

COUNSELOR INFORMATION DISCLOSURE

Luis Javier Madrigal, MA
Licensed Mental Health Counselor Associate

Washington State law requires all counselors to provide clients the following information to assist you in making informed decisions regarding participation in counseling services. RCW 18.225.100

Confidentiality:

The laws of the State of Washington govern your rights of confidentiality. All information shared during a counseling session will be held in strict confidence and will be disclosed to other interested parties only with your consent, with certain exceptions. **I am required by law to reveal to appropriate persons or agencies the following: a) any communication that reveals a threat of imminent harm to the client or others, including child abuse or neglect: b) any communication which gives me reasonable cause to believe that a child or adult dependent or developmentally disabled person has suffered abuse or neglect: c) information which is ordered by a court of law (Washington DOH, 2007).**

Qualifications:

My education was in the Master's of Counseling program at Walla Walla University. The Counseling program at WWU includes a teaching clinic where I have done nine months of individual and couples counseling. Both that program and my internship at the Couple and Family Institute of Tri-Cities (CFIT) include videotaped sessions with clients that are used by my supervisor and myself to ensure you receive the best care possible. The videotaped sessions at CFIT will only be viewed by Dr. Carol Conrad and me for the purposes of supporting therapy.

Philosophy and Techniques:

I believe that as individuals, it is important to recognize the emotional, physical and spiritual dimensions of our beings. Biological factors, genetic makeup, environmental influences, developmental stages and individual choices contribute to our present situation and thus must all be considered in treatment planning. My technique is a more experiential and emotionally focused approach to treatment, meaning we work on the here and now, what is happening in your life and in this session and then weave these into the greater context of your life. My philosophy of counseling is that we together form a partnership to expand your possibilities for healing and growth by discovering who you are and what you want to achieve. My goal is for us to work together as a team to help meet your desired outcome.

Fees for services are listed on the fee Agreement. Please refer to this for further information. **Please note in the initial paperwork that late cancellations (less than 48 business hours) and failure to show will result in a charge.** I realize this may mean you get charged even if you are sick and physically unable to attend. In order to maintain my overhead, I must charge for slots I can not fill. My late fee only covers the bare minimum of the overhead.

Your signature indicates that you have read and understand the above disclosure and agree to its terms.

Client (13 and older) _____ Date _____

Witness _____ Date _____