



Craig Stull, MA, LMHC, CDP
Psychotherapist
206.329.1660
www.counselorcraig.com

COUNSELOR DISCLOSURE STATEMENT

As a State licensed mental health provider (#LH00003470), it is my responsibility to inform you of your rights as a mental health consumer and to provide you with information related to my professional qualifications, therapeutic orientation, treatment methods, and business practices in order to assist you in selecting a counselor who best suits your needs and purposes. This document, in conjunction with those attached, is provided to you for this purpose.

Your Rights

As a mental health consumer, your rights have been safeguarded by passage of the Counselor Credentialing Act, legislation that both protects public health and safety and empowers you by establishing a complaint process should your counselor engage in acts of unprofessional conduct. The State also mandates that you be informed of statute RCW 18.19.060 that reads:

“Counselors practicing counseling for a fee must be registered or certified with the department of licensing for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.”

Professional Qualifications

I received my Masters degree in psychology from Seattle University in 1994 and am currently a licensed Washington State mental health counselor in good standing. While my private practice is primarily oriented toward providing psychotherapeutic services, I am also credentialed by the State as a Chemical Dependency Professional. I regularly participate in continuing education trainings to ensure that my skills remain sharp and up to date.

Orientation & Treatment Methods

I am formally schooled in Existential Phenomenological psychology which basically taught me to view psychological distress as fundamentally stemming from an individual's struggle to come to terms with such existential realities as the fact that we are each alone in our experience of the world, that we are singly accountable for the choices we make as we exercise our freedom, that life has no inherent purpose or meaning except that with which we imbue it, and that all things-- including cherished attachments, personal identity, and physical forms-- eventually undergo transformation via death or change. With this as my general theoretical foundation, my clinical style tends toward a client-centered, humanistic approach in which I struggle not to direct but to always respect the individual's own unique process. Consistent with this, I view my primary job as a therapist to be to facilitate a process of mindful self-examination that culminates in the creation of meaning or new understanding which I believe to be requisite to self-directed healing or change. This is achieved primarily through the cultivation of intentional awareness explicated via verbal reflection or dialogue, but may also include expression via artistic media and/or inter-session task assignments. The nature of my therapeutic inquiry is grounded in assumptions about the nature of human nature informed by readings in depth psychology, systems theory, and Buddhist psychology.

FEES & BUSINESS PRACTICES

My standard fee is \$165 for the initial session and \$125 for subsequent sessions. This charge is the same regardless of the number of persons present. Payment should be made at the time of service. ***If you are unable to keep your appointment for any reason, you must give at least 24 hours advance notice of cancellation. Otherwise, you will be personally responsible for paying the fee for that session.*** I am eligible for reimbursement under many insurance products. I generally bill third party payers directly. You are responsible for any charges not paid by your insurance. My fee is prorated for additional services such as report writing and extended phone calls. Should you

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1511 Third Ave, Suite 1000
Seattle, WA 98101

MAILING ADDRESS
PO Box 2862
Vashon, WA 98070

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9250 45th Ave SW
Seattle, WA 98136



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involve me in any legal proceedings you will be responsible for fees associated with my time as well as any professional or legal consultation I deem necessary in responding to legal matters.

Therapy sessions typically last for 45-50 minutes, leaving the balance of the hour for reflection, documentation and planning. Your appointment time is reserved exclusively for you. Therefore it is important that you be on time, as it is not usually possible to extend your session beyond the scheduled time.

My telephone service is equipped with confidential voice mail that I check regularly during normal business days. E-mail or text communications regarding appointments may be requested but is generally discouraged due to the potential for interception and limitations around timeliness. Any virtual communication of sensitive personal information may result in a breach of your confidentiality and is therefore at your own risk. When I am on vacation or out of town on business, you may ask for another therapist to be on call who will be available to see you if you desire. In the event that I am subject to a sudden illness or injury which prevents me from conducting my normal affairs, a professional colleague who is similarly committed to ensuring your confidentiality will notify you.

CONFIDENTIALITY

The accompanying *Notice of Privacy Practices* outlines your rights and my obligations regarding the confidentiality of the content of your psychotherapy sessions. In general, information may only be released to another party with a "Release of Information" request signed by you. Some exceptions to this policy include the following situations:

- If you threaten dangerous action or bodily harm to yourself or another, I am required by law to intervene.
- If you inform me of any current physical or sexual abuse, involving a minor, elderly adult or physically or mentally disabled person, I must notify the proper protective agencies.
- If I am served with a court order to release my records, I will vigorously endeavor and work with you to protect these records from unwarranted legal system intrusion.
- If you are engaged in conjoint counseling with a spouse, partner or family member, any individual communications may be shared with other counseling participants.

As the primary client, you have a right to see and copy your treatment record. You may also ask to correct the record. If your record contains information disclosed by a significant other interviewed during your absence from the session, this information cannot be released to you without that individual's written consent. I may charge a reasonable fee for photocopying any portion of your record.

ACKNOWLEDGMENT & CONSENT

My initials indicate that I have read and understood the information herein contained and that I have had an opportunity to review online the following additional documents:

- _____ Copy of this *Counselor Disclosure Statement*
- _____ Department of Health brochure, *Client & Counselor Responsibilities and Rights*
- _____ *Notice of Privacy Practices* (published 4/14/2003)

My/our signature(s) below indicates my/our informed and willful consent to treatment.

Client Signature _____
Date

Client Signature _____
Date

Therapist's Signature _____
Date

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