

## **Therapist Disclosure Statement**

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**Treatment Philosophy:** Since each individual is the expert on his or her own life and needs, the therapeutic process is shaped around the goals that you set for yourself, your relationship or your family. I use a collaborative and directive approach to help guide you in your journey of healing and growth. I pull from many theories in my work, but consistently work from an attachment perspective that is emotionally focused and informed by an internalized oppression model. I believe that family of origin experiences are an important influence on current relationship dynamics and behavioral patterns, so it is likely that we will spend some time exploring those experiences. Therapy can be a challenging endeavor and sometimes things feel worse before they get better, therefore commitment to the therapeutic process is an important part of reaching long term goals. I ultimately believe the most important healing tool that a therapist can provide is human connection, so I strive to create an authentic therapeutic environment and relationship that is a safe container where people feel seen, understood and supported. My hope is that, through the therapeutic process, you can grow to be more authentic and gracious with yourself and others, have more secure attachments in your relationships and have a greater sense of control and empowerment in your life.

**Education and Experience:** I received my Bachelor's degree in Psychology from Lee University in the state of Tennessee. I completed my Master's degree in Psychology with a clinical focus on the treatment of couples and families at Antioch University Seattle. My professional experience includes work with individuals and families as a case manager/advocate for the state of Tennessee, as a graduate assistant and therapist for the Antioch University Seattle Community Counseling and Psychology Clinic and a therapist on staff for a non-profit youth and family agency on Bainbridge Island. I am a licensed marriage and family therapist in the state of Washington. I currently see clients in my full time Seattle private practice.

**Fees and Scheduling :** My regular fee is \$110 per 55 minute session. I would like to make therapy as accessible as possible; I hold a limited amount of spots for sliding scale clients for whom my normal fee would lead to economic hardship. In that event, the cost for therapy will be specified at the beginning of treatment and documented below. The fee is set on the basis of a fifty- five minute session, unless otherwise specified. **Payment is due at the start of each session.** I use a third party biller for insurance claims and insurance related billing. If you are using insurance your information will be released to the biller and insurance company for billing purposes and you will receive invoices for copayments and coinsurance directly from the biller.

**Regardless of whether you are here to begin your session on time, I will need to end the session at the scheduled time. If I am late in beginning the session, I will make up the time with you.**

**When we make an appointment, I am committing to hold that time for you. If you are unable to keep your scheduled appointment for any reason, please give me at least 24 hours advance notice. Except**

**for emergencies, your regular fee will be charged for missed or cancelled appointments with less than 24 hours notice.**

**Communication:** I use a telephone voice mail service that will forward and confidentially record your messages. I typically check my messages once a day. You may also communicate via email, however I cannot guarantee the confidentiality of that type of communication and feel that it is your best interest to avoid communicating about sensitive information using that medium. In the event of an emergency or If you need immediate attention and I am unavailable, please call The Crisis Clinic at (206) 461-3222 (24 hours) or 911. I typically return calls and emails received on weekdays within 24 hours. Calls and emails received on weekends will be responded to on the next business day.

**Your Legal Rights, Including Privacy & Confidentiality :** You have the right to both receive appropriate care and treatment and to refuse any proposed treatment. You also have the right to confidentiality, including the fact that you are (or have been) a client, except as explained below. This right to privacy is your most important right as a client. All information that you discuss with me is confidential and will not be revealed to any other person or agency without your written permission. The exceptions to your right to privacy involve the following:

- A. Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult or a person with developmental disabilities;
- B. Where there is a clear threat to do serious bodily harm to yourself or others;
- C. In response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint or in response to a subpoena from a court of competent jurisdiction.

The releasing of information regarding your treatment to a third party requires that you sign a form authorizing me to disclose specific information. Any authorization to release information is time limited and can be revoked at any time during your treatment.

If I see you together with your partner or with other family members, confidentiality extends to all those involved in therapy and I will not release to third parties any information without first obtaining signed releases from everyone involved. However, I will not necessarily be bound by confidentiality in joint sessions with information I have obtained in individual sessions and discussions and I reserve the right to use my professional judgment about whether to maintain individual confidences between family members who are being seen together.

I do keep a record of services that I provide to you as well as notes to assist me in my work. You may request for record keeping to be limited to basic information, excluding session notes. You must fill out the appropriate form for that request to be valid. You have the right to review your record and also have a right to ask me to correct the record if you believe the information is in error. At your request, a copy of the corrections you make to the record will be placed with my notes.

Please note that individuals practicing counseling for a fee in Washington State, must be either registered or licensed through the Department of Health. The state credential does not include a recognition of any practice standards, nor does it necessarily imply the effectiveness of any treatment. The State's intent in regulating counselors is to provide a complaint process against those counselors who commit acts of unprofessional conduct as described by State law RCW 18.130.180. You can request

a copy of the acts of unprofessional conduct, or access this information on the computer at:  
<http://www.leg.wa.gov/wsladm/rcw.htm>

You may also contact the Department of Health at 360-236-4700, or write to the Department of Health at the following address:

Department of Health

Health Professionals Quality Assurance Division

PO Box 47869 Olympia, WA 98504-7869

**Termination :** You have the right to end treatment at any time and, unless otherwise specified, will decide how long treatment lasts. I reserve the right to refer you to a clinician that better suits your needs if I ever feel that your needs are beyond my scope of practice or if I feel that it is in your best interest to receive treatment from another clinician.