



# Anne Phillips Therapy & Consulting

[AnneLPhillips@gmail.com](mailto:AnneLPhillips@gmail.com) • [AnnePhillipsTherapy.com](http://AnnePhillipsTherapy.com)

753 N. 35th St #309 • Seattle WA 98103 • 206-297-5929

## DISCLOSURE STATEMENT

This disclosure statement and the Washington State Department of Health information titled, “Counseling or Hypnotherapy Clients” provides me important information about Anne Phillips Therapy & Consulting (Anne) professional psychotherapy services and office policies. I will ask questions about this information before signing this disclosure statement.

### **About your Therapist:**

Anne is a licensed mental health counselor with a Masters degree in Counseling Psychology from St. Martin’s University. She has over twenty years in the mental health field. Anne has been self-employed in private practice since 1998 working with individuals, relationships, and families. She’s taught at Seattle Central College, Pacific Oaks College, and St. Martin’s University. Additionally, she is conversationally fluent in American Sign Language.

### **Philosophy, Experience and Style:**

Anne offers a holistic approach to counseling which is grounded in psychodynamic, developmental and mind/body psychology. Her clinical, teaching and consulting experience includes working with the issues of power, conflict, communication, social justice, anger, depression, addictions, anxiety, anti-oppression, and human development. Anne works primarily with the modalities of Somatic Experiencing, Self-Relations, Family Systems, Developmental, Attachment theories, and the Enneagram.

### **Treatment Approach:**

Interactive psychotherapy is a collaborative effort between me and Anne, her style reflects this. Anne has a strong commitment to offering individuals, relationships, families, and professional clinical services designed to meet the my specific needs. To that end, Anne uses a variety of techniques in therapy, tailoring what she does to what she thinks will work best for me.

That said, as appropriate in her clinical judgment, Anne primarily use Somatic Experiencing<sup>®</sup> (SE), described below, either in a basic way to support stabilization or in a more in-depth way to work with stress, conflict and trauma. Anne frequently combines SE with multiple other techniques, modalities, and approaches.

SE is a naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine and is supported by research. It is based upon the observation that wild prey animals, though threatened routinely, are rarely traumatized. Animals in the wild utilize innate mechanisms to regulate the high levels of energy arousal associated with defensive survival behaviors. These mechanisms provide animals with a built-in “immunity” to trauma that enables them to return to normal in the aftermath of highly “charged” life-threatening experiences.

- SE employs awareness of body sensation to help people “renegotiate” and heal rather than re-live or re-enact trauma.
- SE's guidance of the bodily “felt sense” allows the highly aroused survival energies to be safely experienced and gradually discharged.
- SE may employ touch in support of the renegotiation process.
- SE “titrates” experience (breaks down into small, incremental steps), rather than evoking catharsis – which can overwhelm the regulatory mechanisms of the organism.

For more information about SE please see the last page on **Somatic Experiencing Resources**.

SE can result in a number of benefits to me such as relief of traumatic stress symptoms, increased resiliency, and resourcefulness. Like any other treatment it may also have unintended negative side effects, such as sleep disturbances, frightening memories, or unfamiliar and uncomfortable body sensations. Such reactions are not uncommon and can be attended to in the course of my work with Anne. If the side effects were to occur, they would be a part of a bigger picture of the healing process and would, in time, dissipate and metabolize into a healthier, strong psycho-biological system.

It is important I am aware there are other forms of body-oriented and somatic psychotherapy modalities that may also be helpful to me, such as EMDR, Sensorimotor Psychotherapy, or Generative Somatics. There are also many non-somatic focused forms of psychotherapy and counseling I can choose from.

Anne's education and training in SE includes participating in a three-year SE training. Anne has used SE in her practice since January 2015. She has taken additional workshops and trainings in SE, including about 100 hours of Kathy Kain's Touch Skills – the use of touch with trauma and supporting nervous system regulation. Anne has consulted with Somatic Experiencing Practitioners throughout her training and continues to seek consultation in order to provide the best treatment to her clients.

It is my responsibility to tell Anne if I am ever uncomfortable with any parts of the treatment. If I have any questions about SE or other treatments, I will ask and Anne will do her best to answer my questions. I have the right to refuse or terminate treatment at all times, or to refuse touch, SE techniques, or any other intervention Anne may propose or employ.

Ultimately, together Anne and I will gather my strengths and resources and address my unpleasant symptoms. Throughout my work I will have more skill and grace to meet myself and others in what was once before met with fight, flight or freeze responses. Many of Anne's clients find that their emotional range increases. With a renewed connection to my strengths, I will have more ability to listen to and work with these emotions that I have had difficulty welcoming. Anne and I will discern the sensations I feel/don't feel in my body due to stress and trauma. Using my emotions, mind, and body what I once experienced as anxiety and depression will have a different meaning and purpose. Although Anne cannot guarantee a particular outcome, she can say that she gives her full attention to working with me in a responsible, caring, thoughtful and professional manner.

Regardless of the length of my therapy, I am most likely to benefit with consistent attendance. At times I may feel ambivalent about my therapy as the process can sometimes be uncomfortable. These feelings are important to discuss in my sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult aspects of my life, I may experience uncomfortable feelings. While they may be initially uncomfortable, Anne and I will likely have a positive outcome and understanding of those feelings. Therapy often leads to better relationships, solutions to problems, and significant reductions in feelings of distress. However, there are no guarantees of what I will experience.

## **Confidentiality and Professional Record**

Information disclosed within sessions, including that of minors, is kept strictly confidential except when the following legal limitations apply:

- 1) Where there is a reasonable suspicion of child or elder abuse or neglect;
- 2) Where there is a reasonable suspicion that the client presents a danger of violence to others or where the client is likely to harm themselves unless protective measures are taken;
- 3) Pursuant to legal proceeding;
- 4) In the course of the therapist receiving regular professional consultation.

According to the standards of Anne's profession, if I utilize insurance, Anne will keep records of the mental health services she provides. If necessary, I may see, copy or correct that record. Anne does not disclose any records to others without my written consent, or unless Anne is mandated to do so by law. If I am interested in not having any records kept and I am not using insurance, Anne and I can discuss that as an option.

Anne welcomes feedback from me at any and all points of our work together. I am free to bring up any concerns or questions. These conversations are often a very important part of the therapeutic process. If I feel unsatisfied about our resolution or otherwise find it necessary to file a complaint, I may do so with the Washington State Department of Health, at (360) 236-4901.

My initials indicate my agreement to the statement below

Anne uses electronic means to communicate with clients including email. She also checks her email on her mobile device. While she has a security app for her mobile device, she cannot guarantee your confidentiality. My initials here indicate that I understand the risk and accept this risk when I contact Anne by electronic means.

If I do not accept this risk, I will only contact Anne by phone at (206) 297-5929 or by mail at 753 N. 35<sup>th</sup> St. #309 Seattle, WA 98103.

## Financial Policy Agreement

Therapeutic professional services are provided at a fee of \$185.00 for a 50-minute session for individuals and \$200.00 for relationships.

Clinical Supervision and Consulting services fee is \$250.00 an hour.

Payment for each session is expected at the time of services rendered, unless other arrangements are made in advance. If I am using my insurance provider, Anne can provide me with a superbill. Anne accepts cash, check, or credit card.

My initials indicate my agreement to the three statements below

I understand the fees for service and realize I am responsible for any amount not paid by my insurance company.

I understand I am expected to know what my mental health benefits are including the number of sessions or deductible.

I understand that Anne does not bill secondary insurance, and that I am responsible for the co-pay at time of service.

Other fees are as follows:

- **Report writing:** \$100.00 an hour.
- **Court appearance:** \$300.00 an hour billed from the time Anne leaves her office to the time she returns.

## Office Hours and Availability

My initials indicate my agreement to the two statements below

Office hours are by appointment only. I will provide at least 24 hours notice if I need to cancel or reschedule my appointment. Except in an emergency, I will be charged the full fee of the session if less than 24 hour notice is given. Anne cannot bill my insurance for a missed appointment.

Electronic communication such as email and texting are limited to scheduling appointments unless otherwise agreed upon in writing. If there is a clinical question or concern, I will contact Anne by calling (206) 297-5929. If there is no written consent between me and Anne, Anne will respond to my non-emergent concerns in session.

I agree to refrain from making contact with Anne using social media messaging systems such as Facebook Messenger or Twitter. These methods have very poor security and Anne is not prepared to watch them closely for important messages from me. I understand Anne's voicemail is confidential, only heard by Anne, and checked every 24 hours. If I have an emergency, I will call Anne's telephone number. I will leave Anne a message if she does not answer (see **Emergency Procedure** below).

## **Emergency Procedure**

Anne checks her telephone messages and email every business day. If I need to speak with Anne, I will call and leave detailed information of where and when Anne can reach me. Anne will call me back as soon as possible. In case of an emergency, I will call the Crisis line at (206) 461-3222, go to the nearest emergency room, or call 911. When I'm stabilized, I will call Anne's office number and leave her a message and contact number. Anne will contact me as soon as she is able. Anne does not carry a beeper nor does she provide 24-hour emergency call coverage. Anne will provide follow-up help as soon as possible. I will discuss with Anne any questions or concerns I have about this emergency policy.

I recognize that SMS (normal phone text messages) are not designed for emergency contact. SMS text messages occasionally get delayed and on rare occasions may be lost. I will refrain from using SMS as my sole method of communicating with Anne in emergencies. I am aware that there may be times when Anne is unable to receive or respond to messages, such as when she is out of cellular range or out of town.

## **Termination of Therapy**

Therapy is a joint effort between me and Anne. In order for the therapy to work, it is vital to keep the lines of communication open. I will talk to Anne about any concerns I have at any time during our work together. At any point in treatment, I have the right to terminate therapy and receive a referral to another therapist. I am aware that Anne also has the right to terminate therapy:

- 1) If a therapist feels that it is in the client's best interest to be treated by another professional who has specialized expertise in the area needed by the client;
- 2) If a therapist feels threatened by a client or the therapist is treated abusively by a client;
- 3) If a client repeatedly attempts to violate the boundaries of the therapeutic relationship;
- 4) If the therapist should lose objectivity; and lastly;
- 5) If a therapist is not paid for services.

Washington State Law requires that the following paragraphs appear on this disclosure statement:

"Counselors practicing counseling for a fee must be credentialed with the department of health for the protection of the public health and safety. Credentialing of an individual with the department of health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment."

"The purpose of the Counselor Credentialing Act, chapter 18.9 RCW, is to: (A) Provide protection for public health and safety; and (B) Empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct."

Anne affirms that she is a licensed mental health counselor in the state of Washington in good standing since 2001. Anne's license number is LH00005782.

My signature below indicates that I have read this disclosure statement and agree to enter therapy under these conditions. It indicates an understanding that I may stop therapy if I am not satisfied and/or that Anne may recommend stopping the therapy, if in her professional judgment, the therapy relationship is not working. I have read the above office, financial, and emergency policies. I understand these policies and agree to the conditions stated above.

If I decline to sign this agreement electronically, I will print it, sign manually, and deliver it to Anne.

I agree that the electronic signature appearing on this document is the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Client Signature:

Date:

Therapist Signature:

Date:

## **Somatic Experiencing Resources**

Keep this page for your reference.

Levine, P. and Frederick, A. (1997). *Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences*. Berkeley, CA: North Atlantic Books.

Levine, P. (2010). *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*. Berkeley, CA: North Atlantic Books.

For further references and information online about SE go to [www.traumahealing.org](http://www.traumahealing.org)