

## **STATE OF WASHINGTON DISCLOSURE STATEMENT**

Jessica K. Parker Counseling and Consulting, LLC (JKPCC)

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This statement provides information about the treatment provider and the treatment offered to assist the client in choosing the treatment, and the provider, which best suits their needs.

### **APPROACH TO TREATMENT**

As a healer, therapist, and consultant, I use a holistic approach to treatment. In therapy, I address the spiritual, soul, and physical needs to help you live peacefully in your own skin and in the relationships you have. I'll help you to see, consider, recognize, and gain insight into the cognitive (thought) and behavioral (action) issues that impact your life. I will help you to learn how to process time and live in time as unresolved issues in the past can adversely affect the present and cloud the future. I am passionate about mental health and helping you overcome challenges and gain courage.

I use a variety of mental health counseling techniques and interventions to best serve my clients and the problems they are experiencing so that they are empowered to overcome and have success. I stand on a foundation of strengths based Person Centered therapy using Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Existential Therapy, Gestalt Therapy, and Solution Focused Brief Therapy (SFBT). I also have education, training, and experience as a Christian Pastoral Counselor and Stevens Minister.

The initial intake session lasts 75 minutes. The purpose of the intake session is primarily to gain information about the current problem you are seeking treatment for, your current life circumstances and status, and your past psychosocial history. Psychosocial history may include, and is not limited by, childhood, family of origin, school history, employment/career history, and interpersonal relationships.

After the initial intake session we will develop a treatment plan indicating major goals and minor goals of therapy. We will discuss interventions and methods that may be useful during treatment, skill building, coping tools, how often we will meet, and when we will know that treatment is completed. When goals are reached we will discuss further need for treatment and/or will terminate services. When progress is not being made we will discuss transferring to another therapist and/or termination of services.

Important note: 13 is the legal age of consent for mental health counseling. Those who are 13 and older have the ability to choose to decide who is involved in their counseling services, as well as what information is given to others, including parents and caregivers. However, if there are safety concerns I will breach confidentiality. Releases of Information (ROI) will be signed by both parties when including and defining others' roles' in the 13+ child's treatment.

### **EDUCATION AND EXPERIENCE**

I earned all of my degrees through distance and online learning. Online learning is a challenge as you must be self-motivated, driven, and self-sufficient. I learned how to be both a teacher and a student. I earned my GED when I was 19 after taking the exam at the local Elk's Club. I started Ashworth College in 2001 earning an Associate's Degree in Psychology and graduating in 2005. During this time I attended school and had two daughters. For the next few years, I immersed myself in Christian Counseling and attending courses through the American Association of Christian Counselors. I took courses specific to Women's Issues, Sexual Addiction, Healthy Sexuality, Personality Disorders, Stress and Trauma, Anxiety and Panic Disorders, Adolescent Care, and Adult Care. I was actively

engaged in my church and joined prison/jail ministry teams, would go house to house to pray and counsel, and became a Stephens' Minister. At one point I was a licensed and ordained minister. I went To Liberty University to earn my Bachelor of Science in Psychology in 2010. From there I rolled directly into their Masters of Professional Counseling program, completed my counseling internship at a local community mental health agency, passed the National Counselor Exam with flying colors, and graduated in 2013.

I held Agency Affiliated Counseling status for the next two years under clinical supervision. I became a fully licensed mental health counselor in the State of Washington in 2015 and my license number is LH60588445. I also fulfilled the State of Washington requirements to become a Clinical Supervisor. In addition to my counseling license, I also earned specialized credentialing as a Child Mental Health Specialist (CMHS), Disability Mental Health Specialist (DMHS), and Geriatric Mental Health Specialist (GMHS).

After earning my professional counseling degrees and specializations and practicing in community mental health roles I made the decision to go back to university to earn my Doctorate of Philosophy in Psychology. I attended Walden University from 2016-2020 earning a Master's in Philosophy in 2019 and earning my Ph.D. in Psychology in 2020. My dissertation is titled: "Clinicians' perspectives in distinguishing between religious/spiritual and psychotic phenomena."

### **CONFIDENTIALITY AND RELEASE OF INFORMATION**

I understand that my records are protected under Washington State Law RCW 70.02 and by HIPAA Federal Regulations 45 CFR, Parts, 160 and 164 as well as Federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2. Jessica K. Parker Counseling and Consulting LLC will disclose health care information without the client's authorization only to the extent required by law.

When family therapy is provided, the Client (aged 13 or over) or their parent/legal guardian (when under 13) will sign a Release of Information Authorization form on behalf of all participants in the therapy sessions. Confidential information will only be released in accordance with federal (HIPAA 45 CFR, Parts 160 and 164, 42 CFR, Part 2) and state (RCW 70.02) laws regarding disclosure of health information. Sensitive information regarding family members' mental health, chemical dependency and/or sexually transmitted disease will be reviewed for redaction before release.

To maintain a sharp clinical edge, I regularly consult with colleagues, peers, and supervisors. If I discuss our work together no personal information will be given.

### **This confidentiality has the following exceptions as provided by law**

In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individual must be contacted. This may include the individual against whom the threat is made. In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.

In the event that you bring a complaint against me with the State of Washington Department of Health, information will be released. In the event that your records are subpoenaed by a judge or judicial officer, information must be released. In the event that your records are subpoenaed by a lawyer in the State of Washington, they will be released unless you file a Protection Order. In the event of the client's death or disability, the information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.

In the event of the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriate authorities. In the case of a minor client, information indicating that the client was a victim of a crime may be released to the proper authorities.

For purposes of an audit either by third party payers, outside funders or the State Department of Mental Health for state licensing review, information will be released. In the event of a medical emergency, emergency personnel or services may be given necessary information.

**NOTICE TO CLIENTS**

As required by RCW 18.19.060, this will inform clients of licensed or registered counselors in the State of Washington that they may file a complaint with the Department of Health at any time they believe a therapist has demonstrated unprofessional conduct. Therapists practicing therapy for a fee must be registered or licensed with the Department of Health for protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, or necessarily imply the effectiveness of any treatment. It is every client's right to discontinue treatment at any time, with or without notice to the treatment provider. Questions or complaints may be directed to Department of Health, Health Professionals Quality Assurance, P.O. Box 47868, Olympia, WA 98504-7869, (360) 236-4700.

Consumer Rights Washington State Law provides that as a consumer: You have the right to be treated with respect and dignity. You have the right to develop a plan of care and services that meets your unique needs. You have the right to refuse any proposed treatment, consistent with the requirements in the Involuntary Treatment Acts, Chapters 71.05 and 71.34 RCW. You have the right to receive care which does not discriminate you, and is sensitive to your gender, race, national origin, language, age, disabilities and sexual orientation. You have the right to be free of any sexual exploitation or harassment. You have the right to receive an explanation of all medications prescribed, including expected effect and possible side effects. You have the right to review your clinical record and be given an opportunity to make amendments or corrections. You have the right to confidentiality, as described in relevant statutes (Chapters 70.02, 71.05, and 71.34 RCW) and regulations (Chapters 275-54 and 275-55 WAC and this chapter.) You have the right to lodge a complaint or grievance; you shall be free of any act of retaliation. The ombudsperson may, at your request, assist you in filling a grievance. The Ombudsperson's phone number is: (253) 302-5311 or toll free at 1-800-531-0508 or TDD at 1-800-531-0508.

The client, as evidenced by the signature below, has read and understands all of the statements on this Disclosure and Consumer Rights Statement. A copy of this Disclosure and Consumer Rights Statement has been provided to the client.

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Client Signature and date

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Parent/Guardian Signature and date

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Therapist Signature Date