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## **Professional Disclosure Statement**

*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.*

### **Qualifications:**

I graduated in 2006 with a Master's degree in Applied Psychology with an emphasis in Mental Health Counseling from Southern Oregon University. I am currently licensed in the state of Washington as a Licensed Mental Health Counselor (License #LH60884987). This licensure requires 100 hours of supervision as well as 3,000 hours of direct client contact. In addition, I am in the process of obtaining a Certificate in the Foundations of Existential-Humanistic Practice through the Existential-Humanistic Institute. This certificate will take approximately one year and include forty-five hours of training and consultation as well as class work, a practicum, and an evaluation by my instructor. I am also receiving training and supervision from Dr. Carol Conrad in the practice of Emotionally-Focused Individual Therapy. As part of this training, I attended a week-long, intensive EFT externship in 2015. Over the course of my counseling career, I have attended countless hours of continuing education in a variety of subjects such as trauma, PTSD, gambling addiction, childhood abuse, long-standing personality issues, anxiety, domestic violence, and depression.

### **Philosophy and Techniques:**

I love helping my clients live genuine lives in harmony with what they feel is best for themselves and their particular circumstances. I believe that by finding the areas in our lives that are stuck and removing the blocks that bind us, we can free ourselves to express our own truths and be more present in our lives. As a counselor, I am honored to accompany my clients on this journey.

The initial few sessions will be about getting to know each other as well as discovering your goals for therapy. Your goals will determine the likely duration of our time together.

My style of counseling is informed by several philosophies, including: humanistic, existential, psychodynamic, attachment, and experiential.

What this means is that I believe that all human beings instinctively know what healthy means for them and can reach their full potential if only they can discover what is keeping them from that goal. I also believe that many people seek counseling because of issues around certain givens of life, such as: loss, lack of meaning, separation or disconnection from others (or the self), and the anxiety of choice and the inevitability of "unchoosing" one thing in order to choose another.

I work primarily in the here-and-now experience, mirroring and bringing to light aspects of your life, your self, and your relationships that may be hidden or out of your awareness—the blocks, if you will. This process requires a focus on how *you* experience your world. We will access and examine your felt sense of the world so you can be more genuine within yourself and with others.

How we relate to others often stems from our earliest attachments and can sometimes be problematic as we grow and develop. Working together to bring these attachment concerns into the open can help you feel more engaged and connected with others. I believe the counseling relationship is often a reflection of the relationships

we have with others in the “outside world”, and one of the best ways to grasp how those interactions take place is to identify them in the moment in the interactions that happen between you and I.

**Fee Scale:**

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 hours) and failure to show for an appointment 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 cannot fill on short notice. My late fee only covers the bare minimum of the overhead as outlined on the Fee Agreement. Counseling sessions are available via Zoom; please ask about this as an option should you wish to pursue this.

**Confidentiality:**

Your right to privacy is governed by legal and ethical guidelines. The laws of the State of Washington govern your rights of confidentiality. All information shared during a counseling session, recorded by video, or written in case notes will be held in strict confidence and will only be disclosed to others with your express written permission, 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 yourself or others, including child abuse or neglect; b) any communication that gives me reason to believe a child, adult dependent, or developmentally disabled person has suffered abuse or neglect; c) information that is ordered by a court of law (Washington DOH, 2007).**

**Emergencies:**

**In case of an emergency please contact 911.  
Suicide Hotline 1-800-273-8255.  
Benton & Franklin Counties Crisis Response 1-509-783-0500.**

**Client Rights and Responsibilities:**

As a client, you are in complete control and may end your counseling relationship at any time. Your role in therapy is to: make a commitment to change and/or grow, take responsibility for your own life, set goals for therapy, and work on your goals between sessions.

**Potential Counseling Risks:**

While benefits are expected from therapy, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these changes may be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

**SIGNATURES:**

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

Client (13 and older) \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_

Tacy L. Muzzy \_\_\_\_\_ Date: \_\_\_\_\_