

REBUILDING HOPE
SEXUAL ASSAULT CENTER OF PIERCE COUNTY
THERAPY SERVICES
Therapist Disclosure Statement

Name: Stephanie Sacks

Title: Licensed Mental Health Counselor

Washington State Mental Health License Number: MH30003368

Education/Training/Experience:

M.A. in Psychology/Drama Therapy from The California Institute of Integral Studies; B.A. The Evergreen State College; Washington State Licensed Mental Health Counselor; National Certified Counselor; special training in working with abuse survivors, children, sexuality issues, expressive arts therapies and hypnotherapy.

Philosophy & Techniques:

You, your life experiences and various ways of coping deserve respect. Your counseling experience should be supportive, challenging and empowering. I believe that everyone can benefit from counseling at different points in their lives. My training and skills combine with a client's experiences and skills in order to create healing.

Course of Treatment:

After discussing your goals for treatment, we will discuss our mutual expectations of each other and how counseling might uniquely benefit you. I will be honest, supportive and always keep in mind your goals for yourself. It is your right to question, ask for clarification and state your wants and needs at any time during the process.

Counselors practicing counseling must be registered with the State of Washington Department of Health. Registration does not include a recognition of any practice standards nor necessarily imply effectiveness of any treatment.

To comply with state law, the following materials have been made available to the client: Washington State Department of Licensing Brochure, SACPC Policy & Disclosure Statement, Fee Contract and the Therapist's Disclosure Statement.

Client Name (Please Print)

Therapist Signature

Client Signature

Date