

Disclosure Statement

Alex Borton, MC, LMHC
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360-303-2981

It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, here is some basic information about me, and my therapy practice. Please read this information carefully and ask me to explain anything that you don't understand. This statement, in its entirety, serves as our agreement as therapist and client. You will be asked to sign it before we begin our therapy together.

Washington State Law requires that all therapists provide clients with this written information about their qualifications, treatment philosophy and methods, and service policies. Counselors practicing for a fee must be registered or certified with the Department of Health for protection of the public health and safety. The Department would like you to know that registration of practice standards does not necessarily imply the effectiveness of any treatment.

Education:

M.A. Applied Behavioral Science/Systems Counseling, LIOS/Bastyr University, 2008
B.A. Natural Science, Colgate University, 1991

Training and Certifications:

Washington State Licensed Mental Health Counselor, 2011, # LH 60263855
Intensive Foundational Training in Dialectical Behavior Therapy, 2013
Intensive Training in Emotion Focused Couples Counseling, 2011
Intensive Training in Functional Family Therapy, 2008

Philosophy and Approach:

I have experience counseling adolescents and adults in individual, couples and family sessions. I believe there is inherent strength and goodness within every human being, and seek to increase the accessibility of this wisdom. I approach therapy from an eclectic variety of perspectives including several strength-based, Family Systems and Cognitive and Behavioral Theories. This means that in any one moment I have access to a number of different ways to understand your situation and your experience. Generally, suffering is created by patterns of behaviors, thoughts and feelings that cause distress. These patterns can be either inside our own minds, or ways we interact with others. Together, we will work to understand these mal-adaptive patterns and replace them with ones that lead to more favorable experiences. I want to help you move toward more freedom, more choice, and more joy in your life.

The course of therapy is not linear and there are no guarantees of the outcome. However, many clients report that therapy improves their interpersonal relationships, improves their ability to find joy and satisfaction in their lives, and resolves the issues that originally brought them to therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. Things also might get worse before they get better as therapy requires uncovering core, painful parts of the self and requires a level of self-honesty that can be uncomfortable.

Choices Regarding Treatment

You have the right and responsibility to choose a counselor and treatment modality that best suits your needs and purposes. If you or I ever feel that our therapeutic relationship does not suit your needs, I will happily provide a referral to another appropriate mental health professional. You also have the right to refuse counseling, if you so desire; and to ask questions now or at any time in the future regarding this material and/or the services being provided to you.

Attendance

Attending scheduled appointments is critical to the success of counseling. If missed appointments become a concern, I will initiate a conversation about how to remain engaged in services.

Appointments / Cancellations:

- I request that if you need to change or cancel an appointment, that you call me at least 24 hours in advance of your appointment time. This ensures I can see other clients in the opening and can plan accordingly.
- For appointments that are not cancelled with a 24-hour notice, you may be charged for a full session. Please see my “**Financial Agreement**” form for details.
- Occasionally I may need to change an appointment time and will call you in advance to do so.

Confidentiality and Privacy:

I am bound by professional ethics to protect client rights to confidential communications in regards to their involvement in counseling. *All issues discussed in the course of counseling are strictly confidential.* By law, health care information pertaining to you may be released only with your written consent or the consent of a parent or guardian. For this reason, if you want me to release information about your participation in therapy, I will require a signed “Release of Information” from you. However, the law (RCW 18.19.180) provides **exceptions to client confidentiality** where *information may be released without your consent.* These exceptions are detailed in my “**Notices of Privacy Practices.**” Should disclosure of confidential information be necessary, I will work with you as respectfully and directly as possible.

Case Consultation

I am part of a number of clinical consultation teams. Good clinical practice requires occasional peer review and consultation. Please be aware that your case may be clinically reviewed in these or other professional consult settings. When consulting with other professionals I will be very careful not to disclose your identity. Please speak with me if you have concerns regarding this practice.

Electronic Communication

E-mail, cell phone and text communication can be accessed by unauthorized people. There is no way I can guarantee the privacy and confidentiality of such communication, including my own cell phone. As part of this contract, if you choose to communicate with me through text or e-mail or cell phone, you are agreeing not to hold me responsible for any breach of confidentiality that may occur by someone else accessing the information sent to or from me.

Texting:

I may respond to text messages for the purpose of scheduling changes only. I will not use texting for clinical issues and request you call if clinical support is needed.

Use of social media:

For your protection and confidentiality, I will not contact or “friend” you on Facebook or other forms of social media.

Credit cards:

I do accept credit cards and therefore need to inform you that to process your card I will be disclosing a minimal amount of information during the processing of the credit card, which will limit your confidentiality.

Emergencies/Phone Contact:

If you are unable to reach me when you feel the need for urgent help, you can call the crisis line at 1-800-584-3578 (24 hours a day, 365 days a year, toll free). If you are experiencing a life-threatening emergency, call 911 or go the nearest Emergency room.

Complaints

If you have any concerns about your experience, please discuss it with me. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857, 360-236-4700, HSQAComplaintIntake@doh.wa.gov.

Consent for Treatment

I have been given copies of Alex Borton's:

- Disclosure Statement (this document)
- Notice of Privacy Practices
- Financial Agreement

I have had the opportunity to ask any questions regarding this material and understand the information provided. I am of sound mind and body, participate voluntarily, and understand that I am personally responsible for my experience.

Yes, I consent to receiving treatment from Alex Borton, MA, LMHC.

No, I do not consent to receiving treatment from Alex Borton, MA, LMHC.

Client's Signature

Date

Client's Signature

Date

Parent/Guardian Signature

Date

Counselor's Signature

Date