

Lori Marro Homes, M.S., LMHC

WA License: LH00006557

Emmaus Counseling Center

425.869.2644, ext. 42

Disclosure Statement

When people enter into any kind of relationship in which services are exchanged, it's a good idea to be clear about each person's rights and responsibilities. This agreement tells you what you can expect of me, and what I can expect of you. Please read it carefully and be sure to ask me to explain anything you don't understand or that you have a concern about.

COUNSELOR QUALIFICATIONS: I am a Licensed Mental Health Counselor. I received my Masters degree in Marriage and Family Therapy from Seattle Pacific University in 1990, and completed my clinical training at the Presbyterian Counseling Services MFT training program in Seattle. I have been practicing in a social service setting since 1987 and have been in private practice since 1996. In the agency setting I have done individual, family, couple and group counseling with adolescents and their families. I teach parenting classes, have been a part of the sexual abuse treatment team, and collaborate on cases with chemical dependency specialists. In private practice, I focus on individual growth work and relationship therapy, conflict resolution in families, and ADHD coaching.

COUNSELING METHODS: When providing services, I draw primarily on a counseling approach that views the problem presented within the context of the family and social environment. I use structural and strategic family therapy methods as well as working with family of origin issues. I also use Solution-focused and Cognitive Behavioral Therapy techniques. Primarily, we will be talking about the patterns and themes in your life, and working to change any that are painful and unfulfilling to you. My goal is to help you understand how you have outgrown painful patterns of behaving and to support you in creating new, more joyful interactions with the world around you. I want you to always feel free to ask questions and seek clarification any time you are unsure about what is occurring in the therapy process.

APPOINTMENTS: Each appointment is typically 55 minutes in duration. It is important to be on time because your appointment cannot be extended beyond the scheduled time as a result of late arrival. Your appointment is held exclusively for you. If you are unable to keep your appointment for any reason, please give me at least 24 hours advance notice; otherwise you will be charged an \$80 fee for the time I have reserved for you (which will not be covered by insurance).

FEES AND PAYMENTS: The fee for an individual 55-minute session is \$150, and for a couple/family session \$130. As the client, you are responsible for your account and are expected to pay for all services received. All or a portion of the fee is oftentimes paid for by your health insurance policy; please be prepared to pay any co-pay at the beginning of each session. If letters/reports need to be provided to an outside source, or if you request a phone consultation with yourself or others, you will be charged for this service at an hourly rate of \$130 per hour. This additional fee will not be reimbursed by your insurance coverage.

CONFIDENTIALITY: All information shared during counseling sessions is considered strictly confidential with the following exceptions;

1. When you sign a release of information form which allows exchange of information with pertinent others,
2. If I become aware of instances of physical or sexual abuse of a minor or a dependent adult, in which case I am a mandatory reporter of these instances to the state authorities,

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3. If a client threatens dangerous action or bodily harm against self or another person, it is my responsibility to warn the family of the individual threatening self-harm, or the Mental Health Professionals, or to warn the person or family of the person that the threat is directed toward,
4. If I am subpoenaed, I will present information in a court of law as required by law,
5. Within the context of professional consultation and supervision I may discuss your situation, but will do so without disclosing any identifying information.

The purpose of the law regulating counselors is to provide protection for you, the consumer. The state of Washington requires that you receive the following information: “Counselors practicing counseling for a fee must be registered or licensed with the Department of Licensing for the protection of the 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 (WAC 246-810-031).” My license number is LH00006557. If at any time you feel that your rights as a client have been violated, please bring that to my attention or to the attention of the clinical director. Should you feel that I have been unethical or unprofessional, you may lodge a complaint using the following contact info:

HSQA Complaint Intake

Post Office Box 47857

Olympia, WA 98504-7857

Local: 360.236.4700

Email: HSQAComplaintIntake@doh.wa.gov

If you lodge a complaint or grievance, you shall be free of any act of retaliation.

Signature of client _____

Signature of therapist _____

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Private Practice Social Media Policy

This document outlines my office policies related to use of social media. Please read it to understand 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 or through the use of mobile devices. If you have any questions about anything within this document, I encourage you to bring them up when we meet.

E-MAILS, CELL PHONES, COMPUTERS AND FAXES ARE NOT PRIVATE: No form of client communication is 100% guaranteed to be private. Conversations can be overheard, e-mails and faxes can be sent to the wrong recipients and phone conversations can be listened to by others. Although they add convenience and expedite communication, it is very important to be aware that computers and e-mail and cell phone communication can be accessed relatively easily by unauthorized people and hence can compromise privacy and confidentiality.

If you choose to communicate with me by email, be aware that all e-mails are 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 administrators of the internet service providers. You should also know that any e-mails I receive from you and any responses that I send to you become a part of your legal record and may be revealed in cases where your records are summoned by a legal entity.

To protect your confidentiality to the best of my ability, my computer is equipped with a firewall, virus protection and passwords. Emmaus offers you a system of encrypted email in addition to our regular email account, and you can set up a password with me to use that system.

If you choose to communicate with me through e-mail or text, you will have an opportunity to give your permission in writing at the end of this document.

SOCIAL MEDIA SHOULD BE CONSIDERED PUBLIC COMMUNICATION: Being linked as friends on social media sites can compromise your confidentiality and our respective privacy. I will not accept a client as a friend nor will I make such a request; my personal social media presence and professional social media presence are separate.

I will not view your online activities (websites, blogs, Facebook, etc.) without your consent and without our explicit arrangement towards a specific purpose that will benefit our therapeutic contract. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together.

LOCATION-BASED SERVICES REVEAL YOUR LOCATION: If you use location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. If you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a regular basis.

ACKNOWLEDGEMENT OF REVIEW OF SOCIAL MEDIA POLICY: By signing below I am indicating that I have read this document, understand my rights as a client, and accept the responsibility as stated. I have been offered a printed copy of the Social Media policy and all questions regarding these policies have been answered to my satisfaction.

Client signature _____ Date _____

Client signature _____ Date _____

Therapist signature _____ Date _____

By signing below I am authorizing the use of **text messaging** as a means of communication between me and my therapist.

Client signature _____ Date _____

Client signature _____ Date _____

By signing below I am authorizing the use of **standard email** communication between me and my therapist.

Client signature _____ Date _____

Client signature _____ Date _____

By signing below I request and authorize the **use of encrypted email** communication between me and my therapist. (Requires set up of a user name and password)

Client signature _____ Date _____

Client signature _____ Date _____