

Brittany Bruner, MA, LMFT, CMHS

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Disclosure Statement and Agreement for Therapy Services

Welcome! The purpose of this statement, and as required by WA state law, is to familiarize you with my qualifications, my approach to therapy, and the policies of my practice. Please read this entire document carefully and ask any questions you may have regarding the contents.

Professional Training and Licensure

My educational background includes a Masters Degree in Marriage and Family Therapy from Antioch University, received in 2010, and a Bachelors Degree in Psychology from Western Washington University, received in 2007. I am a Licensed Marriage and Family Therapist, license number LF 60357013. I am also a Child Mental Health Specialist. My professional experience includes working with adolescents in drug and alcohol treatment, severely mentally ill adults, as well as 5 years working in Community Mental Health with children and families. In 2016, I obtained an associate membership with Associates in Mental Health (AMH).

Therapeutic Approach and Treatment

My practice involves working with individuals, couples, families, and youth. My treatment approach draws from various theories including Family Systems, Cognitive Behavioral Therapy, and Mindfulness Practices, and is process and emotionally focused. I view each client, and the struggles they present with, as embedded within a larger family, community and cultural system. Your past history, as well as your present moment experience, are both important components of the work we will do together. It is important to me that your treatment be driven by what you are hoping to accomplish, and your full engagement it of utmost importance.

I strongly believe that mental and physical health support, and affect, one another. I am likely to ask about sleeping, eating, and exercise habits to best understand how these elements play a role in current issues. Therapy is a collaborative process between therapist and client, and is a unique relationship where we will discuss important themes, internal and interpersonal struggles, as well as successes in your life.

When you enter therapy, there are often certain expectations you are hoping will be met. We will be exploring various struggles, impasses, and ineffective patterns in your life, and through exploration, try to find new, healthier ways to approach relationships and challenges. Benefits may include reduction in stress and anxiety, feeling more content and confident, and having more meaningful, fulfilling relationships with others.

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In examining these themes, you may experience difficult emotions and memories that can be challenging to sit with. The process of therapy can evoke strong emotions such as sadness and grief, anger and fear. Even with hard work, sometimes therapy does not produce the results you had initially hoped for. If you are experiencing unsatisfactory feelings about your therapy experience, my hope is that we can have an open conversation, and find a solution that works best for you, whether that be a referral to a different therapist, or termination of treatment.

Payment Policies and Practice Standards

I believe it is important for clients to find the best fit for them in the therapeutic relationship as they embark on this journey so the initial 30 minute consultation is free. The fee for the initial intake and assessment is \$130 for a 75 minute session. My regular fee for service is \$115 per individual or family session. A session is 55-60 minutes. I currently accept some insurance plans. I also accept cash, checks and major credit cards. If paying out of pocket, or using insurance, all payments or copayments are due at the time of the session. A sliding scale is available on a limited basis if circumstances are such that you are not able to make the full payment, and an agreed upon session fee will be set during the initial consult. Fee:

If you plan to use your medical insurance to pay for services, it is your responsibility to know your insurance eligibility and benefits. You will need to know your co-pay, co-insurance and deductible amounts, and if your insurance requires authorization for mental health services. When you choose to use insurance, a diagnosis is required to be submitted, and will be a part of your medical record.

Keeping regularly scheduled appointments is important for the therapeutic process, and progress in treatment. If for some reason you are unable to keep a scheduled appointment, a 24 hour notice is required. If you are unable to give 24 hours notice, you will be responsible for the regular session fee, per our agreement. Please note, insurance companies do not cover payment for missed sessions and you will be responsible for the full amount. Client Initials:

If you need to discuss any issues on the phone between scheduled appointments, feel free to do so, and note that a fee will be charged for calls exceeding 15 minutes. For telephone calls between 16-30 minutes, you will be charged half of the regular fee; calls 31-60 minutes will be charged the regular agreed upon hourly fee. You may also send a brief email between sessions, but be aware that I can not ensure confidentiality with communication sent in this form. For all other outside meetings I may attend for care coordination, I charge \$140 per 60 minutes.

Confidentiality

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State law and professional ethics require all communications between us to be held in strict confidence unless you provide written permission to release information about your treatment. Exceptions to this confidentiality involve:

- 1) Suspected child abuse, elder abuse, or other dependent adult abuse.
- 2) If you are a danger to yourself or others.
- 3) If you are gravely mentally disabled and refuse appropriate treatment.
- 4) If a judge requires disclosure of your records.

In order to provide you with the best, most ethical treatment, I may consult with other mental health professionals in a consultation setting. During these exchanges, I will make every effort to protect your confidentiality. Other providers within AMH may also provide coverage when I am out of town. Some information may be shared with them so they are best able to assist you, if needed.

In a small community such as Bellingham, there may be situations where I may see you, or you and your family in a public setting. I will wait for you to greet me first, as I want to ensure your confidentiality. The therapeutic relationship is unique and different in that it is limited to therapist and client roles, and if we were to interact in other ways, this would be a “dual relationship.”

Client Rights and Emergencies

As a client, you have the right to choose a therapist who best suits your needs and goals. While working with me, you have the right to raise questions and concerns about the therapeutic process. If you believe I have engaged in unethical or unprofessional conduct, you have the right to report your concerns to the Department of Health by calling 360-236-4902.

The length of treatment will vary depending on goals you want to achieve in therapy, as well as progress made. This may be for a brief period of time, or sometimes therapy can last much longer. You may discontinue therapy at any time, or initiate a discussion about alternatives to your current treatment if you feel you are not benefitting.

You are welcome to leave a voicemail message, or email me at anytime. I am available to return messages Monday-Friday, 9am-6pm. If you need to reach me after regular business hours, please call the Associates in Mental Health answering service at (360) 715-2470. If they are unable to reach me, they will connect you with the AMH on-call therapist. In the event of an emergency involving a threat to your safety or the safety of others, please call 911 or go to the emergency room. The Volunteers of America offer a 24-hour Care Crisis Line at 1-800-584-3578.

Acknowledgement of Disclosure

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I have read this informed consent completely and have brought any questions I might have about it to my therapist. This agreement constitutes our professional contract. Any changes must be signed by both parties. I have a right to keep a copy of this contract.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Parent, Guardian, Partner)

Therapist Signature: _____ Date: _____