

Seven Trees Counseling

Professional Disclosure Statement & Client Consent Agreement

***Gil R Stuart***

BS, MA, LCMHC

State of Washington Licensed Mental Health Counselor # LH60925389

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**WELCOME**

Thank you for joining me in learning more about you, your heart and your goals. This document is supplied for your benefit and protection and provides information regarding my approach to counseling, as well as my education, training, an explanation of your rights as a client.

**APPROACH**

I believe a counseling relationship provides a safe place for clients to experience healing, growth, and hope. My desire is to work with you to set counseling goals. I work from a perspective which sees people in the context of their relationships (family, work, church, etc.). I also apply principles from Emotional-Focused Therapy (EFT) along with Solutions Focus Therapy. These theories combined offer a view hopefully building a connection that will repair trust dynamics to achieve a healthy and vibrant life.

I also see that problems can only be addressed in relationship. Therefore, the counseling relationship provides that unique experience to engage in a relationship that directly addresses feelings, patterns, and themes that arise in our counseling relationship and are likely in other relationships as well. As a Christian counselor, I integrate biblical/spiritual principles as appropriate with the client’s consent.

With that in mind, I seek to engage in counseling with you by creating a non-judgmental and compassionate environment. It is very important in counseling that we agree on what we are hoping to change, how we are hoping to change it and that we have a strong bond. As we move forward we will likely have to work through these three areas. To keep an open and honest relationship it is both our job to check in with one another on these three points and to work toward your goals. In keeping with generally accepted standards of practice, I frequently consult with other professionals to ensure quality care. Every effort is made to ensure the confidentiality of clients.

**EDUCATION, TRAINING and PROFESSIONAL EXPERIENCE**

I have my Master’s Degrees in Counseling from Multnomah University. I have a Bachelor of Science in Cultural Anthropology Studies from Bethany Bible College along with minors in Biblical studies and Business Administration. I have training certifications as a marriage coach and premarital coach and am certified to use the Prepare & Enrich and the Flag Page assessment tools. I also have had training with the Speed of Trust material for business environments via the Steven Covey Institute. I have experience working with clients in areas of stepfamily problems, relationships and dynamics, grief, stress, divorce care, and spiritual concerns. I am the Co-Author and presenter of the Restored & Remarried, material exclusively focusing on remarried couple’s encouragement. I was a Professional Insurance Agent for 29 years with a professional designation for 20 of those years as a Certified Insurance Counselor. I have ongoing training with the EFT and Gottman methods for couples counseling. I am committed to abide by the ACA and AACC Code of Ethics.

 **COUNSELING AGREEMENT**

It is agreed that the client shall make a good faith effort at personal growth and engage in the counseling process as an important priority at this time in his/her life. This process is not always easy, and sometimes a client’s symptoms may worsen before improving. Suspension, termination or referral shall be discussed between counselor and client for a pattern of behavior that reveals disinterest or lack of commitment to counseling or for any unresolved conflict or impasse between counselor and client.

***CLIENT BILL OF RIGHTS***

Counseling practices that charge a fee must be registered or certified with the Dept. of Health for the protection of public health and safety. The purpose of the Counselors Credentialing Act (Chapter 18.19 RCW) is (1) to provide protection for public health and safety and (2) to empower the citizens of the State of Washington by providing a compliant process against those counselors who would commit acts of unprofessional conduct. Clients may request to receive a copy of a brochure put out by the State of Washington.

 Consumers of counseling or therapy services offered by a professional counselor have a right to:

1. Expect that the counselor has met minimal qualifications of training and experience required by state law.
2. To examine public records maintained by the Board and to have the Board confirm credentials of a counselor.
3. Obtain a copy of the Code of Ethics if requested.
4. Report complaints to the Board of Licensed Professional Counselors and Therapists.
5. To be informed of the cost of professional services before receiving services.
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, with the following exceptions:

 (i) Reporting suspected child or elder abuse.

 (ii) Reporting imminent danger to the client or others.

 (iii) Reporting information required in court proceedings or by the client’s insurance company or

 other relevant agencies.

 (iv) Providing information concerning the counselor’s case consultation & supervision.

 (v) Defending claims brought by the client against the counselor.

 g. Be free from being the object of discrimination on the basis of race, religion, gender and any other

 unlawful category while receiving services.

***EMERGENCY SERVICES***

I am often not immediately available by telephone and do not answer the phone when I am in a meeting with a client. You may leave a voicemail on my cell phone, and I will make every effort to answer it the day it is received. In case of an emergency, you should contact the Clark County Crisis Line at 360.696.9560, your physician, 911 or the emergency room of your local hospital and ask for the psychologist or psychiatrist on call.

***INCAPACITATION OR DEATH***

Should I become incapacitated or die the counseling notes will be the property of Justin Farrell.

He is a Licensed Professional Counselor in Washington. He can be reached at 503.539.7707.

***CONTACTS & QUESTIONS***

If you have any questions regarding the counseling process or this disclosure statement, feel free to ask. If at any time or for any reason, you are dissatisfied with my services, please let me know.

***Confidentiality and Client Consent: Mandatory REPORTING***

You have the right to be free from being the object of discrimination on the basis of race, religion, gender, or any other unlawful category while receiving services. Everything you say during our sessions will be kept confidential, including the fact that you are being seen as a client, with the following exceptions:

\* You direct me to tell someone else and sign a release of the information consent form.

\* If I have reason to believe that a child, developmentally disabled adult or an elderly person is being

 abused or neglected. I am required by state law to report this to the proper authorities.

\* If I feel that you are in danger to yourself or another person.

\* If I feel that you are unable to take care of yourself or another person.

\* Under court order, I may have to provide specific information to the court**. (\_\_\_\_\_\_\_)**

Any release of information will be discussed with you. As needed, for the purpose of serving my clients in the best way possible. I also will discuss cases on an anonymous basis with other therapy professionals and consultation with specialists.

***ACKNOWLEDGMENT OF RECEIPT***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and fully understand the information provided to me by Gil R. Stuart on pages 1-3 of his Professional Disclosure and Consent Statement.

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

Authorized Person to give Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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