

**COUNSELING WEST SEATTLE**  
**Ernie McGarry, MC**  
**Licensed Mental Health Counselor**  
**Individual, Couple, Teen, Family Counseling**  
**206-300-4738**

**DISCLOSURE STATEMENT**

Thank you for choosing Counseling West Seattle for services. The following information is for Ernie McGarry and is provided to help you determine if my service as a therapist match your needs as a client. It contains information about my therapeutic philosophy, education, fees and your rights as a client. Please read the following and ask any questions that would help you determine whether working with us would be a good choice for you.

**INTRODUCTION**

Ernie McGarry is a licensed mental health counselor with the State of Washington (LH00006847). I received a Master of Counseling Degree from Seattle University. My Bachelor of Arts Degree is in Secondary Education from the University of Washington. I utilize my training as an educator and a therapist to help individuals, couples and families to find health, happiness and meaning in their lives.

**TREATMENT PHILOSOPHY**

I practice a collaborative style of therapy where client and therapist agree to enter into treatment together. In the first few sessions we determine the best course of treatment and the actual treatment steps. We work toward solution with evidence as basis for solution.

I was trained in multi-discipline therapy, which includes Person-Centered, Solution Focused, Transactional Analysis, Motivational Interviewing and Cognitive Behavioral approaches. I use these and other therapeutic approaches as appropriate in treatment. Please ask me about my education or treatment methods at any point in therapy.

I have a general practice working with individuals, couples, teens and families. I also have the specialty of working with clients who have substance abuse or dependence issues. Additionally, I work with clients who have Sports and Performance issues.

**APPOINTMENT AND FEES**

Therapy sessions are scheduled for: intakes of 60-75 minutes at \$175.00 and 50-60 minute sessions at \$150.00. Services provided involving legal circumstances or in accordance with court orders are charged at \$200 hour. I will notify you if I have to cancel or change appointments with 24 hours notice unless an emergency. **If you are unable to keep your appointment for any reason, you must give at least 24 hours advance notice, or you will be charged the full amount.** Please be aware that insurance companies do not reimburse for missed sessions. Payment is due at the time of service.

Occasionally I find it necessary to increase my fee. If this occurs during the client's treatment, he/she will be given a one month notice prior to the increase. If the client has any question regarding payments, I encourage him/her to ask.

### **INSURANCE INFO**

It is the member's responsibility to discover benefits prior to services. The contact number and/or website address are on the back side of your insurance card. Every insurance plan is unique, therefore when you contact member services you will want to ask specifically for outpatient mental health benefits, in network and/or out of network, number of visits allowed, annual deductible, and co-payment and/or co-insurance amounts, if applicable. On the second visit, if the client does not have the insurance information including the co-payment or deductible amount a retainer fee of \$150 will be collected. This amount will be used for co-payment or deductible or will be refunded to the client.

### **CONFIDENTIALITY**

I treat information exchanged between us as confidential. There are certain circumstances; however, under which information may be released. I may release such information when you provide me with a written RELEASE OF INFORMATION. I may also release information to a health care provider or insurance company who is providing treatment to you if that person needs to know that information. Under law, however, I am also required to release confidential information without your consent in special cases such as: suspected child or elder abuse; potential suicidal behavior by you; or threats of harm to another person. In addition, in certain select circumstances, my records are subject to subpoena and I may be required to release information without your consent.

### **CLIENT RECORD**

I do keep brief, written records of your treatment and the services that I provide to you. Under law, you may ask me to see and copy that record. You may ask me to correct the record, I will not disclose your records to others unless you direct me to do so or unless the law authorizes or compels me to do so. If you request records or written information to be released there will be a fee of \$50.00 for paperwork and time spent.

### **YOUR LEGAL PROTECTION**

You have the right both to receive appropriate care and treatment, and to refuse any proposed treatment. The State of Washington has asked all therapists to convey the following information to their clients: "Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

### **CRISES**

If you or your child is having a mental health crisis that **DOES NOT REPRESENT A SERIOUS THREAT TO YOU OR YOUR CHILD'S PERSONAL SAFETY OR THE SAFETY OF OTHERS**, leave a message and I'll call back as soon as possible. I check my voice mail frequently. If unable to reach me in person during a crisis, a call may be made to the Crisis Clinic's 24-hour hot line at 206-461-3222 or you may choose to go to the emergency room of a local hospital if appropriate. For any mental health crisis that **DOES REPRESENT A SERIOUS THREAT TO YOU OR YOUR CHILD'S PERSONAL SAFETY OR THE SAFETY OF OTHERS** call 911.