in counseling. For this reason, if you want me to release information about your participation in therapy to anyone, I will require your signed "Release of Confidential Information". This confidentiality has the following exceptions as provided by law:

1. In the event of a medical emergency, emergency personnel or services may be given necessary information.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
3. In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
4. If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
5. If you bring a complaint against me with the State of Washington, or Department of Health, information will be released.
6. If records are subpoenaed by an attorney in the State of Washington, they will be released unless you file a Protection Order within 14 days of the subpoena.
7. In the event of a clients' death or disability, the information may be released if the patient's personal representative or the beneficiary of an insurance policy on the patient's life signs a release authorizing disclosure.
8. In the event the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriate authorities.
9. In the case of a minor client, information indicating that the client was the victim of a crime may be released to the proper authorities.
10. If the client chooses to use health insurance, the name and some information about diagnosis and treatment are usually required. Many managed health care policies will require regular progress reports to them and often to the primary care physician.
11. If the client does not pay for services rendered and the account is turned over to a collection agency, some identifying confidential information will be released.
12. The therapist may seek consultation or supervision with other mental health professionals, but the client's identity will not be revealed. The laws pertaining to confidentiality will also strictly bind any consultant or supervisor used.

Review of Records: I keep a record of health care services that I provide to you. You have a

right to see and copy that record. You may also ask to correct the record. I may charge a fee for photocopying any portion of the record.

Notice to Clients: As required by RCW 18.130.080, this will inform clients of certified or registered counselors in the State of Washington that they may file a complaint with the Department of Health at any time they believe a counselor has demonstrated unprofessional conduct. Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of public health and safety. Registration of an individual with the Department does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

Questions or complaints may be directed to:

**Department of Health Business &
Professional Administration P.O. Box 9012
Olympia, WA 98504-8001
(360) 753-1761**