

*Everlasting Solutions Counseling Services, Inc.*  
*Julia Berreth, M.A., LMFT*  
*Licensed Marriage and Family Therapist*  
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## **PERSONAL DISCLOSURE STATEMENT**

### **Who Am I?**

I have a Washington State License in Marriage and Family Therapy in both the states of Washington and Oregon. I have a Master of Arts Degree in Counseling Psychology with an emphasis in Marriage and Family Therapy from Lewis and Clark College. In addition, I have a Bachelors Degree in Social Work from the University of Washington. Major coursework includes: Introduction to Counseling Individuals, Theory of Counseling Behavior Change/Child, Fundamentals of Psychology, Integrative Techniques of Client Stages of Change, Family Therapy, Lifespan Development, Early Interventions and Treatment of Eating Disorders, Introduction to Process Work, Career Counseling, Seminars in the study of Amish vs. Las Vegas Cultures and Social Justice, Diversity, and Culture, Clinical Work in Diverse Populations, Marital and Family Assessment, Research Methods, Couples Therapy, Diagnosis of Mental and Emotional Disorders, Treatment Planning, Group Counseling with Children/Adolescents, Human Sexuality, Treatment/Legal/Ethical Issues in Marriage and Family Therapy, as well as completion of a Practicum and Internship. As a Licensed Therapist I am required to meet the continuing education requirements for both the State of Washington and the State of Oregon and those requirements are up to date with courses relevant to this profession. I also abide by the Oregon and Washington State(s) Board Code of Ethics. I am also a member and Approved Supervisor of the American Association for Marriage and Family Therapy.

I have experience working with individuals, couples, and families. My theoretical orientation is systems based and brief solution oriented therapies. These theories have a focus on strengths, connections to small and large systems, and finding solutions in an effective, efficient manner. I also have experience working in the fields of early childhood development, domestic violence, and adolescent drug and alcohol treatment.

### **The Therapeutic Process**

My philosophy of therapy is to host conversations in which meaning and ultimately solutions can be discovered while providing a safe, confidential, and non-judgmental experience. I believe we live within many systems and relationships and they affect our lives in negative and positive ways. I believe we can find ways to look at the world and interact in it which can create positive experiences and change in our lives. This is my goal for your therapeutic process; that we can explore and find new ways of seeing your challenges and utilize your strengths to ultimately find solutions that will give you and your relationships an enhanced quality of life.

### **Confidentiality**

Confidentiality is a very important right for all clients. This right is protected by state and federal laws as well as professional ethics guidelines. Information shared in sessions will not be disclosed to anyone without your written consent.

### **Limitations of Confidentiality**

I am required by law to disclose information you share pertaining to suspected child abuse, dependent adult and elder abuse, abuse of the developmentally disabled or chronically mentally ill, inability to care for one's basic needs for food, clothing, or shelter, intent to commit a crime, and threatened harm to oneself or others.

I participate in quality assurance procedures, treatment coordination, and clinical supervision of cases. Your treatment may be discussed at these meetings Any information shared is confidential within the professional staff.

Courts may subpoena counseling records. If subpoenaed to testify in court, I may have to give information harmful to you without your permission.

**Client Bill of Rights**

- Ask questions regarding the therapeutic process and procedures.
- Be an active part of the therapy while identifying goals and choose the provider and modality that is best for you.
- To expect that a licensee has met the minimal qualifications of training and experience required by state law.
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee.
- To be informed of the cost of professional services before receiving the services.
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1)Reporting suspected child abuse; 2)Reporting imminent danger to client or others; 3)Reporting information required in court proceedings or by client’s insurance company, or other relevant agencies; 4)Providing information concerning licensee case consultation or supervision; and 5)Defending claims brought by client against licensee.
- Understand fees and payment agreements.
- Ask about alternative procedures to meet your goals.
- To obtain a copy of the Code of Ethics
- To obtain information about me or to report complaints in Oregon you may contact; OBLCT 3218 Pringle Rd. SE #250, Salem, OR 97302-6312. Telephone: (503)378-5499. E-mail: lpct.board@state.or.us. In Washington you may contact; Department of Health, HSQA at PO Box 47857, Olympia, WA 98504-8573. Telephone: (360) 236-4700. E-Mail: hsqa.csc@doh.wa.gov.
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.
- Terminate therapy at any time.

**Office Procedures and Fees:**

Everlasting Solutions Counseling Services, Inc. sessions are 50 minutes in duration. For an Individual Session the fee is \$95.00 and for a Couple or Family Session the Fee is \$110.00. If requesting longer duration sessions the fee will be discussed and agreed upon prior to your first appointment. If you are utilizing insurance all co-pays and co-insurance payments are required at time of appointment. The scheduling of an appointment reserves the time specifically for you. If unable to attend an appointment it is your responsibility to cancel 24 hours prior to the session. If not, you will be charged the full fee for the session. Certain exceptions will be made to this policy in the event of emergencies, provided that the therapist is informed prior to the time of the appointment.

In the event of an emergency or crisis you may contact the Clark County Crisis Line at 360-696-9560, Metro Crisis Line Hotline at 503-988-4888, 911, or report to one of the major hospital emergency facilities.

**Consent To Treatment**

**Minor Client:** I affirm that I am the legal guardian of \_\_\_\_\_ and \_\_\_\_\_.

With an understanding of the above information and conditions, I do grant permission for my child or children to participate in counseling services.

Your signature below indicates that you have read, understand, and consent to treatment under the conditions listed above.

\_\_\_\_\_  
Julia Berreth, LMFT

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

