



**Disclosure Statement**  
**Steph A. Tigert, MA, LMHCA**  
**614 West McGraw St. Seattle, WA 98119**  
**(License #)**

### **Therapeutic Approach**

Life does not always turn out how we had hoped it would. As human beings, we are prone to hurt, betrayal, sadness, and loss. Therapy is a place to explore the particular story of your life and how your journey has impacted the person you are today. It is courageous to take the step to enter into therapy and to allow yourself to have a place to slow down, breathe, connect, and reflect with another. I believe we experience rest and fulfillment through genuine connection and this is where healing and transformation occurs. I am passionate about helping people move from a life ruled by fear, unhappiness and anxiety to a life of authenticity and freedom.

During our time together, we will be exploring three particular areas: Family of Origin Dynamics, Personal Beliefs, and Styles of Relating. We will pay particular attention to how your mind, body and spirit are affected in these three areas.

I will offer referrals for areas of need that are beyond my expertise.

### **Qualifications**

I received my Bachelor of Arts in Psychology from Taylor University and completed my Master of Arts in Counseling Psychology from The Seattle School of Theology and Psychology in Seattle, WA. I have experience working with adolescents and families with educational and behavioral issues, women in transitional phases of pregnancy and motherhood, and men and women with relationships problems and issues of addiction. I am a Licensed Mental Health Counselor Associate (LMHCA) in the state of Washington and serve on the educational committee at the Northwest Alliance for Psychoanalytic Study (NWAPS).

I regularly seek consultation from colleagues as well as a licensed supervisor to discuss your treatment and for the purposes of improving my work with you. All information is shared confidentially and remains so. Additionally, I work with a Washington State approved Supervisor.

### **Fee and Payment Information**

Individual Sessions are 50 minutes at a rate of \$75 per session and Couple Sessions are 75 minutes at a rate of \$95 per session. Payments are to be made at each session. Student and sliding scale rates are available and should be discussed during the first visit. I have a 48 hour cancellation policy and you will be charged if you do not notify me in that time frame that you will be missing a session ( illnesses and emergencies are exceptions). Fees may increase periodically and are subject to change with two weeks prior notification.

### **Scheduling appointments:**

Appointments are made on a consistent, weekly basis. If you miss an appointment it is your responsibility to reschedule. In circumstances of inclement weather, if it is unsafe to travel we will consider our appointment cancelled and you will not be charged for the missed appointment.

### **Insurance**

I do not file insurance claims for you. If your insurance provider will be covering the cost of counseling then you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. I will fill out any necessary information.

### **Contact Information**

You can contact me at 240-305-7790 or [stephtigert@thecounselingcollaborative.com](mailto:stephtigert@thecounselingcollaborative.com). I check my messages regularly and will get back to you in a timely manner. Phone calls longer than 10 minutes will be prorated to your bill in 20 minute increments.

Please be aware that although my voice mail and email are confidential and protected as best I am able, there is a greater risk to confidentiality. Please reserve for our in-person time any important therapeutic information. Do not use my voice mail or email for any disclosure of life threatening emergencies. If you cannot reach me immediately, see below.

### **Emergencies**

For emergencies, you may dial **911** or call the Crisis Clinic at **206.461.3222**.

### **Rights and Responsibilities**

I appreciate that you have selected me for these services. Please be aware that your participation in this therapy is voluntary and you may terminate these services at any time without additional cost. You will always maintain the right to select another therapist. You have the right to ask me to review my treatment approach at any time and you may request changes as you deem appropriate. You have the right to review your records and, upon written request may receive a copy at any time.

Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

The Counselor Credentialing Act regulates counselors in order to provide protection for public health and safety and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number:

Department and Health, Counselor Programs

P.O. Box 47869

Olympia, WA 98504-7869

360.664.9098

### **Confidentiality**

All records relating to our sessions together will be kept strictly confidential with the following exceptions: 1) I will release information to your physician, attorney, other mental health professional or your insurance if you sign a release of information form, 2) If you present an imminent threat to yourself or another, 3) in cases of suspected abuse to another individual, 4) information shared that suggests the commission of a crime 5) under court order.

### **Consent**

I, \_\_\_\_\_, have read and agree to the above policy and give my informed consent for services.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

**REGULATION OF HEALTH PROFESSIONS --  
UNIFORM DISCIPLINARY ACT  
Unprofessional conduct**

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

- (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
- (2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
- (3) All advertising which is false, fraudulent, or misleading;
- (4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
- (5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
- (6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
- (7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
- (8) Failure to cooperate with the disciplining authority by:
  - (a) Not furnishing any papers or documents;
  - (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;
  - (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or
  - (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
- (9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
- (10) Aiding or abetting an unlicensed person to practice when a license is required;
- (11) Violations of rules established by any health agency;
- (12) Practice beyond the scope of practice as defined by law or rule;
- (13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
- (14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at

risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The procuring, or aiding or abetting in procuring, a criminal abortion;

(19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(20) The willful betrayal of a practitioner-patient privilege as recognized by law;

(21) Violation of chapter 19.68 RCW;

(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;

(23) Current misuse of:

(a) Alcohol;

(b) Controlled substances; or

(c) Legend drugs;

(24) Abuse of a client or patient or sexual contact with a client or patient;

(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

Complaints concerning any of the above information should be directed to:

Department of Health  
1112 SE Quince Street  
PO BOX 47890  
Olympia, Washington 98504-7890  
DOH Consumer Hotline - (800) 525-0127  
Health Profession Licensing - (360) 236 - 4700