

## Disclosure Statement

Frewin Hermer, LMFT  
LMFT State of WA # LF60282308  
(206)909-7510

*This paperwork has been prepared to inform the reader of the qualifications clients can expect from Frewin Hermer Therapy. Please note you will receive an electronic copy to sign once services begin, this document is for review only. Please do not hesitate to contact us with any questions.*

### Clients' Rights and HIPAA Authorization

The following specifies your rights about this authorization under the Health Insurance Portability and Accountability Act of 1996, as amended from time to time ("HIPAA").

#### Your rights as a client

1. Confidentiality: Our sessions are held in the strictest confidence, and no information can be released about you without your written permission. State law requires the following exceptions:

- a) when a client poses a clear and present danger to self or others, or is unable to provide minimal life-sustaining self-care;
- b) when a client reveals contemplation of a major crime or harmful act;
- c) when the counselor receives a court order to share information with a judge;
- d) if the therapist has a reasonable suspicion that a person under the age of 18, or a dependent adult (aged, or developmentally delayed) is or has been physically abused, sexually abused, or neglected. This report must occur within 48 hours of the counselor receiving such information.

Frewin Hermer meets regularly with peer consultants so that we may gain a better understanding of how we can work with our clients more effectively. In these consultations, the client's identity will be protected, as will unique identifying information. The other professionals t are bound to the same standards of confidentiality. If any of the consultants believe they recognize your story, they are bound to stop the consultation immediately.

2. Complaints: If you believe that the therapist has behaved in an unprofessional or unethical manner, please advise the therapist so that the problem can be clarified and resolved. If you feel that negotiation has not worked or is impossible, you may contact one or both of the following:

Department of Health Counselors Program  
HSQA Complaint Intake  
PO Box 47857  
Olympia, WA 98504-7857  
(360) 236-4700  
website: [www.doh.wa.gov/hsqa/Complaint.htm](http://www.doh.wa.gov/hsqa/Complaint.htm)  
email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

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Ethics Committee American Association for Marriage and Family Therapy  
112 South Alfred Street  
Alexandria, VA 22314-3061  
(202) 452-0109  
phone: (703) 838-9808 | fax: (703) 838-9805  
website: [www.amft.org](http://www.amft.org)

## Clients' Responsibilities

1. Scheduling: Consistency in keeping appointments is part of what makes therapy work. Frewin prefers to schedule weekly sessions. If we agree that you have a standing appointment at a certain time each week, another client will not be scheduled during that time, as long as you are attending regularly. If you have made an appointment and need to cancel it, you must let Frewin know 24 hours in advance, or you will be charged for that session.
2. Session length: Therapy sessions are fifty minutes for individual session and sixty minutes for couple and family sessions unless a different length of time has been negotiated in advance. If you arrive late for a session, you will be seen for the remaining time, and will be charged the full fee. If the therapist begins a session late, there will be a full fifty-minute session, the client will be charged a pro-rated fee, or subsequent (and proportionately longer) session will be scheduled.
3. Attendance: Most clients are seen on a weekly basis, which is recommended. If another arrangement is appropriate for you, please discuss this with your therapist. If the client would like to come on a less regular basis or has an inconsistent schedule week by week, openings will be offered when available. The therapist takes four weeks of vacation during the year, usually not more than two weeks at a time. You will have at least two weeks' notice of vacation schedules, and will often know about anticipated absences months in advance.
4. Termination: It is the therapist's philosophy that a therapeutic relationship should end in person. It is strongly recommended to schedule one to three sessions to complete therapy, and for your therapist to know about and work with the client's desire to end. Over the phone therapy or simply ceasing to attend appointments is not recommended. However, the client has the right, at any time in the therapeutic process, to ask for a change of direction, or to discontinue.
5. Temporary distress: Counseling can be difficult and even painful. At times discussing therapeutic material may leave the client feeling worse, or may make symptoms stronger. This is normal and even expected, please do not be alarmed, and please do keep your therapist abreast of how you are feeling. This information is important to ensure effective treatment.

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### Policies for Online Communication:

Email should only be used to arrange or modify appointments. Please do not email content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate by email, be aware that all emails are retained in the logs both the sender and receiver's internet service providers (ISP). While it is unlikely, email communication is possibly available to be read by system administrator(s) of the ISP. Measures will be taken to ensure email conversations remain private, any email communication becomes part of the client's legal record and the client voluntarily waives their right to privacy

Frewin does not accept friend or contact requests from current or former clients on any social or professional networking site. Adding clients as friends or contacts on these sites has the potential to compromise confidentiality and the respective privacy.

### Consent to treatment:

I affirm that prior to becoming a client I was given sufficient information to understand the nature of therapy, including the possible risks and benefits of therapy, and the nature of confidentiality. I consent to participate in evaluation and treatment and I understand that I may refuse services at any time. I am also aware that the therapist will periodically consult with other clinicians, as required, on client issues. My signature below affirms my informed and voluntary consent to receive therapy. With the understanding of the above information and conditions, I agree to participate in therapy.

Signature\_\_\_\_\_Date\_\_\_\_\_

Signature\_\_\_\_\_Date\_\_\_\_\_

Therapist's Signature\_\_\_\_\_Date\_\_\_\_\_

Frewin Hermer, MA , LMFT