

Rebuilding Hope! Sexual Assault Center for Pierce County Therapist Disclosure Statement

Name: Hannah Roberts

Title: Therapy Intern

Education and Training: Currently pursuing a Master of Arts in Counseling Psychology with a Concentration in Abuse and Trauma at The Seattle School of Theology and Psychology; Bachelor in Psychology from Walla Walla University. Completed 32-hour course in Basic Sexual Assault Awareness Training (BSAAT) and 23-hour Therapist Core Training with the Washington Coalition of Sexual Assault Programs.

Philosophy and Techniques: My goal is to create a space where each client feels safe to explore their unique life experiences. You are deserving of safety, respect and support. I believe in providing trauma-informed care and working together towards healing and growth.

Course of Treatment: Our work together will be informed by your individual goals for therapy and collaboration on the courses of treatment that will help you achieve those goals. We will discuss your expectations for therapy and any questions you have throughout the process of therapy. I am committed to engaging in honest communication and maintaining a supportive and healing environment.

Confidentiality and Supervision: The services provided to you by Rebuilding Hope! are confidential. Please refer to the agency Policy and Disclosure Statement for more information regarding confidentiality. Because of my status as a therapist intern and not a licensed mental health counselor, I will be operating under the supervision of both Stephanie Sacks, LMHC, Clinical Director of Therapy Services and my professor at The Seattle School of Theology and Psychology, Dr. O'Donnell Day, LMHC. In order to assist me in better understanding your needs and developing beneficial treatment for us to pursue during therapy, I will receive supervision from these professionals and consultation from a student consultation group at the Seattle School of Theology and Psychology. My supervisor at Rebuilding Hope!, Stephanie Sachs, will have access to information about your case, including identifying information, so that she can provide me with the best possible supervision. However, no identifying information will be disclosed in any other supervision or consultation setting. I wish to respect your right to privacy and confidentiality to the best of my ability and I encourage you to ask any questions or express any concerns you may have. If at any time you wish to contact my supervisor, you are encouraged to call Stephanie Sacks at (253) 597-6424 ext. 2 or email her at stephanie@hopesacpc.org.

Counselors practicing counseling for a fee must be credentialed with the department of health for the protection of public health and safety. Credentialing of an individual with the department of health does not include a recognition of any practice standards, nor necessarily

imply the effectiveness of any treatment. The purpose of the Counselor Credentialing Act, chapter 18.19 RCW is to: provide protection for public health and safety and empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. Clients have the right to choose counselors who best suit their needs and purposes.

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

Client Name (Please Print)

Therapist Signature

Client Signature

Agency Supervisor Signature

Date