

## **Bob and Karin Matthews, PLLC**

### **Co-Therapy Counseling Disclosure Statement**

---

**Disclosure Statement:** This is a statement of your rights and responsibilities for our therapeutic relationship. Washington State law requires counselors to provide written disclosure of the following information to clients before counseling begins. Please read this statement thoroughly and then sign the consent for treatment on the last page. If you have any questions or concerns, please let us know and we will be happy to discuss them with you.

**Couples Counseling Process:** In couples counseling, the focus is on the couple as a system. We help our clients explore and understand the patterns in how they relate to each other. Our intention is to help each of our clients gain clarity on their deeper desires and provide tools to help our clients move towards greater health and happiness. Couples counseling requires the active involvement of both parties. You will be invited to work both during and between counseling sessions. In co-therapy, both Bob and Karin meet with you and your partner at the same time. We may also meet with either of the individuals separately for one or more sessions.

**Education and Experience:** Bob and Karin have both completed their Masters of Arts in Psychology through the LIOS Program of Saybrook University. We are Licensed Marriage and Family Therapists in Washington State. Karin's credential number is LF60862127. Bob's credential number is LF60887878.

Our training in Emotionally Focused Therapy for Couples (EFT) includes the EFT Externship, EFT Core Skills Advanced Training, several EFT Master Classes, and ongoing consultation with certified EFT supervisors and Master Trainers. Our training in the Psychobiological Approach to Couples Therapy (PACT) includes PACT Training Levels 1 & 2. Our training in Sex Therapy includes the Advanced Clinical Sexology course at Seattle Pacific University.

Karin is a non-practicing attorney in British Columbia, New York and Washington State. Any service provided in the course of therapy is not legal advice.

**Therapeutic Approach:** We work together as a co-therapy team to help couples who want more from their relationship: more connection, more harmony, more clarity, a stronger sense of both "me" and "we." Working together allows us to offer you the benefit of our diverse backgrounds and perspectives. In working with couples to move beyond entrenched patterns of distress, we primarily follow a model called Emotionally Focused Therapy (EFT). EFT is a structured yet deeply humanistic approach to improving relationships which has a strong, research-validated track record of positive results.

**Consultation:** In order to provide you with the best quality care, we seek consultation from other clinicians. In such consultations, we limit the information that we disclose to the minimum amount necessary to obtain effective clinical feedback.

**Fees:** Our fee for 75 minute sessions is \$240. Payment can be made by cash or check at the beginning of each session. Please make checks out to "Matthews PLLC". We may raise our fees over time – we will give you a minimum of two months' notice before doing so.

**Appointments and Cancellations:** If you miss a scheduled session with less than **2 business days' notice (48 hours) by confirmed phone or email**, you will be charged for that session. This does not include weekends (notice must be given on Thursday for a Monday appointment).

**Rights and Responsibilities:** Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As clients, you have certain rights that are important for you to know about because this is your therapy, and our goal is your wellbeing. There are also certain limitations to those rights that you should be aware of. As your therapists, we have corresponding responsibilities to you.

- If at any point you have questions or concerns about our relationship or the direction of our work together, please feel free to address these with us. You also have the right to a second opinion, a different approach, or a different therapist.
- Therapists can never have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the therapist's power.
- Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. You may feel worse before you feel better. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.
- You have the right to refuse any treatment you do not want, and the responsibility to choose a mental health provider and treatment modality which best suits your needs. You are also free to discuss your treatment with anyone you wish, and you do not have any responsibility to maintain confidentiality about your therapeutic experience since it is your right to decide what you want kept confidential.
- Therapy may also be ended under the following conditions:
  - You may give us notice in person, by phone or by email that you wish to terminate therapy.
  - If more than 2 therapy sessions are missed in a row without notice and mutual agreement, it will be deemed that you have terminated treatment.
  - If we determine that we are not able to help you because of the kind of problem you have or because my training and skills are not appropriate, you will be informed of this fact and referred to another therapist who may meet your needs.
  - If you do violence to, verbally or physically threaten or harass us or ask us to engage in any illegal conduct, you will be unilaterally and immediately terminated from treatment. Under this circumstance, a report may be filed with the police, and no referrals will be provided.

**Confidentiality:** Your participation in therapy, the content of our sessions, and any information you provide during our sessions is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which we may choose to, or be required to, disclose this information:

- If you give us written consent to have the information released to another party;
- In the case of your death or disability we may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against us;

- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If we reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;
- If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency;
- If we have any other legal duty, obligation, or right to report.

As mandated reporters, we are required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44 and suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

When we work with a couple, we consider the larger system to be the client. During the course of therapy, we may see one of the individuals separately for one or more sessions. Generally, these sessions are confidential in the sense that we will not release any confidential information to a third party unless we are required or allowed by law to do so or unless we have your written authorization. However, we may need to share information learned in an individual session with the couple. We will use our best judgment as to whether, when, and to what extent we will make disclosures to the couple, and will also, if appropriate, first give the individual being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist, other than one of us, who can treat you individually.

If you have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let us know. We will be happy to discuss this with you further.

For additional information regarding your confidentiality rights, please carefully review the separate HIPAA and Washington State Notice of Rights and Privacy Practices.

**Privacy & Client Records:** If you elect to communicate with us by email at some point in our work together, please be aware that we are not able to guarantee the confidentiality of email communications.

We request that you do not subpoena us or our records in any family court action.

We keep a client file detailing the counseling services we provide. You may ask to see and copy your client file with consent from your partner. We will not disclose your client file to others unless you both jointly consent and direct us to do so or unless the law authorizes or compels us to do so. There will be a fee for the copying of the client file. We retain client files for 5 years after the end of the therapeutic relationship, after which the client files will be destroyed.

**Social Media:** Accepting clients as friends or contacts on personal social networking sites has the potential to compromise confidentiality and our respective privacy. As such, we will not accept friend or contact requests from current or former clients on any personal social networking site. Regarding professional social media networking sites such as Facebook, Yelp,

or LinkedIn, we want you to be informed that if you like our page or connect with our professional social media you are potentially compromising your confidentiality as a client.

**Complaints/Unprofessional Conduct:** If you're unhappy with what's happening in therapy, we hope you'll talk about it with us directly so that we can respond to your concerns. We take your feedback seriously and with care and respect. If you suspect that our conduct has been unprofessional in any way, you may contact the Department of Health at the following address, phone number or email:

HSQA Complaint Intake  
PO Box 47857  
Olympia, WA 98504-7857  
Email: HSQUComplaintIntake@doh.wa.gov  
Phone: 360.236.4700  
Fax: 360.236.2626

**Emergencies:** We do not offer crisis response services. If you are experiencing an emergency, please call the Crisis Clinic 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.

**Contact Information:** Please feel free to leave messages for us at (206) 285-0171 or email us at info@bobandkarin.com. Our office is located at 1817 Queen Anne Ave N #303, Seattle, WA 98109.

### Consent for Treatment

With my signature, I acknowledge that I have read this disclosure statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I also acknowledge that I have received, read, and fully understand the separate HIPAA and Washington State Notice of Rights and Privacy Practices

I consent to co-therapy with Robert (Bob) Matthews and Karin Yeung Matthews, Licensed Marriage and Family Therapists, of Bob & Karin Matthews PLLC, according to the terms described above.

---

Client Name	Client Signature	Date
-------------	------------------	------

---

Client Name	Client Signature	Date
-------------	------------------	------

---

Robert (Bob) Matthews, LMFT LF60887878	Date
---	------

---

Karin Matthews, LMFT LF60862127	Date
------------------------------------	------