

Jack Venbrux, MA, LMHC
Redeeming Hearts
Licensed Mental Health Counselor LH60249089

13901 NE 175th St., Suite C
Woodinville, WA 98072
Phone: (425) 275-2923

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 use three approaches toward treatment: Relational Therapy, CIMBS Therapy, and LifeSpan Integration Therapy. These therapies, though quite different in style, all require a therapeutic alliance in which we both work together toward achieving your therapeutic goals.

I believe many of our life struggles have been shaped by past relational experiences; therefore, I believe lasting changes generally occur by having new and healthier relational experiences. Relational Therapy seeks to provide healing relational experiences as we work together on your issues in therapy. (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 in relating to others outside of therapy. My style is influenced by some aspects of AEDP (Accelerated Experiential Dynamic Psychotherapy) developed by Dr. Diana Fosha. AEDP emphasizes paying attention to emotions. For more information see: <http://www.aedpinstitute.com/>. I also use a new therapy called CIMBS (Complex Integration of Multiple Brain Systems) in which we pay attention to your felt experiences. It is under development by Dr. Albert Sheldon and Beatriz Winstanley and is based on findings from neuroscience and clinical research. I find it often helps clients grow in their ability to express their feelings. For more information see: <http://complexintegrationmbs.com/>. My work is also influenced by some training in Somatic Transformation (Dr. Sharon Stanley), which emphasizes paying attention to how trauma is stored and released in our bodies. Sometimes I also use mindfulness practices.

LifeSpan Integration Therapy (LI) is also a rather new approach to therapy (by Peggy Pace, 2002) that is founded upon aspects of neuroscience. During a LifeSpan Integration Therapy session you will be internally reviewing images of your life. 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. More detailed information on LI may be obtained through the lifespan integration therapy website: <http://www.lifespanintegration.com>. If you have further questions about LI, please ask. Although there are over 800 therapists worldwide who have found LifeSpan Integration Therapy useful for many therapeutic issues it is still considered experimental. Everyone has slightly different responses to LI 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.

Therapy can be an up and down experience. There are no guarantees. There may be times when you feel encouraged and supported and other times you feel angry or sad. If ever you feel like what we are doing is not in keeping with your goals, or if 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 in recovery from various kinds of abuse.

Since graduating in 2007 I have attended seminars on understanding domestic violence, eating disorders, anxiety, attachment, serving our veterans, AEDP, CIMBS, LifeSpan Integration Therapy, trauma, neuroscience, and Somatic Transformation. During 2008 I worked for 3 months with children and families at Catholic Community Services in Everett. Prior to attending graduate school in Seattle I worked designing integrated circuits, mostly for space applications. My electrical engineering degrees are from the University of Idaho.

Fees, Scheduling and Note Taking

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. Fees for any continued therapy will be discussed during that session or during the following session. Appointments are generally made on a **regular weekly or bi-weekly basis**. My typical session time is a 50 minute session. If we need more time, we can try to allocate a 75 minute session, which can be useful when doing LifeSpan Integration Therapy. My rates are \$80.00 for a 50 minute session and \$100.00 for a 75 minute session. Payment for each session is due at the beginning of each therapy session unless other arrangements are made. I do take and keep notes of our sessions.

Occasionally I may need to adjust my fees due to inflation but I will provide you with a one-month advance notice, either verbally or in writing. Should we make an adjustment due to financial hardship that is lower than my regular therapy rates, those rate adjustments may reviewed every two months. I am able to be an "out of network provider" for most insurances. I can provide a receipt for services but you will be responsible for finding out your insurance requirements, fully paying me for the session, and for filing receipts. Insurance reimbursement is not guaranteed. Insurance use requires a diagnosis that becomes part of your clinical record.

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. If I miss a scheduled appointment without notifying you, I will make up the session with you without charge. **Because I am committing to holding your appointment time, you will be charged for any missed session unless you give at least 24 hours notice.** This protects my business but also might allow a client to have a session during that time. It also helps to discourage absences when therapy feels uncomfortable or challenging. I will allow for a \$10.00 fee reduction if during that 24-hour period you call me and cancel **before** our session time is to begin.

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. If you have questions or concerns, I invite you to ask.

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.

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. I also consult with my past supervisors: Dr Stephanie Neill and Cindy Wuflestad, MA, LMHC. At times I may ask to record our therapy sessions (audio or video) in order to allow me, or consultants, to review our session and further consider how to improve the therapy experience. Any recordings will, of course, only happen with your permission.

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. The state’s RCW 18.130.180 may be found at: <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130.180> If you suspect that my conduct has been unprofessional you may contact the Department of Health. Their phone number is (360) 236-4700 Mon-Fri 8:00 am - 5:00 pm or you may 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: **For general or life-threatening emergencies consider dialing 911 or going to your nearest emergency room, 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**

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:* -----