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Child and Adolescent Disclosure Statement & Parental Consent for the Treatment of a Minor

Purpose of This Document:

The American Psychological Association as well as both State and Federal law require me to provide you with information intended to assist you in making informed choices concerning your child's therapy. You have the legal right and responsibility to choose a therapist and treatment philosophy that best suits your child's particular needs. Should you, at any time, have questions or concerns about your child's therapeutic care or the information contained in this document, please do not hesitate to discuss them with me.

While the age of consent for counseling/psychotherapy services in Washington State is 13 years old, it is my preference to obtain parental consent when possible. I have found that when parents/guardians are informed and supportive of their child's therapy, the more the client can benefit from therapy now and over the long-term.

Education, Training, and Experience:

I completed my undergraduate education at the University of Central Florida in 2004 with a Bachelor of Science in Psychology. During my undergraduate coursework, I worked as a counselor at a women's chemical dependency rehabilitation clinic serving both adolescents and adults in an individual and group capacity. In 2013, I received my Masters of Arts in Psychology with a focus in Existential-Phenomenology from Seattle University, one of only a few schools in the country that teaches this particular perspective. During my graduate coursework, I interned at Sound Mental Health working in adult services as well as children & family services outpatient treatment. Over the course of my work, I have had experience in and been drawn to issues surrounding relational conflict, trauma & post-traumatic stress, anxiety, depression, survivors of severe bullying, alienation & isolation, grief and loss, creative struggles, existential crises, personality disorders, major life transitions, crises of identity, microaggression and insidious trauma, addictions, and boredom/meaninglessness. I have experience leading and co-facilitating group sessions and am continually inspired by the power of community towards healing and recovery. Since 2014, I have been giving research-backed presentations at conventions related to harassment in online gaming communities, culture and identity in online gaming, and the importance of representation in media. Since 2016, I have been a part of an intensive Gestalt training community and have a passion for bringing the potency of this modality into my work. Additionally, I regularly seek inspiration, education, and training in order to grow as an individual and as a psychotherapist. As a result, I routinely attend relevant workshops and seminars as they become available.

Treatment Philosophy:

Above all, I feel the therapeutic process to be a unique, creative collaboration in which healing and growth are made possible through the shelter of a relationship where your child can feel

unconditionally safe and respected. Because of this, I place a great focus and importance on the therapy relationship and creating a supportive, non-judgmental environment in which your child can more comfortably and freely explore potentially uncomfortable or painful topics.

I choose to use an integrated therapeutic approach that is continually informed through a wide range of studies, but is always at the core client-centered and humanistic. This means that *I am concerned with your child's experiences as lived and understood by your child*. I will pay special attention to the internalized meanings that are carried from your child's experiences. These can illuminate their feelings about themselves and others, the quality of their relationships, as well as their fundamental ways of navigating the world around them. Additionally, we will explore how the world, as your child perceives and experiences it, impacts them and how they can impact their world in an effort to move towards positive change by building upon the strengths they already possess.

Please note that therapy is also a complex and non-linear process where ups and downs are more than common; they are an invaluable part of the growth and healing process. Take solace in that you are not in this alone. We are all partners in this process and I am committed to assisting your child and family throughout it.

Scheduling & Payment Policy:

I currently accept cash, credit cards, and personal check payments made payable to **Face the Sea, PLLC**. I can always provide a receipt for services upon request. My regular fee for therapy services is \$200 per 50-minute session for individual appointments and \$225 or \$360 for couples/family appointments per 50-minute session or 80-minute session, respectively. If there is ever a time when you believe you will be unable to manage the financial obligation of therapy, please feel free to discuss your particular situation with me. Additionally, since the parent or guardian of the client is the party most often responsible for payment, I am able to make alternative arrangements with you if you will not be transporting your child to/from sessions.

I am currently considered an out-of-network provider for all insurance plans. I can supply you with the appropriate documentation required for you to obtain reimbursement from your insurance carrier directly.

Payment is due in full at the beginning of each session and clients will be financially responsible for sessions cancelled with less than 48-hours notice. I will do my best to work with your schedule and offer alternative appointment times if you are unable to make your scheduled session. Lastly, I do occasionally take vacations and observe major holidays. I will always give you and your child advanced notice of any time I will be out of the office and together we will make the appropriate scheduling arrangements.

For Adolescent Clients

Confidentiality:

Any information you share with me, including the fact that you are or have been a therapy client, is protected under strict confidentiality regulations and guidelines. I will keep any information you share with me in our sessions confidential unless I have your written consent to disclose certain information to specific individuals or agencies. Please note that there are legal exceptions to this confidentiality. These exceptions are: 1) You tell me that you plan to commit suicide or otherwise

cause serious harm to yourself. In this case I must take the appropriate steps to protect you from harming yourself, which will include contacting a parent, guardian, and/or relevant agency and informing them. 2) You tell me that you plan to inflict serious harm or death to someone else and this person can be identified. In such a situation, I must contact a parent or guardian, the person you intend to harm, and/or an appropriate agency to protect both you and the person who you intend to harm. 3) You tell me that you are being neglected or abused (this includes physical, sexual, and emotional abuse) or that you have been in the past. In this case, I am legally required to contact Child Protective Services and report the abuse. 4) You tell me that you are doing things that could potentially cause serious harm to yourself or someone else. In such a circumstance, I will need to use my professional judgment to decide whether or not someone should be informed. 5) A request is made by a court of law for information about your therapy. Should this happen, I will not disclose any information without your written consent unless I am legally required to do so. If I am legally required to disclose information, I will keep you informed. Please be assured that I will do all I can to protect your confidentiality to the fullest extent possible.

Additionally, in an effort to provide the best possible care to you, I regularly meet with a licensed supervisor and am a member of a professional consultation group. Should I discuss our work together with my colleagues, I will maintain your confidentiality by discussing only the content of our sessions and omitting any details that could identify you.

Please see my Notices of Privacy Practices for more information on confidentiality.

Communication with Your Parent(s) or Guardian(s):

I will not share any specific information from our sessions with your parent(s) or guardian(s) except in the situations described above. This includes information you feel might be upsetting to your parents, but does not meet any of the exceptions to confidentiality noted. If at any time you have particular questions, feel free to discuss with me the types of information I would disclose. You can even ask me in the form of a hypothetical situation. For instance, "If someone told you , would you tell their parent(s)?"

There may be times when I feel that certain information would be important or beneficial for you to share with your parent(s) or guardian(s). In such a case, I would encourage you to communicate with your parent(s) directly and support you in finding the best way to talk with them *when you are ready*. Lastly, there may be times when I meet with your parent(s) or guardian(s) to check-in with them. When communicating with your parent(s) or guardian(s), I may discuss things using general terms, leaving out the specifics, in an effort to help them better understand how they can support you. *Before any communication with your parent(s) or guardian(s), I will always discuss the information with you first.*

About the Therapy Process:

Therapy is intended to assist you in identifying, coping with, and resolving problems. Ideally, it is also intended to help you better understand yourself and your relationships. Moreover, it is often beneficial to have someone with whom you feel comfortable to talk to openly and honestly.

Therapy is a unique and non-linear process that is different for every individual. There may be times when you feel intense emotions and as if things are regressing or getting worse. This is more than common; it is a valuable part of the overall process. It is in these places where our work can really show itself and positive change can be on the horizon. At the same time, we will work together to

keep you from feeling too intensely and becoming overwhelmed. I believe that our relationship is part of the work itself, so please always feel free to discuss your experience of the therapy process with me.

Urgent & Emergency Contacts:

You may call me at (206) 347-8559 and leave me a voicemail message at any time. I will do my best to get back to you within 24 hours. You may also contact me via e-mail at: stacey@facethesea.com, but please note that due to the nature of e-mail servers, there is no guarantee of confidentiality. For this reason, please try to keep any information sent via e-mail brief when possible.

I am not able to provide on-call crisis or emergency services. If you believe you are in crisis, please call one of the following numbers for immediate assistance:

General Emergencies: 911

24-hour Crisis Clinic: (800) 244-5767 or (206) 461-3222

Therapy Duration & Termination:

If you are 13 years old or older, you are legally able to give your consent for therapy in Washington state. This means that you have the freedom to make decisions about your therapy, including duration, termination, and therapeutic goals. You may engage in therapy for as long as you wish and you may withdraw from therapy at any time. I fully respect and support your right to make your own decisions in therapy. If you are thinking about withdrawing from therapy, I would only ask that we first discuss this in person.

As your parent(s) or guardian(s) are still legally responsible for you and your medical care, they will also be able to make decisions regarding whether or not you begin, continue, or withdraw from therapy. Whenever possible, I will honor *your* wishes in these matters as you are my client. However, in an effort to provide the best possible care to you, I will also take into account the feelings and decisions of your parent(s) or guardian(s).

If it has been four (4) consecutive weeks since our last contact and I have not heard from your parent(s) or guardian(s), I will accept this as notice that you no longer wish to continue therapy and our therapeutic relationship is terminated.

For the Parent(s) or Guardian(s) of Adolescent Clients**Confidentiality:**

As a parent or guardian of an adolescent receiving psychotherapy, I will involve you in helping your child to the fullest extent possible. Part of supporting your child through this time is respecting their right to confidentiality. The content of your child's sessions must be kept confidential in order for your child to confide in me. Regardless of treatment modality or therapeutic perspective, one of the biggest indicators of a successful therapy experience is a strong client-therapist bond. In the treatment of adolescents, there are many issues that I would not have the opportunity to address unless there was the appropriate level of trust in our relationship. I understand that it may be painful or anxiety-inducing to feel shut out of your child's life. Please know that I will work with your child to help them behave in ways that are not self-destructive, that are considerate of others, and that open up (rather than limit) possibilities for their future. If any issues surface where there is a serious, imminent danger to self or others, parents/guardians and/or the appropriate authorities will be

notified. If your child shares information with me that I feel it would be important for you to know, I will work with your child to decide on the most comfortable way for them to share this information with you when they are ready to do so.

Contact with Parent(s)/Guardian(s):

I consider all information presented in the course of therapy, from your child and you, confidential. Your contact with me is for the purpose of assisting and supporting your child's therapeutic process. Your child is my client, which over the course of therapy, is an important distinction to be aware of. This does not affect my consideration and respect for your beliefs, concerns, and hopes for your child. By law, information concerning a client's treatment or evaluation may be released only with the written consent of the individual being treated or their legal guardian. In the treatment of minors (under age 13), it is advisable to discuss the limits of confidentiality at the onset of therapy in order to reach an understanding that is agreeable to both parent(s) and child.

If at any time you believe that you might benefit from your own psychotherapy, I can provide you with appropriate referrals. Often the parent-child relationship can more fully flourish when the parent is being cared for in their own right.

Terminating Therapy:

For many reasons, it is therapeutically encouraged to terminate therapy with your child gradually over a number of sessions. Please let me know as soon as possible if you are thinking of withdrawing your child from therapy so that we may work together in supporting your child through the transition. Should you have any questions about the process of ending therapy, please feel free to discuss further with me.

State Information:

Counselors practicing counseling for a fee must be registered or licensed with the Department of Health. Registration of an individual with the Department of Health does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is: 1) to provide protection for public health and safety; and 2) to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

Unprofessional Conduct and Complaints:

If you suspect that my conduct has been harmful or unprofessional in any way and you do not feel safe to discuss it with me directly, please contact the Department of Health at (360) 664-9098 to formally register your complaint.

I have had an opportunity to review this document and have my questions, if any, answered. My signature below represents that I have read and understood the above Disclosure Statement. I may obtain a copy of this Disclosure Statement at any time from www.facethesea.com.

Client Name (print)

Client Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Stacey Weber, M.A., LMHC

Date