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New Growth Counseling Services  
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### **Clinician Disclosure Statement**

This disclosure statement provides information about me, my qualifications, and my services towards assisting you in choosing the treatment and the provider best suited to your needs. With that in mind, please carefully read the following disclosure statement about therapy services. Feel free to ask questions or discuss this information with me at any time. Now and at any point in the future you have the right to terminate treatment services.

## **Education, Training, and Licensure**

I am a Licensed Professional Counselor in the States of Washington and Texas. Washington license number, LH61159922 and Texas 73756. I am a practitioner in a group practice working primarily with individuals from adolescence to adulthood. I hold a Master's degree in counseling from Wayland Baptist University in 2014. My education and training is in a broad range of therapeutic approaches. However, I focus most of my practice on the delivery of evidence based informed treatments/modalities primarily within Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment (ACT), and Eye Movement Desensitization and Reprocessing.

## **Therapeutic Approach**

I view the therapy process as a collaborative effort between client (and/or family) and therapist. I strive to remain solution focused and strengths based. I focus on drawing out the strengths of individuals (and families) that can be used to address presenting problems. I am also trained in Eye Movement Desensitization and Reprocessing which was originally developed to treat reactions to traumatic situations and has also been used extensively to treat anxiety, depression and many other diagnoses. I incorporate CBT, DBT and ACT as appropriate for the client and circumstances. In addition to providing an empowering and supportive environment to discuss challenges in present and past, I am also committed to asking good questions and providing feedback to explore the relationships among thoughts, feelings, and behaviors with the aim to help clients strengthen understanding of connections between supportive versus unsupportive

psychosocial situations and habitual reactions towards increasing psychological and behavioral flexibility

### **What is typically involved?**

After the initial assessment, you and I will develop an individualized treatment plan/goals towards addressing the issues that you have identified as psychosocially challenging and a priority for you. In addition, other issues regarding life stressors, family conflict, difficulties stemming from developmental history, decisions, substance use/abuse, unresolved grief and loss, and difficulties with stage of life transitions may also become apparent during the assessment, which may involve referral to other providers. You and I will reach an agreement about what to focus upon during treatment before proceeding with the treatment. During therapy, areas of desired change will be identified and we will work collaboratively to develop an understanding of any strengths and barriers to change, as well as what strategies may help to promote change in the desired direction. These will be periodically reviewed related to status and progress towards your goals.

Therapy may involve helping you identify, develop, and implement more effective strategies for problem solving, healthier decision making, more adaptive coping, and healthier conflict resolution. I will often ask you to practice skills outside of our sessions as well as read or engage in other activities between sessions. Therapy is understood to be a choice you've made among the available options. Other options include: receiving therapy from another provider, using other therapies, using support groups, seeking self-help resources, and other modes of mental health related treatment.

You and I will initially meet weekly for sessions typically within 45 to 60 minutes in length. That said, the frequency of meetings and the duration of appointments will vary depending on a client's particular psychosocial symptoms, needs, and limitations.

## **Risks and Benefits**

Therapy can have both benefits and risks. Treatment requires active effort on your part. It is important for you to know that therapy often involves confronting and discussing difficult aspects and subject matter about yourself and your life. This process can at times be painful and usually involves time and hard work. Fortunately, this hard work is often associated with benefits. Much research has shown that many therapies are effective for a variety of

psychological problems. Some clients may only need a few sessions to achieve their goals while others may benefit from longer-term therapy depending on the psychosocial difficulties that they're experiencing. Although it is often helpful, not everyone will benefit from therapy. There are no guarantees of what you will experience or benefit through the counseling process.

It is important for you to choose a treatment provider carefully. If you have questions about processes or procedures, please ask. If you have concerns, please bring them up before difficulties arise. If you feel you would work better with another provider I can help with that referral process. Likewise, if I feel that I cannot help you or that you might be better served by another provider or agency type, I will also make and suggest those referrals.

## **Limits of Services**

I do not make assessments of fitness for duty/work, workers compensation, disability claims/benefits, legal/courts, forensic, substance use, or predictive assessments of any type. I also do not serve as an advocate on issues, act as an expert witness, or go to court as your advocate. I do not assess fitness for custody or make recommendations regarding parenting, guardianship, fitness of a parent, or of a person's capacity to live independently.

## **Legal Proceedings**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters of a personal and confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to, divorce, custody disputes, injuries, or lawsuits), neither you (client(s)), nor your attorney(s), nor anyone acting on your behalf will call on me to testify in court or at any other proceedings, nor will a disclosure of psychotherapy or counseling records be requested. Considering the above exclusions, upon your request, I will release a treatment summary to the agency/person you specify per a specific written release of information signed by you unless such a release of information might be harmful in any way or violates the privacy of another person. If subpoenaed or ordered by an authorized court of law health care professionals may be required to release client confidential information. Time for preparation and/or attendance in a court will be charged as permitted by law.

# **Record Keeping and Confidentiality**

State law requires that I keep a record of the services I provide you. To facilitate this process I take notes during the session. You may ask to see and copy your record. You may also request corrections if you believe something has been recorded in error. Information you share with me, and any record of that information, will be kept in strict confidence. I cannot disclose any information about you to anyone else, including the fact that you are in treatment, unless you give me permission to do so, or unless I am required to do so by law. This information is stored in our electronic health record.

# **Professional Consultation**

I participate in consultation with other New Growth therapists as needed, in weekly consultation with peers, and I reserve the right to contact other professionals as needed. In consultation, I do my best to avoid revealing client identity. To that end, I do not share client names or other identifying information. In addition, all consultants are legally bound to keep any information confidential.

# **Professional Boundaries**

I abide by the American Counseling Association Code of Ethics for my discipline, which precludes dual roles. Counselors are obligated to establish and maintain appropriate professional boundaries with clients. These relationships do not allow for business, social, sexual, or any other dual relationship that impairs clinical objectivity, effectiveness, or client's welfare. This includes present or past clients, client's close friends, and family members. The size of our community creates situations where you and I may be present in social situations or other places outside of my office. Due to confidentiality, I will not acknowledge the existence of the relationship outside of the therapy session unless initiated by you. We will discuss any potential situations and how we wish to handle them in our sessions.

# **Personal Conduct**

Everyone is expected to conduct themselves in a responsible manner. A session should not be held when anyone is under the influence of a nonprescription drug, alcohol, or medications that are a barrier to the therapeutic process.

# **Financial Information**

You received New Growth Counseling Services Office Disclosure which outlines New Growth's financial policies.

# **Questions or Concerns**

If at any point you have questions or concerns about the therapeutic relationship or the direction of our work together, please feel encouraged to bring this up with me.

In addition to this document, you received a copy of New Growth's Office Disclosure, which describes confidentiality and other information regarding appointments and policies specific to New Growth. You also have access to New Growth's Privacy Policies, which describes the limits of privacy and New Growth's cost sheet, which outlines the cost of services provided by New Growth.