

Cynthia Benedict Goering, MA, LMHCA

6817 Greenwood Ave N

Seattle, WA 98103

206.229.9114

www.cynthiagoering.com

WA State Mental Health Counselor Associate License: MC60140954

Disclosure Statement

Before we start counseling it is both my desire and a requirement of Washington State law to provide you with the following information. Signing this form establishes our contract for therapy services.

Training and Degree

I received my Bachelor of Science degree in Physical Therapy. For several years I worked in acute care hospitals, rehabilitation facilities, skilled nursing facilities, outpatient clinics and in home health as a physical therapist with people of all ages. Later, I received my Master of Arts degree in Counseling Psychology.

Counseling Orientation

I view the counseling process as one that is based upon the formation of a dynamic alliance with you, the client(s), to explore the nature of your dissatisfaction or discontent. I believe that the struggles that bring us to therapy are often symptoms of deeper unsettledness. Thus to address the current symptoms of our distress we often need to look beneath the surface and reflect on our lives up to this point, and use that data to enhance our awareness and assist us in deliberately and consciously choosing who we want to be. I believe that relationships are immeasurably influential upon the development of our beliefs, ideas, thoughts, and choices. Via this approach we can explore the intricacies of these relationships and their influence on your specific struggles in an effort to find and address the sources of these struggles. We will explore how your way of relating contributes to the nature of your relationships, with the hope of cultivating awareness, acceptance, and volition. By seeking and attending to the source of your distress we will address the symptoms as well.

Our relationship is the primary context for change. My role as a therapist is to create a safe space for you to discover and live out your truest self. We will work together to identify fears and obstacles stemming from the present and the past that keep you from relating most authentically with others. Your ability to be open and honest with me will greatly enhance the effectiveness of your therapy. In addition, I believe that many issues that bring us to therapy have a physical component. In such cases, consultation with other health care practitioners will be advised. If at any point you have questions or concerns about our relationship or the direction of our work together, please feel free to address these with me.

Confidentiality

There is a legal privilege in the state of Washington protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality. There are legal **exceptions** to client confidentiality. The following situations are those in which the information you have shared with me may be shared with others:

1. If you sign a Consent to Release Information form.
2. If you are a minor, I may discuss with your parents or guardians some of the information from counseling. If you are a minor and a victim of a crime, I may testify at an inquiry concerning the crime.
3. If you and your partner are both seeing me for couples counseling, I may, at my discretion, discuss information with your spouse that you have revealed to me, unless you specifically indicate that certain information is confidential.
4. In the event of a medical emergency, information deemed necessary for treatment may be released.
5. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual(s) against whom a threat is made. A counselor is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act.
6. In the event of suspected abuse of a child, dependent adult or elder, proper authorities must be contacted. The abuse does not have to be personally witnessed by the counselor.
7. If you register a complaint with the Washington State Department of Health, information will be released as requested or required by the State to resolve the issue.
8. If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
9. If an attorney in the state of Washington duly subpoenas your records, they will be released unless you file a protection order within 14 days of the subpoena.
10. In the event of a client's death or disability, information will be released as authorized by the client's personal representative or beneficiary.

When it is possible, we will discuss any exceptions to confidentiality as they arise.

Choosing a Counselor and Termination

You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner, and you may terminate therapy at any time. It is every client's right to disengage from counseling with or without notice to the treatment provider. However, I request notification and recommend one final meeting to discuss termination as well as counseling goals and progress.

Consultations

I regularly consult with other professionals regarding clients with whom I am working. This allows me to serve you better, gaining other perspectives and ideas that may help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

