

~ Simcha Shtull ~

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## PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

### **Education, Training and Experience**

I trained as a mental health counselor at the School of Applied Psychology, Counseling and Family Therapy at Antioch University Seattle, where I earned an MA degree. I completed an internship at Sound Mental Health working with chronically mentally ill adults. I hold a BA from Barnard College, Columbia University, and an MHL (Master of Hebrew Letters) and teacher's certificate from Gratz College, Phila.

In accordance with WA State law (WAC 308-109-040), I am a Registered Counselor (RC.60056236) and a Licensed Mental Health Counselor Associate (MHCA.MC.60137436). I am a member of the American Counseling Association, the International Association of Marriage and Family Counselors, and the Association for Positive Discipline.

I am currently working as a counselor/therapist at the Hillel Counseling Center at the University of Washington and at the Seattle Therapy Alliance, a low-income clinic for women in Queen Anne. I also have a private practice in Queen Anne serving individuals, couples and families.

### **Therapeutic Approach**

My approach – drawing from Family Systems and Family of Origin therapy, is client-centered, based on the belief that every individual brings a unique and formative personal, family and cultural experience. I have also been influenced by Adlerian Individual Psychology, with its emphasis on the healing power of the therapist-client relationship.

In our sessions, we explore the places you feel stuck, unresolved issues and unhealed emotional wounds that may be keeping you from moving forward or are causing you distress. We look at the way your family/cultural history has impacted your current values, relationships, and behaviors. We examine thoughts, feelings and beliefs that influence your choices and your reactions to situations in which you find yourself today.

### **Confidentiality**

Our sessions are held in the strictest confidence; no information about you may be released without your written permission or by court order. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you; whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider about you, without prior consent. I meet regularly with a supervisor in order to gain a better

understanding of how to work most effectively with my clients. In these consultations, your identity will be protected, as will unique identifying information.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential, as the internet service provider's system administrator(s) might, in theory, read these emails.

*State law requires the following exceptions to confidentiality:*

- If the counselor has good reason to believe that the client will harm another person;
- If the counselor has a reasonable suspicion that a person under the age of 18, or a dependent adult (aged, or developmentally delayed) is or has been physically abused, sexually abused, or neglected;
- If the counselor has good reason to believe the client is in imminent danger of harming himself, s/he may legally break confidentiality and call the police or the county crisis team;
- If the client informs the counselor of another named health or mental health care provider who has either engaged in sexual contact with a client or is impaired from practice due to cognitive, emotional, behavioral, or health problems, the law requires the counselor to submit a report to the WA Department of Health's licensing board.

*Confidentiality in couples counseling*

If you and your partner decide to have some individual sessions as part of couples therapy, what you say in those individual sessions will be considered part of the couples therapy, and can and probably will be discussed in our joint sessions. I will remind you of this policy before beginning such individual sessions.

### **Record Keeping**

I keep brief notes of our sessions. If you prefer that I keep no records, you must provide me with a written request to this effect, and I will note only your attendance in your record. Under the provisions of the Health Care Information Act of 1992, you may request that a copy of your file be made available to another health care provider. 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. I maintain your records in a secure location that cannot be accessed by anyone else.

### **Termination**

Although the client is generally the one who decides when to end therapy, I also reserve the right to do so, allowing at least one session for closure. If, however, the client verbally or physically threatens or harasses my family or me, I reserve the right to terminate treatment immediately and unilaterally. Although I will offer that client referrals to other sources of care, I cannot guarantee acceptance for therapy.

Ending a therapeutic relationship is best done in person, rather than over the phone. I recommend at least one, and up to three, sessions to properly bring your therapy to a close. You have the right to discontinue therapy at any time.

**Complaints**

If you are unhappy with what's happening in therapy, please share this with me so that I can respond to your concerns. If you believe I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved. If discussion proves ineffective, you may contact:

Department of Health Counselors Program  
PO Box 47869  
Olympia, WA 98504-7869  
Tel: (360) 236-4902

**Emergencies**

I tend not to be available for contact on evenings and weekends. During business hours, I will return your phone calls within a few hours. If you are in crisis and need more immediate attention and I am not available, please call the Crisis Clinic number at: (206) 461-3222.

If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance. If I must be away for an extended period, I will leave the name and phone number of a therapist who will be covering my practice during my absence.

**Client Consent to Counseling**

I have carefully read and understand this statement. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Simcha Shtull. I may end therapy at any time and refuse any requests or suggestions made by Ms. Shtull.

I have been provided with a copy of this form. I have had the opportunity to ask questions and have received needed clarification. I agree to pay a fee of \$\_\_\_\_\_ per session.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_