

## **Collette Bishop Counseling, PLLC**

Seattle & Tacoma

[collettebishopmsw@gmail.com](mailto:collettebishopmsw@gmail.com) 206.949.9805

### **Disclosure Statement**

#### **Therapeutic Approach**

Common to the human experience are periods of sadness, fear, anxiety, harm, and loss. Various factors may be deriving this pain, such as our most significant relationships, the ways we have learned to relate to others, and oppressive societal and cultural systems. Although relationships are often the source of our deepest wounds, they also hold the possibility for our greatest healing and transformation. Therapy is a place to explore our life's story within a safe and secure relationship. It is a courageous act to begin therapy and enter onto a path towards fulfillment, freedom and wholeness.

As we sit together, I will recognize you as the ultimate expert on you. My role in our relationship is to come alongside you on your journey- to be a witness and support as you explore where you have come from and where you are going, as well as who you have been and who you would like to become.

I primarily work from a relational psychodynamic therapeutic approach with emphasis on family of origin, personal beliefs, mind/body/spirit connection, and attachment styles. My practice is informed by critical social theories, feminist, womanist, queer, postcolonial and critical race theories.

#### **Education, Training, and Experience**

I graduated with distinction from Indiana University with a Bachelor of Arts in Comparative Literature, a focus in Human Development/ Family Studies, and accreditation as a Certified Nonprofit Professional. Later, I went on to obtain my Master of Social Work degree from the University of Washington. In this program, I completed internships with YouthCare's The Bridge Program and The City of Seattle Domestic Violence/ Sexual Assault Prevention Unit. In 2014/2015 I trained and practiced as a Mental Health Therapist Extern with Seattle Therapy Alliance, providing affordable counseling to women and couples on their journeys toward healing and self-actualization. In addition, I have worked for over a decade in a variety of contexts (case management, advocacy, and volunteerism - locally, nationally, and internationally) within marginalized communities serving clients from diverse backgrounds and social identities. I most recently held a faculty counselor position at Edmonds Community College, specializing in serving students who have experienced domestic violence and/or sexual assault.

I am a Licensed Independent Clinical Social Worker in the State of Washington (#SC60589133).

#### **Services and Clientele**

My training and experience cover a scope of areas, but I am most interested in working with and have experience treating: anxiety & depression, grief & loss, identity formation, sexual, physical, emotional & spiritual abuse, relational struggles, addictions, disordered eating &/or exercise, sexuality, body image issues, social oppression, and infertility & pregnancy loss.

#### **Fee and Payment Information**

The fee for individual counseling is \$120.00 per 50 minute session. For those who qualify, I offer a sliding scale fee. Rates are available upon request. Fees increase \$5 per session at the beginning of each new year.

Payments are to be made at the beginning of each session, via check or cash. Bounced checks will incur a \$15 returned check fee. All monthly balances not paid in full by the 10<sup>th</sup> of the following month will incur a \$30 late fee. All balances not paid within three months of time of service may be forwarded to a collection agency.

#### **Missed Appointments**

In the event that you are unable to keep an appointment, please notify me via phone or email a minimum of 48 hours in advance (emergencies are exceptions). If you miss your appointment for whatever reason and fail to give me adequate notice, you will be responsible for the full fee for the session. If you are late, I will still stop at our regular ending time in order to keep my schedule, and you will still be required to pay for the entire session. In the event of a missed appointment, your receipt will reflect a late cancellation instead of a clinical session.

If I have an emergency, I will notify you as soon as possible of my need to reschedule our appointment.

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### **Insurance**

I do not file insurance claims for you. If your insurance provider will be covering the cost of your counseling, 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 am available to assist filling out any necessary information and can provide you with a monthly receipt, if requested.

### **Scheduling Appointments**

Your sessions will be weekly at the same time and on the same day. It is your responsibility to communicate changes in your schedule that would prevent you from attending your regularly scheduled weekly session or require us to find a different day or time to meet.

### **Contact Information**

You may leave a voice message at 206.949.9805 or email me at [collettebishopmsw@gmail.com](mailto:collettebishopmsw@gmail.com). My goal is to return your phone call or email within 48 hours. Because therapy is a relational dynamic that requires both of our presence, please limit communication to appointment scheduling and emergencies. All phone conversations exceeding 10 minutes will be billed at a prorated amount of the regular session fee.

Be aware that although my voicemail and email are confidential and protected as best I am able, there is a greater risk to confidentiality. Please reserve any important therapeutic information for our in-person time. Do not use my voice mail or email for 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**.

### **Consultations**

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. My supervisor is Jan Sauer (#LW00004780).

### **Rights and Responsibilities**

Your participation in 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; if requested, you will be charged \$0.25 per page.

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 (Chapter 18.19 RCW) 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.

### **Unprofessional Conduct**

The Department of Health's brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. 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 of Health, Counselor Programs  
P.O. Box 47869  
Olympia, WA 98504-7869  
360.664.9098

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**Confidentiality**

There is a legal privilege in the state of Washington protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others:

- 1) If you give written permission for me to share confidential information,
- 2) if you present an imminent threat to yourself or another,
- 3) in cases of suspected abuse to another individual,
- 4) information is shared that suggests the commission of a crime,
- 5) if you were to bring legal charges against me,
- 6) under court order.

When it is possible, we will discuss any exceptions to confidentiality as they arise.

**Important Note to Minors and their Parents**

It is my goal to encourage and facilitate safe, effective communication between parents and youth. Conversations in therapy with minors are kept confidential, even when information disclosed would be of concern to the parents. I encourage teen clients to disclose to their parents when they are ready and willing. However, minors need to be aware that I must inform parents if anything is disclosed that indicates significant danger to the minor, or potential harm to another person.

**Consent**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date