

# **Aaron Matthias, M.A., LMHC**

**Emmaus Counseling Center**

425.869.2644, ext. 55

## **PROFESSIONAL DISCLOSURE STATEMENT**

### **Experience and Licensure**

I earned my Master of Arts in Counseling Psychology from Argosy University in 2011. During my education at Argosy, I gravitated towards a humanistic-existential approach to therapy because of the hope I believe it holds for peoples lives. From this perspective, all of life is something that can be learned from and has meaning and value. In my experience since graduate school, I have worked with children, adults and families. I worked as therapist for adults while working for Sound Mental Health in Auburn, WA. I also have worked as a part of Catholic Community Services Family Preservation team. More recently, I worked as a child and family therapist for Compass Health in Everett, WA. I also have experience working in private practice. I have experience working along side of medical professionals and believe in holistic care. I have training in Cognitive-Behavioral Therapy and seek to help clients with thinking in ways that opens up avenues for them and helps them grow rather than thoughts that keep them stuck. I believe that the relationship is the driving force in therapy and seek to help my clients feel understood, appreciated, respected and of value. I also have experience in therapy from a spiritual point of view and can provide this if this is what you would like.

### **Fees, Cancellation Policies, and Emergencies**

Please note that I am a provider on some but not all insurance panels. If you are planning on using your insurance for mental health services, please verify that I am contracted with your plan prior to the first visit. Emmaus Counseling Center's billing staff will submit claims to your insurance company following each office visit.

My rate for those paying full fee (i.e., no mental health insurance coverage) is currently \$150 for the initial assessment and \$130 for each 50 minute session thereafter. If for some reason you do not come to a scheduled session, I request that you either cancel at least 24 hours in advance or pay a missed session fee of \$80. Insurance cannot be billed for missed sessions. However, I will not charge you for sessions missed due to a sudden illness or personal/family emergency. If this occurs, please call as soon as you can. My voice mail will take your calls any time, but I don't carry a beeper and may need up to a day to respond. If you need assistance before I can be reached, you may call the King County Crisis Clinic at (206) 461-3222, which is open 24 hours, or dial 911.

### **Confidentiality**

In general, whatever is said during your sessions with me is held in strict confidentiality, meaning I will not discuss you or our work with anyone else except in my own strictly confidential professional consultation, unless you sign a release of information form allowing me to discuss our work with another person (e.g. your physician, school counselor, previous therapist), or unless a judge orders me to release my records to the court and/or testify. In the State of Washington, all clients age 13 and older are legally required to sign a release of information in order for mental health information to be shared.

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This means parents do not have the right to access the minor's counseling records or conversations between therapist and child unless I have written authorization from the minor.

There are certain legal exceptions to confidentiality:

- If you give me written consent to have the information released to another party.
- If the therapist suspects that child abuse or neglect has occurred or that a vulnerable adult has been abused or neglected, the law requires that it be reported to the proper authorities. This may include suspected mental or emotional abuse of a child who has witnessed domestic violence.
- In the case of your death or disability I may disclose information to your personal representative.
- If you waive confidentiality by bringing legal action against me.
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation.
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person.
- If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency.

In legal proceedings, patient/therapist communications are privileged with the following exceptions. A judge's court order is required for such information to be released or the patient's written release for the information. Examples of when a judge might subpoena your record include, but are not limited to: If your mental status is an issue for the court;

The judge feels that communications are necessary to the proper administration of justice.

The rules of confidentiality can on rare occasions create dilemmas. For instance, say that perhaps during therapy you tell me you have a new friend, or romantic partner or boss, and it turns out that some years ago that person was a client of mine. Despite my desire to be open with you, I can't tell you that I know him or her, because I would be breaking the confidentiality of my work with that person.

If you have any questions about confidentiality, please discuss them with me.

### **Professional Practice and Orientation**

Therapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, frustration, anger, loneliness, and helplessness. Therapy has been shown to have benefits for people who undertake it. It often leads to significant reduction in feelings of distress, better relationships, and resolutions to specific problems. As a client utilizing my services, you have the right to ask any questions you may have about the process, methods, duration, and goals of therapy; the right to discuss any concerns you may have about your progress in therapy; and the right to terminate therapy at any time.

Depending on your needs and the problems you want to work on, my therapeutic approach may include elements of Play Therapy, Cognitive Behavioral Therapy, Client/Person Centered Therapy, Family Systems among other treatment modalities. I will work with you to set treatment goals and structure a plan to achieve those goals. While my role is that of "helper," who educates, suggests, and challenges,

your role is to work on the issues both inside and outside of our sessions. I may assign homework for you to work on between sessions so that you can make progress more quickly and/or to help families work together on issues. Due to the complexity of human nature, length of treatment will vary according to each individual, and I cannot make guarantees as to the effectiveness of treatment.

My normal practice is to schedule one 50-minute session per week at a mutually agreed time, although sometimes sessions may occur more frequently. I do my best to accommodate your schedule and to work around school times, but please be aware that those time slots are limited and may not be available initially. Flexibility is needed on both ends. Further, with young children, I typically have frequent collateral meetings with parents given that treatment typically involves assistance from their parents. Family meetings may be recommended when I believe that they would be helpful in a child's treatment.

### **Court Testimony and Legal Involvement**

In order to avoid dual relationships and conflicts of interest, I will provide you or your child with clinical services only. I do not intend to become involved in legal disputes such as personal injury lawsuits, divorce proceedings, dependency hearings or custody battles. These proceedings erode the client-therapist relationship and compromise you or your child's ability to be honest with me during treatment. In addition, I do not participate in evaluation for adoption home studies or provide evaluations of parental fitness to adoption agencies or State entities. By signing this document, you agree:

- That my role is limited to providing treatment and that you will not involve me in any legal dispute;
- That you will instruct your attorneys not to subpoena me or refer in any court filings to anything I have said or done;
- That you will not ask for my participation or recommendations in an adoption home study or dependency hearing;
- If there is a court-appointed evaluator in your child's custody or dependency dispute, and if appropriate releases are signed and a court order is provided, I will provide general information about the child which will not include recommendations concerning custody, custody arrangements, or visitation;
- If, for any reason, I am required to provide expert testimony or documentation for a legal dispute, adoption proceeding or dependency case, or to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$150 per hour (even in the case of sliding-scale fee clients) for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

### **Social Media Policy**

This section outlines my office policies related to use of social media, i.e., how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet. I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. Please do not use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I

may not read these messages in a timely fashion. Do not use wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is by Therapy Appointment as it is HIPAA compliant. Please do not text or email me content related to your therapy sessions, as they are not completely secure or confidential. If you choose to communicate with me by text or email, be aware that all contact is retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any texts or emails I receive from you and any responses that I send to you become a part of your legal medical record.

### **Professional Consultation**

In order to provide the best service possible, I may seek professional consultation on the dynamics and process of your case, if needed. If I discuss your situation in that context, I will not use information that would identify you personally.

### **State of Washington Disclosures**

The State of Washington requires that I provide you with the following information.

You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want. You have the right to choose a Counselor who best suits your needs and purposes. Counselors practicing counseling for a fee must be registered or licensed with the Department of Licensing for the protection of public health and safety. Credentialing of an individual with the Department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake Post Office Box 47857  
Olympia, WA 98504-7857  
Phone: 360-236-4700  
E-mail: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

### **Addendum**

All clients receiving mental health services at Emmaus Counseling Center are welcome to contact the clinic director, Richard Wemhoff, Ph.D., with any concerns about their treatment at the Center.

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By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you read and fully understand these rights, and have been given the opportunity to ask questions.

By signing this document, you are attesting to your consent to participation in counseling services provided by Aaron Matthias, M.A., LMHC.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Aaron Matthias, M.A., LMHC

\_\_\_\_\_  
Date