

# Practitioner Disclosure Statement

**HOLISTIC HEALING COUNSELING**  
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## **Welcome!**

Before we begin our therapy sessions together, there is some information that you need to know. It is both my desire and a requirement of Washington State law to provide you with this written disclosure. **There is a lot to read, but it is very important information, as this is our working agreement.** This disclosure will help you understand what you can expect from me, and what I expect from my clients. As a client in counseling, you have certain rights that are important for you to know about because this is your therapy, and the goal is your well-being. Please read this statement thoroughly prior to our initial meeting and when it is understood and agreed to, sign the consent for treatment on the last page. I look forward to meeting with you.

## **Education, Experience, and Licensure**

I completed my Bachelors Degree in Cultural & Linguistic Anthropology at Central Washington University in 2003. After nearly eight years working with teens in the context of youth adventure ministry, I went on to pursue my Masters Degree in Counseling Psychology from Northwest University and graduated in 2014. My education includes a focus on individual, group, and family counseling, working with individuals to find healing and fulfillment within their relationships, and multicultural concerns.

My related work experience includes guiding outdoor adventure activities such as rock climbing, sailing, and backpacking, specifically with the adolescent population; coaching track and cross country at the middle and high school level; and teen mentorship. My clinical experience includes one year (2013-14) of practicum and supervision at SeaMar Behavioral Health working directly with adult individuals and groups; I worked at Youth Dynamics as an Adventure Therapist from 2014-2018, developing a program that targets at-risk teens and incorporates mental health counseling with outdoor adventures in individual and group settings. I also have experience in counseling women through change-of-life transitions, and working with couples and families.

I am a Licensed Mental Health Counselor (LMHC; credential LH60851405) in the state of Washington and a Licensed Clinical Professional Counselor in the state of Montana (LCPC; credential #BBH-LCPC- LIC-50714). My counseling practice is through Holistic Healing Counseling, LLC.

## **Therapeutic Approach**

The focus of my work is to provide a safe environment where my clients feel accepted and heard. My approach to therapy is personalized as I integrate several therapeutic methods to meet your needs. I utilize techniques from narrative, psychodynamic, solution-focused, and relational therapies, as well as from the Enneagram and somatic inquiry. I practice with a holistic style, recognizing that physical, mental, emotional, spiritual, and relational health are closely linked. This means that when one part of you suffers, the other parts are affected as well. I believe in each person's capacity to heal, and strive to develop that capacity through a strengths-based approach, which builds self-esteem and knowledge about one's self. As we engage in this process and gain understanding of your pain, our work will provide an opportunity for formative experiences to be explored and healing to begin. I am truly grateful to have the opportunity to work with brave teens and women who make the decision to move toward growth, health, and restoration in their lives.

## **What You Can Expect**

I work to provide a safe and supportive environment for you to explore and evaluate your inner thoughts, feelings, and attitudes. At the beginning of treatment, I will focus on getting to know you, your current needs, and we will work together to identify your goals for therapy. Occasionally, I may need to refer you to another therapist if I believe your concerns require specific knowledge that falls outside my scope of practice. Our initial session is an assessment for both of us to determine whether we are a good fit. If we decide another therapist would be more appropriate to meet your current needs, I am happy to provide you with referrals.

The counseling process is inherently personal, and the spiritual aspect of each client will be addressed throughout the therapeutic process. As a person of deep faith, I see great value in addressing the spiritual condition of each person. I do not expect that everyone who comes in for counseling holds the same belief system as I do, and I will not pass judgement on you for your beliefs or expect you to change your belief system.

I sometimes utilize wilderness adventure experiences in order to aid in achieving the goals determined in the counseling setting. These experiences may take place in an individual or group context, and focus on exploring the truths found in nature as connected to the human experience; reconnecting mind and body; social development; and personal growth through real and perceived physical, social, and emotional risk and trust-building exercises. A separate release of liability is required for these experiences.

## **Potential Risks and Benefits of Therapy**

Counseling is an individually tailored process which is designed to assist you in dealing with your concerns, coming to a greater understanding of yourself and your interactions

with others and with the Divine, and using effective means of coping which utilize personal and interpersonal resources. Therapy requires active effort and commitment to reduce symptoms, increase quality of life, and improve coping skills. However, the course of therapy is not linear and there are no guarantees of the outcome. In fact, as the cause of emotional pain is exposed and processed, sometimes things get worse before they get better. Therapy often includes talking about deep and personal information related to how you interact with yourself and others. As you begin to identify and transform attachments, emotional triggers, and self-defeating thought patterns, your symptoms may become stronger or you may see disruptions in your current relationships. Even though this is often normal or even to be expected, please do not be alarmed. Despite the potential difficulties, counseling is a therapeutic process in which the benefits may far outweigh the risks. Please keep me informed of how you are feeling so we can work together to make changes if necessary.

## **Confidentiality**

Under Montana and Washington State law and ethics, I am required to follow the professional code of ethical guidelines regarding confidentiality. Information shared in each session is confidential and can only be released with your written consent or as required by law. Both your contact and the content of your individual and group counseling sessions are protected by confidentiality laws from all other persons, including parents (of clients age 13 and older), family members, friends, or outside agencies. You may release any or all of your information to the party of your choosing by signing a Release of Information form. All paperwork related to your counseling services are stored in a secure location. Please ask if you have any questions about this, as it is important that you are comfortable with my practices.

### **Noted exceptions are as follows:**

- **Safety:** If I believe you are in danger of harming yourself or others, disclosure will be made to the emergency contact on file, as well as any other local medical, police, and community resources needed to ensure your safety and the safety of the intended victim.
- **Psychiatric Hospitalization:** If you are admitted to an emergency department or psychiatric ward of a hospital, the attending medical professionals may contact me for information to assist your safety and treatment.
- **Mandatory Reporting:** If I suspect abuse or neglect, or you report a crime committed against a child or vulnerable adult, I am required by law to inform Child Protective Services within 48 hours and Adult Protective Services immediately.

• **Professional Consultation:** I do engage in professional case consultation for the purposes of coordination of care, ethical practices, accountability, and providing the best services to my clients. I may at times discuss your situation with other professionals while not disclosing your identity. Please speak with me if you have concerns regarding this practice.

• **Legal Mandate:** In select cases, counseling records may be court ordered. In response to a court order, I may be required to submit notes or information regarding your case, in which I will do everything in my power to protect you as a client. However, if I am ordered by the Court, time spent in legal proceedings is charged at a higher rate of \$200.00 per hour including: case research, report writing, travel, depositions, actual testimony and cross examination time and courtroom waiting time. Signing this disclosure statement gives permission for me to release confidential information in courtroom testimony and written reports to the Court if legally requested.

I will keep clinical records of your sessions, as required by state law, for seven years beyond the end of therapy. At the end of seven years, clinical records will be destroyed. You may ask to see this record and make requests to have corrections or additions made to that record.

## **Electronic Communications**

As technology evolves, we are offered more and more ways to connect remotely. Unfortunately, in a therapy setting, the technological advances can often be lacking in confidentiality. If you wish to communicate with me via email or text please be aware that electronic communications can be relatively easily accessed by unauthorized parties and can compromise the privacy and confidentiality of such communication. Due to this risk, it is my policy to only use text and email for scheduling purposes; I will not engage in therapeutic conversations via email or text. As part of this agreement, if you choose to contact me by these methods you are agreeing to assume risks to confidentiality. Zoom offers a secure online platform for virtual sessions, and while there are always additional risks to confidentiality, each session conducted via Zoom is individually and uniquely coded to protect a breach. Professional ethics standards do not permit me to communicate with clients via personal social media.

## **Fees & Billing**

My fee is \$150 per 55-minute individual session, and \$200 per 55-minute intake session. In order to accommodate those with financial need, I have a limited number of sliding scale appointments. If you would like more information about this, please do not hesitate to ask. I accept cash, check (made out to Holistic Healing Counseling), or credit/debit card. Payment is due by the end of the day on which the session occurred, or upon receipt of an electronic invoice. I am not currently listed with any insurance

providers in Washington. Some clients may be able to seek full or partial reimbursement by submitting an invoice to their insurance company. Please speak with me if you are interested in receiving invoices (super bills) for your sessions. You must be aware that submitting a mental health invoice to insurance for reimbursement carries risk to confidentiality and privacy.

**If billing is required, clients age 13-17 (in Washington) or age 16-17 (in Montana) are to be aware that the financially responsible party will receive information about appointment attendance only (including no-shows) for the purpose of billing.**

### **Appointments and Cancellation Policy**

Therapy is most effective if carried out on a regularly scheduled basis, and with adherence to boundaries of time and space. Therapy sessions are scheduled for 50 minutes, unless a longer time is negotiated. If you need to cancel or reschedule an appointment, please notify me via phone, text, or email at least 24 hours in advance. This ensures I can see other clients in the opening and plan accordingly. If you miss your appointment or fail to give me adequate notice, you will be responsible for the full fee of that session. If you arrive up to 15 minutes late for an appointment, you will have the remainder of the scheduled time available to you. I will need to end our session on time to honor the schedule of other clients. You will still be responsible for the full fee of that session. If you arrive later than 15 minutes, the session will be rescheduled and the late cancellation fee will be assessed. If I have an emergency, I will notify you as soon as possible of my need to reschedule our appointment.

### **Legal Proceedings and Scope of Practice**

I have chosen not to pursue any coursework or post-graduate training in forensic psychology. Therefore, it is my policy not to become involved in clients' legal matters unless required by law. I do not offer reports suitable for court proceedings, or submit my testimony in legal matters such as divorce or custody cases as part of my services. If you are seeking therapy with the knowledge that at some point you will want your therapist to aid in legal proceedings or testify on your behalf, please seek a clinician that specializes in forensic psychology and has the proper training to be of service to you. I do not provide custody evaluations, legal advice, or prescription medication, as these activities do not fall within my scope of practice.

### **Emergencies**

I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your concerns are above my level of competence, or outside my scope of practice, I am legally required to refer, terminate, or consult. If you need to reach me, my business cell phone number is 360-770-7634. I check my messages regularly and

will try to return phone calls within 48 hours. If I do not return your call, please call again as your message may have been lost. I do not routinely check messages in the evenings or weekends. If you are in crisis and need more immediate attention, please call the crisis line at 988. If you believe you cannot keep yourself safe, please call 911 or go to the nearest hospital emergency room for assistance.

### **Complaints/Unprofessional Conduct**

If you are unhappy with what is happening in therapy, I hope we may talk about it together so there is opportunity to respond to your concerns. I will take your concerns seriously and with care and respect. If you suspect that my conduct has been unprofessional in any way, you may contact the appropriate entity at the following address or phone number:

Health Professions Quality Assurance Customer Service Center  
P.O. Box 47865  
Olympia, WA 98504-7869 or by phone at 360-236-4700.

Montana State Board of Behavioral Health Compliance Unit  
P.O. Box 200514  
Helena, MT 59620-0514  
Fax: (406) 841-2313 Email: [DLIBSDCOMPLAINTS@MT.GOV](mailto:DLIBSDCOMPLAINTS@MT.GOV)

### **Termination**

Therapy is a joint effort between therapist and client. In order for therapy to work, it is essential to keep the lines of communication open. Please talk with me about any concerns you have regarding our work together. It is your right to disengage from counseling with or without notice. However, I find it helpful to arrange a final session to explore termination and review counseling goals and progress. I have the right to terminate therapy with you under the following conditions:

- When I believe therapy is no longer beneficial to you;
- When I believe that another professional will better serve you;
- When you have not paid for a session, unless special arrangements have been made with me;
- When you have failed to show up for your last two therapy sessions without 24-hour notice;
- When my safety has been compromised.

In the event of termination, I will make every effort to provide a smooth transition to another mental health professional or other sources of care when appropriate.

## **Client Consent to Counseling**

I have received, reviewed, and considered carefully the Practitioner Disclosure Statement. I understand the limits of confidentiality required by law and understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I have had opportunity to ask any questions regarding this material and understand the information provided. I consent to therapy with Amy Heidecker, LCPC, LMHC. This authorization constitutes informed consent without exception, and agreement to pay all applicable fees. By signing this document, I am stating that I have also read and understood this agreement and received a copy for myself. My signature indicates accuracy of the information and my declaration to uphold these conditions.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

As the **financially responsible party**, I, \_\_\_\_\_, understand that payment is due at the time of service or upon receipt of invoice. Unpaid sessions will result in cancellation of and/or the inability to schedule future appointments until outstanding balance is paid in full.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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