

# Shelley Cordes, M.A., LMHC

## Emmaus Counseling Center

(425) 869-2644 ext. 4

### CLIENT DISCLOSURE AND OFFICE POLICY STATEMENT

#### Experience and Licensure

I am a licensed mental health counselor in the state of Washington (License #LH 00011362). I received my Master's in Counseling from Central Michigan University in 2001.

I have been a school mental health counselor in a school serving K-12. I was a child therapist in domestic violence shelters where I counseled children and adolescents who were victims of domestic violence and/or sexual abuse. I have provided treatment to clients with chemical dependency. When I was employed in a medical clinic I worked closely with the physicians to coordinated care regarding medications.

The therapeutic approach I will use will include but is not limited by, rational emotive behavioral therapy, cognitive behavioral therapy, dialectical behavioral therapy, and play therapy, clay therapy. I am a certified love and logic parent education facilitator.

#### 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.

#### Client Rights

Clients have the right to request a change in counseling approach, referral to another counselor, or termination of therapy at any time. If you have concerns about the course of treatment, please discuss them with me. Should you feel that I have been unethical or unprofessional, you may contact the Department of Licensing.

#### **Emmaus Counseling Center**

8290 165<sup>th</sup> Ave. NE, Redmond, WA 98052

425.869.2644, ext. 4

Updated: 10/5/2018

### **Appointments**

Individual appointments are typically 50 minutes in length. It is important to be on time to your appointment as the time will not be extended beyond the scheduled time because of your late arrival. Your appointment is held exclusively for you. If you are unable to keep your appointment for any reason, you must give me at least 24 hours advance notice, otherwise you will be charged an \$80 missed session fee for the time I have reserved for you. Insurance cannot be billed for missed sessions. Exceptions in the event of an emergency or unavoidable circumstance will be discussed.

### **Fees and Payments**

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.

### **Crisis and Emergencies**

My voicemail will take your calls any time, but I do not carry a beeper and may need up to a day to respond. If you need assistance before I can be reached, you can call the 24-hour King County Crisis Clinic at 206-461-3222. If it is an emergency, please call 9-1-1.

### **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 for mental health information to be shared. 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.

Exceptions to this right of confidentiality, which are protected by state law, are: when there has been physical or sexual abuse or neglect of a child, disabled person, or elderly adult; serious threat or intent to harm oneself and/or others; inability to care for oneself. In all of these situations I am required by law to take necessary steps to secure your safety and/or the safety of others, however, I want to carry out that responsibility in a way that promotes the best counseling or therapy for my client's individual needs. If you have any questions about confidentiality, please discuss them with me.

### **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 homes studies or provide evaluations of parental fitness to adoption agencies or Sate 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 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 visitations;
- 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.

### **Professional Consultation**

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

### **Communication**

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, 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 may 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 and my cell phone is equipped with virus protection and passwords.

### **Social Media Policies**

Per industry standards, my personal social media presence and professional social media presence are separate (ACA code section H.6) and it is not appropriate for me to engage in virtual relationships with my clients (ACA Code A.5.e; NBCC Code section 19). I do not accept friend or contact requests from current or former clients on any social networking site. Please do not use messaging on social networking sites to contact me. Do not use wall postings, @replies, or other means of engaging with me in public online if we have already established a client/therapist relationship. Engaging with me in this way could compromise your confidentiality and 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.

### **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.

### **State of Washington Disclosures**

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

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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 Shelley Cordes, M.A., LMHC.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Shelley Cordes, M.A., LMHC

\_\_\_\_\_  
Date

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