

Charlotte Malkmus, MA, LMHC

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Adult Psychotherapy Information Disclosure Statement

In the therapeutic relationship, both client and therapist have certain clearly defined rights and responsibilities. It is important that you know about these rights and responsibilities, and their limitations. Please read through this document thoroughly, feel free to ask me any questions, and sign it at the end.

I. Education, Training and Experience

I am a Washington State Licensed Mental Health Counselor with two decades of experience providing mental health services. I graduated in 2002 from Naropa University with a Master's degree in Contemplative Psychotherapy. Contemplative Psychotherapy combines traditional western approaches to mental health treatment with a more holistic approach that includes increasing your understanding of how your own mind works, also known as mindfulness. Mindfulness-based treatments have been increasingly studied in the west over the past 40 years and have been proven highly effective.

I got my start in the field in New York City, providing post-9/11 Crisis Counseling in the NYC public schools. I also worked as a senior counselor for the Infant and Child Learning Center at Downstate Medical Center, on both the New York State Early Intervention Program, and for the Safe Schools Healthy Students federal initiative. I served as Deputy Director of The Inner Resilience Program, and as group leader for The Billy Esposito Bereavement Center, both in Manhattan. I had a private psychotherapy practice in Brooklyn, NY, and I co-founded *Mindful Moms of Brooklyn*, a support group for new mothers. Currently, I serve on the faculty of the Seattle Psychoanalytic Society and Institute and as courtesy clinical faculty at the UW school of Medicine. I maintain a private practice in Tacoma.

I. II. Approach to Treatment

In most cases, I meet with people for psychotherapy on a weekly or twice-weekly basis. I also offer psychoanalysis, in which I meet with someone three to four times a week. Psychoanalysis is characterized by a greater depth and intensity than weekly psychotherapy, and patients in analysis may lie on the couch rather than sitting up face to face.

Whatever the frequency of sessions, my approach consists of the following qualities:

- **Strengths-focused:** Whether working with individuals, couples, or families, I take a strengths-focused approach, attending to people's inherent resilience and capacity for growth.
- **Mindfulness-oriented:** I encourage clients to cultivate an attitude of curiosity towards their experience rather than one of judgment, inviting people to treat themselves with compassion.
- **Embodied:** Many therapies treat people from the neck up, ignoring the body. My approach includes a focus on the connection between the mind and the body, which can be highly effective in helping people cope with issues such as severe stress and chronic pain.
- **Collaborative:** I view the psychotherapeutic relationship as a collaborative one, and encourage honesty and regular feedback from clients.
- **Culturally competent:** I am experienced working with people of diverse religious, ethnic, racial and socioeconomic backgrounds, gender identities and sexual orientations.

Resources such as books and articles relevant to a particular type of treatment may be recommended from time to time.

III. Confidentiality

What you and I discuss in your therapy sessions is completely confidential and protected by state law. This means that I cannot share any information about your treatment with anyone, including family members and other health professionals, without your written consent.

There are important exceptions to this law about which you should know:

- a) If you indicate serious intent to harm another person, I have a duty to warn that person and also to contact the police.
- b) If you indicate serious intent to harm yourself, I may legally break confidentiality and call the police or the county crisis team.

- c) If you indicate that you are abusing or neglecting a child or a vulnerable adult, or if you tell me of someone else who is doing this, I must inform Child or Adult Protective Services.

I would inform you if I felt I had to break our confidentiality for any of the above reasons.

IV. 48- hour cancellation policy

If you miss a session without canceling, or cancel with less than 48 hours' notice, you must pay for that session in full.

V. Fees and Insurance

The fee for therapy and consultation is \$150 per session, unless otherwise arranged. Sessions are 50 minutes in length and payments can be made weekly or monthly.

I am an in-network provider for First Choice Health Network, Kaiser Permanente (PPO only), and Premera. I'm an approved Out-of-Network provider for other companies., including Regence. You may ask me for a bill to submit to your insurance company for reimbursement.

VI. Phone calls, emails and texts

I use phone calls, texts and emails in-between sessions generally for scheduling purposes only. There is no way for me to guarantee your privacy if you email or text me with any private information. If you need to speak with me by phone, I will make every effort to return your call within 24 hours. If you find yourself in crisis and need to speak to someone right away, you can call the Pierce County Crisis Line: 800-576-7764.

VII. Complaints

If you are unhappy with what's happening in therapy, I invite you to speak with me about it. I assure you that I will take your complaint seriously and address your concerns with respect. If you believe that I've been unwilling to listen and respond, or that I've behaved unethically, you can bring your complaint to the state governing board for the health professions:

Department of Health
Health Systems Quality Assurance (HSQA)
Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857
360-236-4700
Email: HSQAComplaintIntake@doh.wa.gov

Client Consent to Treatment

I have read this disclosure statement and understand it. I understand my rights and responsibilities as a client, and the therapist's responsibilities to me. I consent to psychotherapy with Charlotte Malkmus, LMHC.

Signature of Patient/Client **Date**

Notice of Privacy Practices

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Charlotte Malkmus's Notice of Privacy Practices and ask questions.

Signature of Patient/Client **Date**