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PSYCHOTHERAPY INFORMED CONSENT DISCLOSURE STATEMENT

This statement is provided as required by law, to assist you in making an informed decision about your participation in the psychotherapy process.

WASHINGTON STATE LICENSE

Licensed Marriage and Family Therapist 020705 LF00001658
Licensed Mental Health Counselor 020703 LH00005176

PROFESSIONAL ORIENTATION

I consider myself psychodynamic and systemic in my philosophy of psychotherapy. I am most influenced by theories of Murray Bowen, Virginia Satir and Carl Whittaker. However, the methods I use to assist clients in the changes they want to make come from a wide variety of training and work experience over the last twenty five years.

Your reasons for seeking psychotherapy may be brief or situational such as a career or life stage transition or relationship conflict. They may also be more entrenched thought processes, beliefs and behavioral patterns which affect your important relationships and work. It is important to explore current concerns and relevant historical influences. Although there are common general patterns which apply to many people, your hopes, beliefs and life experiences are unique.

I work with individuals, couples, families, businesses and multicultural organizations. Both consultation and psychotherapy can be very rewarding but there are no guaranteed outcomes. If you have any concerns about the process, please discuss them with me. Should you feel I have not maintained professional standards, you may contact the Department of Health, HPQA, in Olympia, Washington. Tel 360 236 4700.

PROFESSIONAL TRAINING AND EDUCATION

My Master of Counseling degree is from Seattle University in Seattle, Washington, 1985. Concurrently, I completed a certification in Chemical Dependency Counseling. After graduate school I had two years of specialized clinical supervision to qualify for Clinical Membership in the American Association for Marriage and Family Therapy. In 1994 I successfully completed a two year program for senior clinicians in systems supervision and consultation through the American Association for Marriage and Family Therapy

As an educator, I have been adjunct faculty at Seattle University, Edmonds Community College, a Lecturer at University of Washington and Seattle Pacific University, and a consultant at the Nido de Aguilas International School in Santiago, Chile.

While employed as a mental health administrator, I developed and supervised Employee Assistance Programs, supervised clinicians, developed staff training and clinical programs. In South America I worked for the American Foreign Service and Puente Bretana Ltda, a group of consulting psychologists In

Santiago, Chile. In the last 15 years I have been in psychotherapy and consulting practice specializing in life transitions, multicultural, diversity and substance abuse recovery issues. I am an active participant in the American Association for Marriage and Family Therapy, The International Family Therapy Association, The World Trade Club, and FAUSA.

FEES AND APPOINTMENTS

Please consult me in person about my current hourly fee. Extended or brief appointments are billed pro rata. I do not charge for brief telephone calls. Telephone consultation longer than 15 minutes will be billed pro rata. Payment for service is to be paid at the time of service unless other arrangements are made. I directly bill some insurance companies for my services. If you wish, I will provide you with a statement which includes all information necessary for you to seek reimbursement from your insurance company. 24 hour notification of appointment cancellation is required or the full appointment fee will be charged.

CONFIDENTIALITY

The tradition of psychotherapist, client confidentiality is one I highly respect. Because I am a licensed Marriage and Family Therapist and Licensed Mental Health Counselor, it is also protected by law. I will not communicate with physicians, attorneys, family members or other professionals in your life without your written permission. The only exceptions to your right to confidentiality are when you, the client, are deemed to be; mentally incapacitated, an imminent threat to self or others, physically or sexually abusive to a minor child, elderly or disabled person. Should you choose to sign away your right to confidentiality to an attorney, insurance company, employer or other source, I cannot be held responsible for what that entity does with the information you give them access to.

CONSENT FOR SERVICES

My/Our signature(s) on this disclosure statement indicates I/We have read and understood the conditions of the consultation services outlined. I/We have had the opportunity to clarify any questions or agree to the terms described above before receiving services. I/We have been provided with a copy of this disclosure statement.

Client Signature _____ Date _____

Client Signature _____ Date _____

Therapist Signature _____ Date _____