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Office Hours: Mon-Fri 5- 9pm, Sun 11- 4pm

DISCLOSURE STATEMENT & INFORMED CONSENT

WELCOME! This document contains important information about my therapy practice and business policy. It outlines what you can expect from me as your therapist, and your rights and responsibilities as the client. Provision of the following information and written acknowledgment of its receipt are required by Washington state law. If you have any questions or concerns regarding this information, please ask me at any time.

PARTICIPATION IN THERAPY You are agreeing to enter into a treatment relationship with Meagan M. Hyde, a Licensed Marriage and Family Therapist Associate. My goal is to provide a space for you to feel safe sharing your personal and private information with me, in a confidential and therapeutic environment. *Your participation in this process is completely voluntary*; you may stop at any time, withdraw or refuse to take part in any activity, or request a referral to another professional.

EDUCATION AND TRAINING I received my education and training as a Marriage and Family Therapist from Seattle Pacific University, where I earned my Master's in Science degree in Marriage and Family Therapy. I hold a Bachelor's of Science degree from the University of Oregon, where I majored in Psychology. I received advanced clinical training in Gottman Method Couples Therapy from The Gottman Institute where I was previously employed. I am a certified PREPARE/ENRICH facilitator and a Certified Educator through The Gottman Institute for *the Bringing Baby Home* and *7 Principles for Making Marriage Work* programs. I am a pre-Clinical fellow with both the American Association of Marriage and Family Therapy and the Washington Association of Marriage and Family Therapy. My experience includes working with individuals, families and couples, practicing as a marriage and family therapist since 2010. My primary clinical focus and continuing education training is working with couples and individuals seeking change and growth in their relationships.

THEORETICAL ORIENTATION AND APPROACH TO THERAPY Every relationship consists of unique individuals, coming together to create a unique bond. I do not

presume to know more about your relationship than you do, therefore, I take a collaborative approach to therapy with my clients. Open communication throughout the course of therapy will be the most important piece of our work together. If you have any questions or concerns about the course of treatment along the way, please bring them up in session so we can address them together.

Gottman Method Couples Therapy (GMCT) I use Gottman Method Couples Therapy in my work with couples. This method is based on Dr. Gottman's research that began in the 1970's and continues to this day. The research has focused on what makes relationships succeed or fail. From this research, Drs. John and Julie Gottman have created a method of therapy that emphasizes a "nuts-and-bolts" approach to improving clients' relationships.

This therapy is a structured, goal-oriented, scientifically-based therapy. Using this method, we focus on emotion, skill-building for managing conflict, developing new skills for enhancing friendship, and helping the couple to create a system of shared meaning together.

Intervention strategies are based upon empirical data from Dr. Gottman's four decades of research with more than 3,000 couples. This research shows what actually works to help couples achieve healthy long-lasting relationships. Using research-based interventions and exercises, I help couples break through barriers to achieve greater understanding, connection, and intimacy in their relationships.

This method of therapy was developed from the research, to help you and your partner or spouse:

- Increase respect, affection, and closeness
- Break through and resolve conflict when you feel stuck
- Generate greater understanding between you and your partner
- Keep conflict discussion calm
- Maintain improvements in your relationship

The course of therapy typically consists of an initial phase for assessment, followed by subsequent treatment sessions, usually on a weekly or bi-weekly basis.

In the first sessions we will talk about the history of your relationship, areas of concern, and goals for treatment. After the first session, I will ask you to complete a comprehensive assessment of your relationship. Completing the assessments generally takes between 1-3 hours to complete, but gathers essential information for me to better understand your relationship.

In the next session, I will meet with each of you individually to learn about your personal histories and to give each of you an opportunity to share thoughts, feelings, and perceptions. This will be followed by the final session of assessment where I will share with you my recommendations for treatment and work to define mutually agreed upon goals for therapy. The length of therapy will be determined by your specific needs and goals, which will be assessed on an ongoing basis.

Please note that while I have completed advanced training in the Gottman Method Couples Therapy, please note that I am completely independent in providing you with clinical services and I am fully responsible for these services. *The Gottman Institute or its agents have no responsibility for the services you receive.*

PROFESSIONAL FEES

Individual Therapy:

My standard fee is \$120 per 50 min session and \$150 for an 80 min session.

*Couple Therapy: **

My standard fee is \$150 for a 50 min session and \$225 for an 80 min session.

**Assessment and Evaluation for Couples:*

The first four assessment sessions are scheduled for 80 min each. There is a lot of information to gather and this time is essential to honor the complexity of your unique relationship and adequately address your concerns. I charge a flat fee of \$225 for the assessment. This covers the cost of the Gottman Relationship Checkup online questionnaire, plus my time outside of session to synthesize all the information obtained from our first three sessions, along with the results of the online assessment. We go over the results during the last assessment session, discussing goals for treatment and prioritization of identified goals.

Additional services:

I charge my individual hourly fee for other professional services you may need, at a prorated cost for periods of less than one hour. This includes telephone conversations

lasting longer than 10 minutes or time spent performing any other service you have requested and I have agreed to provide you. If you become involved in any legal proceedings that require my participation, you will be expected to pay for my professional time, even if I am called to testify by another party.

PAYMENT Payment is appreciated at the beginning of each session. This provides us with adequate time at the end of session for wrapping up and if you do not have a reserved time slot, scheduling our next appointment together. Cash, check or credit cards are accepted forms of payment.

I maintain a limited number of appointments at a sliding-scale rate for clients who are experiencing financial hardship. These slots are given on a first come, first served basis and must be arranged in advance. Additionally, in order to serve the most clients possible, if you miss two appointments without prior arrangement, your financial hardship slot can be forfeited and opened up for someone else.

INSURANCE I operate a fee-for-service practice. This means I do not bill your insurance, nor do I receive payment from your insurance company. For insurance purposes, I am considered an Out-of-Network provider. Depending on your plan's coverage, you may be eligible for partial financial reimbursement for counseling services. Please note that in order to receive reimbursement, insurance companies require me to give you a diagnosis. This becomes part of your personal record on file with the insurance company. Most insurance plans do not cover couples counseling at this time.

It is up to you to understand the extent and limitations of your health insurance plan and coverage. Please check with your insurance provider about your coverage for out-of-network providers and their services in order to best understand the financial investment you are making for therapy.

Please let me know in advance if you would like a receipt to submit to your insurance company. Receipts are provided on a quarterly basis unless requested otherwise.

YOUR RIGHTS AS A CLIENT

Influencing the Course of Therapy I expect my clients to take an active role in the therapy process. Our work will be both dyadic and triadic at times. However, my goal is to help guide you through the exercises, and empower you to engage with one another as much as possible so that you are able to integrate the skills you have learned in session to be used and practiced outside of our time together.

Confidentiality Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client.

In unusual circumstances, confidentiality may be legally required to be broken, and information released to the proper authorities. These exceptions to confidentiality are in place to protect the safety of you and others. State Law requires the following exceptions:

Duty to Warn and Protect: When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults: If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances: Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship: Parents or legal guardians of non-emancipated minor clients have the right to access the client's' records.

Insurance Providers (If you request a receipt to submit for reimbursement): Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

Professional Records The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Generally, because I am not required to submit diagnostic criteria or progress notes in

order to continue therapy, the notes I take are for my personal reference in order to help me provide the best possible care to you.

There are times when it is beneficial to collaborate with other professionals to supplement our work together. We would discuss this in session, and if decided that this would be beneficial to you, I would have you sign a Release of Information, which is required in order for me to share any of your protected healthcare information. Your information will never be shared with a third-party without your written consent.

Treatment of Couples Couple therapy does not work unless it is based on a foundation of trust. I maintain a no secrets policy when working with couples, which means that I do not hold secrets from partners and confidentiality from one another is not carried over from your individual sessions. Not only is it important to keep communication between partners clear, a no secrets policy is maintained in order to avoid one partner covertly controlling the therapeutic process.

Complaints If you believe that I have behaved in an unprofessional or unethical manner, please advise me so that we can work together to resolve the problem. If you do not feel that we can come to a resolution, you may file a complaint with the following agencies:

Department of Health Counselors Program
PO Box 47869
Olympia, WA 98504-7869
(360) 236-4902

Ethics Committee
American Association for Marriage and Family Therapy
112 South Alfred Street
Alexandria, VA 22314-3061
(202) 452-0109

YOUR RESPONSIBILITIES AS A CLIENT

Scheduling Consistency is a key element in the therapeutic process. Building upon previous sessions and maintaining gains along the way provides a sense of stability and accountability, reinforces the skills learned in session, and make progress toward reaching your goals. For that reason, sessions are typically scheduled weekly or biweekly, depending on schedule and/or financial concerns.

Session Length Standard sessions are either 50 min or 80 min, depending on scheduling needs and preference. If you arrive late for your appointment, you will be seen for the remaining time and charged the full session fee. If I arrive late to a session, I will see you for the full amount of time, charge a pro-rated fee, or make up the time at a later session, based on mutual agreement.

Cancellation Policy My full fee is charged for missed appointments or no-show cancellations with less than 48 hours notice. If I must cancel an appointment I will provide you with at least 24 hours notice otherwise your next session of equal scheduled length will be provided at no charge.

Termination Due to the varying nature, severity of problems and the individuality of the client(s) and couple relationship, I am unable to predict the length of our time together or guarantee a specific outcome or result. While you have the right at any time to ask for a change in direction or terminate therapy, I strongly suggest taking one to three sessions to complete your therapy, allowing time to be informed of and work with your decision to end, summarize progress, define the work that remains, and say good-bye.

Contacting Me You can contact my voicemail at any time and I will return your call at my earliest convenience, and within 1 business day. Please note my office hours and be aware that I am usually unable to answer your call, as I am often in session with other clients. I use text messaging as a form of communication for scheduling purposes only and email for scheduling and to answer logistical questions, however, I do not engage in therapeutic conversation via email. The internet is not a fully secure mode of communication; please be aware of the limitations to confidentiality when choosing this form of communication.

After Hours Emergency Contact In case of emergency, call 911 or go to your local emergency room.

For non-emergency situations, call the 24-hour Crisis Line 1(866) 4-CRISIS (427-4747)
Local: (206) 461-3222

Temporary Distress The therapy process is a very personal experience which can be difficult, even painful at times. Subject matter explored in therapy may cause distress or even lead to feeling worse or make your symptoms feel stronger before feeling better. While this is a normal part of the process, please know that I am here to support you throughout the process, and encourage you to bring up any concerns so that I am able to work with you most effectively.

Videotaping As a primary tool in GMCT, and in order to augment your therapy work, I may use videotape feedback as part of the session. This means I may ask you to videotape our session. In addition to in-session feedback, I may wish to use video clips during consultation with my Supervisor, Bill Collins, Ph. D, LMFT, or an independently licensed therapist specializing in GMCT, and hired by The Gottman Institute for clinical consultation. The video tapes are completely confidential, and are used for no other purpose than to support the work we are doing together, and enhance your therapy experience. A separate consent form for videotaping will be provided for your review.

ACKNOWLEDGMENT OF DISCLOSURE

I have read through the entirety of this Disclosure Statement and understand the information provided. I have verified my agreement to the terms of the Disclosure and provide my informed consent for treatment.

Client Signature Date

Client Signature Date

Therapist Signature Date