

**CYNTHIA H. WILSON**  
1836 Westlake Ave. N., Suite 300A  
Seattle, WA 98109  
(206) 795-6680  
[Cwilsoncounseling@comast.net](mailto:Cwilsoncounseling@comast.net)

### **Disclosure Statement and Counseling Agreement**

Welcome. My goal is to help clients make the changes they want to create lives that express who they truly are. Neuroscience shows that psychotherapy can rewire the brain, healing old wounds. These changes come from experiencing ourselves in new ways within the relationship we build with a therapist - rediscovering parts of ourselves we disowned as children; learning new skills to handle distress; creating healthier relationships; or gaining our own direct experience of the world, perhaps for the first time. I believe clients can make these changes only in a relationship that feels safe, accepting, and non-judgmental

Therefore, I view the counseling process as an opportunity to address your concerns through close collaboration. In other words, therapy is not a finished product I deliver and you receive as a passive consumer. It's an active exploration of what concerns you and what matters to you, and it yields the richest rewards when both of us are actively engaged.

My approach to therapy is to try to understand your world from your point of view. I don't view my clients as isolated individuals, but rather in relation – to family, to community, to society as a whole. Whatever your goals, I believe they must be considered within the multiple contexts where you live your life.

It's important to keep in mind that while therapy can offer great benefits, it also can be challenging to explore difficult feelings and memories. I will do all I can to help with the aspects of our work that may involve emotional pain.

I want you to understand the process of therapy, and to feel that you are making good progress toward your goals. You are entitled to refuse treatment at any time. If you do choose to engage in therapy, it is your responsibility to choose the counselor and the approach to treatment that suits you best. My hope is that you will complete therapy not only feeling happier and better able to function as you wish to in your everyday life, but also more focused on what you can do for the world.

## **Education and Experience**

I received my training in mental health counseling and therapy at Antioch University Seattle. I earned a B.A. in English Literature at the University of California and an M.A. in the same field at the University of Washington, where I taught for five years. I have been a journalist with *Newsweek Magazine* and the *Seattle Weekly*, and the writer and Marketing Director of The Northwest School. In addition to my private practice, I currently see clients at the YWCA/Pathways clinic in Lynnwood.

## **Your Rights as a Client**

**Confidentiality:** I am required by law and by professional ethics to keep anything you tell me private, and not to disclose that you are working with me, unless you ask me to do so in writing. Since I am working under supervision, I may need to share information about your case with my supervisor, who also is bound by law and professional ethics to honor your right to confidentiality. If you are seeing another therapist or health professional, it may be necessary for me to contact that person so we can coordinate our efforts to help you. If this occurs, I will ask for your written consent. In the event of your death, I may release information to your legal representative.

The laws of the State of Washington require the following exceptions to your right to confidentiality:

If I learn that a child, an elderly person, or a dependent adult is at risk of neglect or abuse, I am obligated to report this information.

If I believe you are a danger to yourself or others, I may interrupt potential suicidal behavior, and I must warn any third party that may be threatened with harm. This may include my knowing that you are HIV positive but unwilling to inform others with whom you have an intimate relationship.

If I receive a court order, I must provide the requested information. If you are in a lawsuit, the opposing side may subpoena your records.

If you bring a complaint against me with the Department of Health, you waive your right to confidentiality, and information regarding your treatment will be released.

**Access to Records:** You have the right to review your records at any time. I will be glad to explain the contents.

**Questions:** You have the right to ask for explanations of any part of the therapeutic process at any point during your treatment. The more you understand and participate, the greater the chance for progress.

**Termination:** You have the right to end therapy whenever you choose, with no financial or legal obligations beyond those already incurred. I have the right to end the process for the following reasons:

If I believe therapy no longer benefits you.

If I believe another professional can serve you better, or that the concerns you present are beyond my scope of competence.

If you have not paid for the last two sessions, unless we have made special arrangements.

If you have skipped your last two sessions and have not notified me.

If any of these conditions arise, I will inform you by certified letter and will supply names of other therapists.

If for some unforeseeable reason I cannot continue as your therapist, my colleague, Maura Freeman, will contact you to discuss how your needs can be met at that time.

**Complaints:** If you wish to lodge a complaint about my services, you may contact the Washington State Department of Health Counselor Program Division, Health Professions Quality Assurance, Customer Service Center, PO Box 47865, Olympia, WA 98504. [Hpqa.csc@doh.wa.gov](mailto:Hpqa.csc@doh.wa.gov). 360-236-4700.

## **Office Policy**

**Office Hours:** My private office hours are from 9:00 a.m. to 5 p.m., Wednesdays and Fridays. If you need to contact me between sessions, please leave a message and I will return your call as soon as possible.

**Fees:** Sessions are 50 minutes long and cost \$100. I have some limited-payment slots available. I ask that you pay by check at the beginning of each session.

**Insurance:** I am an out-of-network provider, which means I am not a member of any insurance boards. If you wish to be reimbursed by your insurance company, I can provide you with a monthly statement so you can bill your carrier.

**Cancellations:** Please give 24 hours' notice if you must miss a session, since other clients may wish to use that time. There will be a charge if I am not notified in time, unless there is an unforeseen cause, such as you or your child getting sick.

**Emergencies:** If you have an emergency, please state that in your message and I will return your call as soon as I can. If you are in crisis, please call 911 or the Crisis Line at 206-461-3222.

---

**I have read and discussed this disclosure statement with Cynthia Wilson. I understand its terms. I agree to initiate therapy and to work closely with this counselor to achieve my goals.**

---

Client

---

Date

---

Cynthia Wilson

---

Date