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*Redeeming Hearts*  
Licensed Mental Health Counselor Associate MC60144469

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## **Personal Disclosure Statement and Notice of Privacy Practices**

### **Why You've Been Given This Disclosure**

Washington State and Federal laws require me to provide you with information that may help you in making informed choices as you consider entering into a counseling process. This document includes information about your legal rights as a client, as well as what you can expect regarding privacy and confidentiality. Because you have the responsibility for choosing the provider and treatment modality which best suits your needs, this document also contains information about me, including my training/experience, my perspectives on how therapy works, my policies, fees, etc. If you have any questions about this information, please ask me.

### **Treatment Philosophy**

I primarily utilize two approaches toward treatment: Relational Psychotherapy and LifeSpan Integration Therapy. Both approaches require a therapeutic alliance in which we both work together toward achieving your therapeutic goals. Both are somewhat related but the emphasis and techniques differ within a therapy session. Over time, we will decide together which approach might prove the most useful for a given therapy session. In most cases our therapeutic relationship will begin by using the relational psychotherapy approach and then, if we decide to, we may include therapy times that emphasize the lifespan integration approach.

I believe the following sentence helps to summarize the emphasis of relational psychotherapy: "What has been harmed in relationship needs to find healing in relationship". I believe many of the struggles in our lives have been shaped by past relational experiences; therefore, I believe the most lasting changes generally occur by having new and healthier relational experiences. This perspective finds its roots in developmental psychology, attachment theory, and object relations theory. What we experience in the therapeutic relationship, then, may help form a new template or new approach of relating to others outside of therapy.

LifeSpan Integration therapy (LI) is a rather new approach to therapy (2002) that is founded upon aspects of neuroscience. During a LifeSpan Integration Therapy session you will be internally reviewing images of your life during therapy. Therapists feel that going through the timeline of your life with the therapist helps your body know that an experience has happened in the past. There are many different protocols to the therapy each emphasizing different therapeutic issues. More detailed information on LI may be obtained through the lifespan integration therapy website: <http://www.lifespanintegration.com>. If you have further questions about this therapy, please ask. Although there are over 600 therapists worldwide who have found LifeSpan Integration Therapy useful for many therapeutic issues it is still considered experimental. Everyone has slightly different responses to the therapy but in most instances you should at least consider taking it easy and not doing detailed work for a few hours following an LI session. LI therapy frequently requires a longer session—75 minutes instead of a 50 or 60 minute session.

Therapy can be an up and down experience. There may be times when you feel strongly encouraged and supported and there may be times you feel angry and sad. If ever you feel like what we are doing is not in keeping with your goals, or you have any other questions or concerns, please talk to me about it.

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

I received my Masters of Arts in Counseling Psychology from Mars Hill Graduate School in Seattle in 2007. My school internship was with the Mental Health Chaplaincy and my supervisor was Dr. Craig Rennebohm. I worked at two locations in downtown Seattle, mostly with clients who were in recovery from addictions or were homeless. At times I listened to people's life stories in informal settings. At other times I provided therapy in

an office. Areas of special interest while in school included studying: attachment theory, the impact of narcissism on children, and counseling those who were in recovery from various kinds of abuse.

For the first three months of 2008 I worked with children and families at Catholic Community Services in Everett before deciding to get more specialized training. I completed beginning and advanced training in LifeSpan Integration Therapy in May of 2008. Over the past two years I have also attended seminars on understanding domestic violence, eating disorders, attachment, and serving our combat veterans. Prior to attending graduate school in Seattle I worked for nearly twenty years designing integrated circuits, mostly for space applications. My electrical engineering degrees are from the University of Idaho.

### **Fees and Scheduling**

Our initial get-acquainted session is a 50 minute session that will be free of charge. That first session is a good time for us to consider whether we are a good therapeutic match. Your costs for any continued therapy will be discussed during that session or during the following session. Appointments are generally made on a **regular, weekly basis**. My typical session time is a 60 minute session. If we need more time, I allocate a 75 minute session that allows for LifeSpan Integration Therapy. My regular rates are \$80.00 for a 60 minute session and \$90.00 for a 75 minute session. Payment for each session is due at the beginning of each therapy session unless other arrangements are made.

Occasionally I may need to adjust my rates due to inflation and should that be necessary, I will provide you with a one month advance notice. Should we make an adjustment that is lower than my regular therapy rates, those rate adjustments may be discussed and reviewed every three months. I do not file insurance claims for you but can provide a monthly receipt of therapy sessions and expenses upon your request. If you have any questions regarding fees or payments, I encourage you to ask.

Whether or not you are on time to begin your session with me, I will need to end the session at the scheduled time. If I am late at the beginning of a session, I will make up the time for you. **Because I am committing to holding your appointment time, PLEASE NOTE: you will be charged in full for any missed session unless you give 24 hours notice (serious emergencies excepted).** This is not meant to be punitive, it simply is the way I protect my income as well as encourage clients to respect the therapeutic relationship we build together. If I miss a scheduled appointment without notifying you, I will make up the session with you, without charge.

### **Phone Calls and Email**

Should you need to contact me you may call my cell phone at **(425) 275-2923** and leave a message. Please limit your phone messages to appointment scheduling and emergencies. If you wish me to call you back, please leave that request and your call back number and I will generally be able to return your call within 24 hours during the weekdays and Saturdays. In general, I will *not* return phone calls on Sundays. **If you are in an emergency, please refer to the emergency numbers provided on the last page of this disclosure.**

Should you wish to contact me by **email**, please limit your communication to **short emails** associated with business or scheduling. PLEASE NOTE: *email is not considered a secure transmission*. I will make attempts at maintaining confidentiality on my computer but transmission and storage in computer networks implies some confidentiality risks. Your signature of receipt of this document signifies you have been warned of the risk of email communication. Please do not use email if that is of concern to you.

### **Choosing a Counselor**

You have the right to choose a counselor who best suits your needs and purposes. Should the need arise, we will work toward providing you with a different counselor who may be a more appropriate fit for your needs. At any time you may terminate therapy or seek a second opinion.

**Confidentiality**

There is a legal privilege in this state protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality. There are legal exceptions to confidentiality as defined by Washington’s RCW 18.19.180. The following situations are those in which the information you have shared with me may be shared with others.

- 1) The client gives written permission to share confidential information.
- 2) Anything communicated that reveals the contemplation or commission of a crime or harmful act.
- 3) If the client is a minor, and there is indication that she/he was the victim or subject of a crime.
- 4) Legal actions such as in response to a subpoena or if the client brings charges against the counselor.
- 5) Having reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a developmentally disabled person (as per RCW 26.44), or when there is a clear threat to do serious bodily harm to yourself or others.

When it is possible, we will discuss any exceptions to confidentiality as they arise.

**Supervision**

As a Licensed Mental Health Counselor Associate working toward obtaining the LMHC license in the State of Washington, all of my work may be reviewed by one or both of my supervisors: Dr. Stephanie Neill (phone: (206) 810-5745) or Cindy Wuflestad (phone: (425) 770-2114). This may include reviewing case notes as well as any audio/video recordings of our sessions.

**Consultations**

I regularly consult, in confidence, with other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas to help you reach your goals.

**Client’s Right to Professional Conduct**

According to Washington’s State Department of Health, counselors practicing counseling for a fee must be registered or certified with the department of health 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 implies the effectiveness of any treatment. The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is twofold: (1) To provide protection for public health and safety; and (2) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner as does the Revised Code of Washington RCW 18.130.180.

A pdf version of this brochure is available on the web at:

[https://fortress.wa.gov/doh/hpqa1/hps7/Hypnotherapist/documents/670001\\_Web\\_Counseling\\_or\\_Hypnotherapy\\_Clients.pdf](https://fortress.wa.gov/doh/hpqa1/hps7/Hypnotherapist/documents/670001_Web_Counseling_or_Hypnotherapy_Clients.pdf)

If you suspect that my conduct has been unprofessional you may contact my supervisor Dr. Neill at (206) 810-5745 or the Department of Health at (360) 236-4700 Mon-Fri 8:00 am - 5:00 pm or write to them at: Department of Health; Health Professions Quality Assurance; P.O. Box 47869; Olympia, WA 98504-7869

**Emergencies:** If you are in an emergency and cannot reach me, please call the following numbers for help:

**General Emergencies dial 911**

otherwise dial **The Crisis Line of King County**..... (206) 461.3222 or (866) 427-4747

or **The Crisis Line of Snohomish County**:..... (425) 258-4357 or (800) 584-3578

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*By signing below, I indicate I have read and understand the information presented in this three-page form:*

*Client Signature:* ----- *Date:* -----

*Print Name:* -----

*Therapist Signature:* ----- *Date:* -----

