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## Personal Disclosure Statement

Therapists bring a variety of theoretical perspectives and personalities to their work with clients. I provide the following information about me and the way I conduct therapy to assist you in making a choice for therapy that benefits you and your family. I encourage you to ask me questions that would help you determine whether I am the right therapist for you or your child.

## Treatment Philosophy

I believe that therapeutic change occurs through a supportive, trusting relationship in which the clients' strengths are drawn out and highlighted. Within this relationship, I work to empower clients to develop awareness of themselves, their ways of relating, and their unique coping skills in the face of stress and change. As their awareness increases, I support clients in developing healthy ways of expressing and fulfilling their needs and desires. I believe strongly that clients are the experts in their lives, and that with support, encouragement, and the appropriate tools, they will develop the solutions for their lives. This work incorporates principles and strategies from psychoanalytic, mindfulness, and feminist approaches.

### *Specific Populations:*

In my work with children and adolescents, I utilize narrative and play therapy to uncover the meaning and functions of problematic behaviors; and behavioral techniques to develop supportive structures to reduce the behaviors while work in therapy reduces the need for the behaviors. With children recovering from trauma or loss, I may incorporate additional techniques drawing from cognitive behavioral therapy, attachment therapy, and trauma therapy, as well as EMDR, when appropriate. My style with children is encouraging, firm and playful.

In my work with families, I employ family systems therapy to examine the patterns of relating and communicating in the family, and how the challenges have developed. Once understood, I then incorporate narrative therapy to develop new skills and ways of interacting within the family. I will also incorporate creative mediums, such as art, play, and drama to help families have fun in the hard work of therapy. My style with families is collaborative, direct and empathic.

If you ever become concerned that what we are doing is not helping you or your child achieve your goals, please talk to me about it.

## Education, Training & Experience

I am a Washington State Licensed Independent Social Worker (# 5109), as well as a Children's Mental Health Specialist. I earned a Bachelor of Arts from Rhodes College in 1992, and a Masters of Social Work (Clinical Work with Children and Families) from Portland State University in 1997. I am a member of the following professional organizations: National Association of Social Workers, the Academy of Certified Social Workers (ACSW), the Washington State Society of Clinical Social Workers, and the Association for Play Therapy. I completed two one-year graduate internships and worked as a Child and Family Therapist for four years in the YMCA's Family Services Program, and for 3 years as the Clinical Director of the YMCA's Mental Health Services program. During this period I worked with adult individual clients, families, and children in both office, residential and in-home settings. I have completed a significant amount of postgraduate training in post traumatic stress disorder, attachment disorder, working with severe behavioral problems, and narrative and play therapies. I am certified to provide EMDR (level 1). I have also taught as an adjunct faculty member of Washington School of Professional Psychology's graduate counseling program, as well as in their undergraduate psychology program.

### **Fees and Scheduling**

Therapy rates are as follows: 110.00 per 50 minute sessions, prorated for longer or shorter sessions. For in-home therapy, it is \$150.00 per hour, pro-rated accordingly. If my rates become a barrier to continuing treatment, please speak to me and I will consider a reduced fee agreement. Occasionally I find it necessary to increase my fee due to inflation. If this occurs during your treatment, you will be given one month notice prior to the increase. I prefer to be paid weekly unless special arrangements have been made. I cannot continue treatment if a balance is more than two weeks in arrears. If you have any questions regarding payments, I encourage you to ask.

I will provide both telephone consultation and written reports to support treatment. I do not charge for telephone consultation under 15 minutes. After that, I charge my therapy rate, pro-rated to the appropriate amount of time. I do not charge for letters or reports that require less than 1 hour's time to prepare. For reports that require an hour or more, I charge my therapy rate for the preparation of any written reports.

I am a preferred provider with two insurance carriers, and can work with you in determining if your insurance carrier can pay me directly, or if we can seek reimbursement together. If you are intending to use insurance mental health benefits with a company with whom I am not a provider to pay for all or part of your treatment costs, you should be aware that my contract is with you, not your insurance company. Although I am happy to assist you with acquiring reimbursement from your insurance company, you are financially responsible for all fees. You should also be aware that there are certain treatment circumstances for which insurance companies general do not provide payment: i.e. missed but scheduled sessions, telephone consultations, etc.

**MISSED APPOINTMENTS:** 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 72 hours advance notice or you will be charged the full amount for the time reserved for you. If you cancel after that point, you also have the

option of rescheduling within two weeks, not including your scheduled sessions. If I miss a scheduled appointment without notifying you, I will make up the session with you, without charge. 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 for you. All clients are permitted two last minute cancellations per year, without charge.

### **Phone Calls**

I use voice mail that will record your messages confidentially. If you need to contact me between sessions and would like me to call you back, please request that in your message. I check messages fairly regularly during the weekday and somewhat less often on weekends. Please talk to me if you have questions or concerns about these arrangements. If you have a mental health emergency please call 911 or the 24-hour Crisis Clinic at 206.461.3222 or 866.427.4747 (866.4CRISIS). Teens, please call the Crisis Clinic Teen Link at 206.461.4922 or 866.TEENLINK.

### **Your Legal Rights, Including Privacy & Confidentiality**

You have the right both to 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. There are, however, certain situations in which I am required by law to reveal information without your permission:

- a) where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a developmentally disabled person;
- 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;

If you are being seen with another person present, a request will be made that each person respect the others' rights to privacy, but I cannot guarantee that they will do so. As an ongoing part of my clinical development and in pursuit of providing you with the best care, I consult regularly with a clinical supervisor. Should I discuss your therapy with my consultant or any other clinician, I will only relate the content of our work together. You will not be named, nor will I share any details of your life that might identify you. If you have any concerns or questions about this please let me know.

**Please note for parents of child clients:** Parents of children under the age of 13 have the right to full access to the content of the therapy sessions. However, in order for therapy to be most effective, it is necessary for there to be confidentiality between the client and therapist. For this reason, I prefer to maintain confidentiality with my child clients, unless there is material that I believe the parent needs, at which point I will contact you. I will provide general updates of the child's progress, as often as you prefer, but will omit specific details unless I believe them to be necessary. If you are uncomfortable with this arrangement, please speak to me before therapy commences.

Individuals practicing counseling for a fee in Washington State must be either registered or licensed through the Department of Health. This state credential does not include 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 in RCW 18.130.180. You may contact the Department of Health at 360-236-4902, or by writing to Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. You can request a copy of the acts of unprofessional conduct, or access this information online at <http://www.leg.wa.gov/wsladm/rcw.htm>

### **Your Treatment Contract**

Once you have had a chance to read this document and ask whatever questions may occur to you regarding its contents, I will ask you to sign an addendum which states that you have received a copy of this document, that you have had an opportunity to ask questions about it and that you understand it. That signed statement is our written contract to enter into the therapeutic process.