

Disclosure Statement for Cheryl M. Cebula, MSW, ACSW

In accordance with the Washington Administrative Code and the revised Code of Washington, the following Client Disclosure Information is provided for the client and must be signed by both the client(s) and counselor. The client's signature indicates that she/he has read and understands the information.

Introduction

I am a licensed Social Worker (#LW00004724) and a licensed Marriage and Family Therapist (LF00001485). I earned my Masters of Social Work from the School of Social Work at the University of Wisconsin-Madison. I have been a practicing therapist since 1981, and my practice includes working with individuals, couples, families, and groups.

I am an independent practitioner. I share offices with other independent practitioners in a suite of offices. My relationship with them is limited to the sharing of space and some common office supplies.

Counseling Approach

I work with a number of modalities and counseling approaches. My primary focus is systemic and relational. I am interested in how problems develop in relationship, and how they can be solved in relationship—be that with one's partner, family of origin, current family, or work and social networks. I have been trained in a variety of therapeutic modalities, and I primarily use family systems therapies, EFT (emotionally focused couples therapy), and Lifespan Integration. In the course of treatment I may employ one or more therapeutic methodology.

I am particularly interested in how clients find meaning in their lives and look for the strengths which help foster and maintain the changes they want. I am also interested in helping people find ways to live in alignment with their values, their spirit, and their health. Spirituality and holistic approaches to health and wellbeing are part of my therapeutic conversations. I may suggest and teach a practice of mindfulness and may suggest physical practices such as yoga, tai chi, qi gong and/or breathing practices to decrease stress and increase health and well-being.

Benefits and Risks of Counseling

Counseling is understood to be a choice you've made among available options. Other options include other counselors, other therapies, support groups, self-help resources, and other modes of treatment. Counseling has been shown to have many benefits. It often leads to better relationships, solutions to specific problems, and significant reductions in feelings of emotional distress. Counseling can also have risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness, and helplessness.

Some clients need only a few sessions to achieve their goals, while others may benefit from long term counseling. You have the right to end counseling at any time, however it is understood that premature termination may result in the return or worsening of the initial problems and symptoms.

You have a right to choose the counselor who best suits your needs. If my services do not serve this purpose, please let me know and I will assist you finding someone who will better meet your counseling needs. If you have questions about the counseling, please do not hesitate to discuss these with me.

Fees and Payment

My fee for the initial evaluative session for individual, couple, or family therapy is one hundred and eighty dollars (\$180). My hourly rate (50 minute hour) is one hundred and twenty five dollars (\$125). The group therapy fee is fifty dollars (\$55) for a ninety-minute group. Group fees will be charged for all group sessions, regardless of attendance. I will provide a bill to you or your insurance company for my services. You, not your insurance company, is responsible for the full fee. You are responsible to contact your insurance company and verify that your policy will cover my services and determine your benefit level, deductible and co-pay. Insurance companies do not pay for missed sessions or late cancellations, therefore the client will be responsible for the full fee. Payment is due at the end of each session unless different arrangements have been made. Sessions include: telephone calls, consults, requested reports and consultations with other professionals and they will be charged on a prorated basis.

Appointments and Cancellations

If you miss a scheduled session with less than **twenty-four hour notice**, you will be charged for that session unless we can schedule that appointment within the same week. This does not include weekends.

Confidentiality

Conversation between you and me will not be disclosed without written permission. There are exceptions to confidentiality, such as when such disclosure is pursuant to a court order, or a disclosure is pursuant to mandatory reportable instances involving suspected abuse or neglect or exploitation of a minor child, an elderly person, or a developmentally disabled person, or if there is danger of suicide or homicide. Please review my *Notice of Privacy Practices* for the most current legal description of private healthcare information and exceptions and exclusions per HIPAA regulations. Please note that insurance companies may request your records for review of medical necessity.

I request that you do not subpoena me, or my records, in any family court action.

Client Records

I keep record of the health care services I provide. You may ask to see and copy that record. You may ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it at 3130 E. Madison, #203, Seattle, Washington, 98118. There will be a fee for the copying of the clinical file.

Please indicate by signing below that: you have read and understand this disclosure statement and give me permission to provide treatment to you.

I also want to protect your interests in the event of my unexpected death, disability, impairment, or incapacity. In order to accomplish this, I have arranged with another therapist to assist with closing my practice in the event of my death, disability, impairment, or incapacity. This other therapist will not have access to your records, unless I am unable to continue as your therapist. You waive any relevant medical privacy act rules to the extent necessary to allow the therapist closing my practice to contact you and take the necessary steps related to you. In such event, appropriate office staff or the other therapist will contact you and provide you with information about how to proceed.

Client Signature Date

Counselor Signature Date

Client Signature Date

- Check here to indicate that you have received a copy of my *Notice of Privacy Practices*.
- Check here to indicate that you have read and agree to all statements in this document.