

Therapist Disclosure Statement
Megan Maloney, MA, LMFT, MHP
(# LF60574190)

Psychotherapy

The goals of therapy are directed toward providing a positive and collaborative forum to ease presenting symptoms and draw on the individual's strengths and resilience to enable greater contentment and satisfaction in life.

Therapeutic Approach

The foundation from which I view issues is from a systems approach. Thus, my focus is on the relational context that each individual resides within. Additionally, I borrow ideas from Attachment and Cognitive Behavioral constructs when tailoring goals developed for each person's unique needs.

Education

MA, Applied Psychology/Emphasis on Marriage and Family Therapy, Antioch University, Seattle, WA

BA, Communications Sciences and Disorders, Western Washington University, Bellingham, WA

Confidentiality

All communications in the therapeutic setting are confidential and protected by law, except under the following circumstances:

Substantial intent to harm yourself or others, abuse of a minor, abuse of a vulnerable adult (i.e. developmentally disabled, elderly, etc.), court ordered and/or subpoenaed treatment records.

In the above mentioned circumstances, I have a legal and ethical duty to report.

Due to the growing nature of social networking websites, I will not respond to any contact on these websites (i.e. Facebook, Instagram, etc.) for the intent of protecting the confidential nature of our relationship.

Once per week or more, I may consult with a supervisor or case consultant. These meetings offer valuable ideas for the purpose of providing you the best service possible. All consultants are obliged by the same laws and ethical standards of confidentiality stated above.

Client Rights and Responsibilities

If, at any time in the course of therapy, you have questions or concerns about the therapeutic process, I encourage you to communicate them to me. If we cannot determine a mutually acceptable resolution to any concern, you may request a referral to another therapist without penalty. You also hold the right to submit a written and/or verbal complaint of the Washington State Department of Health if you feel that I have engaged in unprofessional conduct.

A list of these acts of unprofessional conduct are posted under **RCW 18.130.180** at <http://aapps.leg.wa.gov/RCW/default.aspx?cite=18.130.180> Or contact the Department of Health, Health Professions Quality Assurance at (360) 236-4700 or P.O. Box 47865 Olympia, WA 98504

Scheduling Appointments and After Hours Contact

Sessions may be scheduled by contacting Megan Maloney at (206) 818-5823. If you wish to speak with me between appointments, my direct phone number is (206) 818-5823. I check my voicemail regularly during normal business hours. If you are experiencing a clinical emergency and you have reached my voicemail, please hang up and contact 911 or the Crisis Clinic at (206) 461-3222.

Terminating Treatment

My goal is to assist you in obtaining your desired therapeutic outcomes. If you have any questions or concerns about any aspect of your therapy, please don't hesitate to discuss them with me. If you elect to terminate or suspend treatment, please discuss this decision with me so that we can bring closure to our work together. In our final session we can discuss the progress you have made and explore ways in which you can continue to utilize the skills and knowledge you have gained through your therapy. We can also discuss any referrals that you may require at that time.

I, _____, have read this disclosure statement, received a copy for my own records, and understand the material here within. I agree to accept treatment from the above mentioned therapist.

Client Signature

Date

Therapist Signature

Date