

Tina Linares LMHC, MFT

www.TinaLinares.com

3010 Comanche Dr.

360-420-2093

Mount Vernon, WA 98273

DISCLOSURE STATEMENT

(PLEASE SIGN AND INITIAL)

State Certification

Mental health professionals practicing therapy for a fee must be licensed or under the supervision of licensed professional, with the Washington Department of Health for the protections of the public health and safety. I am licensed by the Department as a mental health counselor. My license number is LH60148459. Licensure indicates that a practitioner has met basic education, competency, and supervision standards; however, it does not endorse a practitioner's particular approach to therapy, nor does it imply the necessary effectiveness of that approach.

Professional Background

My educational background includes a bachelor's degree from Corban University, a master's degree in clinical psychology with an emphasis in marriage and family therapy from Chapman University. I have treated clients in a private practice setting, for 4 years.

Therapeutic Approach

My practice involves working with individuals, couples, and families. I generally describe my treatment approach as systemic and transpersonal, meaning that I try to understand human problems in terms of the complex set of psychological and social systems in which they are embedded. I emphasize interpersonal as well as intrapsychic understanding of personality organization and development, and stress the central role that relationship and family dynamics play in influencing behavior and attitudes.

I am likely to ask questions about your relationships with the important people in your life—past and present. I often explore significant themes in your life and in your family of origin and try to determine how these themes are manifested in your current attitudes and behaviors. I may give your personal feedback, ask clarifying questions, support you, or challenge you. I am also likely to assign homework or ask you to read an article/book/resource which I think might be helpful to you.

Length of treatment will vary according to the nature of your difficulties. Some treatment is very brief (several sessions 8-20) and sometimes I work with people for much longer periods. I generally suggest that we agree to meet weekly for three sessions and then decide on a treatment approach that makes the most sense to both of us.

Practice Standards

My fee for service is 125.00 dollars per session and is due at the time of the session. A session is 50 minutes _____ (initials)

Since regularly keeping appointments is essential to effective therapy, I emphasize the importance of attending all scheduled sessions. If for some reason you are unable to keep a scheduled appointment, I require 24 hours advance notice or you will be charged 35.00 dollar fee for the session _____ (initials).

If you need to discuss, clarify, or bring up any issues on the phone between appointments, please feel free to do so. For any call exceeding fifteen minutes, you will be charged for the additional time in quarter hour increments pro-rated on your regular fee. In addition, should an emergency arise between your scheduled appointments, please do not hesitate to call or email. I will call you back or respond within 24 or by my next regular business day. It is important to note that I do not provide direct on-call crisis services and may not be available. If you need immediate assistance please call the crisis line at 1-800-584-3578 or 911 _____ (initials).

Client Rights

As a client you have the right to choose a therapist who best suits your needs and goals. If you work with me, you have a right to raise questions about my therapeutic approach and to request a referral if you believe you might make more progress with another therapist.

You have the right to confidentiality. I am bound not to release any information to anyone without your written permission. The main exceptions to this are if you indicate that you (1) are involved in child or dependent adult abuse, or under the age of 18 and have been physically or sexually abused, (2) are a danger to yourself or others and refuse appropriate treatment or safety precautions _____ (initials). If you are seeking services with your partner or with other family members an additional confidentiality disclosure is required.

Acknowledgment of Disclosure

I understand the information and agree to the terms set forth in the above disclosure statement and have received a copy of this statement.

Client Signature/Parent or Guardian

Date