Cynthia S Mack-Ernsdorff, MA, LMHC, LMFT, CDP, CHT, CCT

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***Client Information & Professional Disclosure Statement***

I am an independent practitioner. I share office space as well as common facilities with other independent practitioners located at Evergreen Health and Wellness Office, LLC.

The following is intended to provide you with information regarding qualifications, therapeutic orientation and approach to service. If you have any specific questions concerning therapy, I will be glad to discuss them with you.

***What To Expect On the First Visit:***

During our first session we will be getting to know each other and you will have an opportunity to talk about the concerns that bring you into therapy. I will be gathering information about you and together we will identify your goals.

***About Therapy:***

My therapeutic style is both education and therapeutic and reflects my belief in inherent strengths and abilities that reside within each and every person. I have a systemic approach, taking into account your past and present relational systems, including your family that you grew up in as well as the effects of societal and cultural influences. I will support you and encourage you to recognize and utilize your internal strengths as well as external resources that can assist you to create the life that you want. I have extensive training in a variety of methods of treatment and will utilize the approaches and techniques which I believe can most benefit you.

***Qualifications:***

I have a Master’s degree from Bastyr University in Applied Behavioral Sciences, which is a combination of psychology and sociology. I am qualified as an individual, family, and couples counselor. I am also educated and licensed as a Chemical Dependency Professional as well. I also have been certified as an internationally certified clinical traumatologist, specializing in early childhood trauma and attachment issues. I have worked in school systems, have fostered over 460 therapeutically challenged children and teens for over 36 years. My work experience includes many years working in a community mental health services environment, working with the transitionally homeless population(s), and now working as a private practitioner. I have raised ten children of my own, of which some are adopted, some are biological, and some are stepchildren… and all are phenomenal in their own right!

**Confidentiality:**

ALL information discussed with me is str5ictly confie3dntial except in the following circumstances as required by WA State law:

* When maintaining confidentiality would physically endanger you or someone else
* I am required to report child, elder, or differently abled abuse
* When you request in writing that your information be released
* When, in order to facilitate the best possible services to you, I consult with other professionals mainlining your anonymity.

***Appointments:***

Most of my appointments are 50 minutes and we will discuss how oft5en we should meet together. If you are unable to keep your appointment, I require a 24hours notice so that someone else can use your time. Please note that any appointment canceled the day of the appointment or missed appointments will be charged the full fee.

***Fees and Insurance Reimbursement:***

The fee for a 50 minute session is $120.00. Payment IS required at the time of service. If you are using your insurance, the copay is your responsibility and is required at the time of service and my billing service will bill your insurance for the remainder. Be aware that insurance companies require me to submit a mental health diagnosis. Your diagnosis, symptoms, substance abuse/addiction (if any) are psychological history will become a part of your permanent medical records. These records are accessible to other insurance companies and on occasion can be accessed by employers or private investigators.

Currently I am contracted to accept Premera and Blue Cross Blue Shield insurances. All out of pocket payments paid will come with an invoice that you can submit to your insurance company for reimbursement. I accept cash, checks, and Discover, Visa, or MasterCard for payments, although I do charge an additional processing fee of $5.00 per charge for all charge card payments.

***Messages and Emergencies:***

You can reach me by leaving me a voice mail at 425-941-3271 or text me at that same phone number. I will try to return any/all texts/phone messages that I receive within a 24 hour time period, but there have been rare times when messages have not gone through or have gotten lost. If you are concerned that this might have happened, please resend me your message, noting that this is your second attempt to reach me. If you need immediate assistance, and/or if it is after 6:00PM and your call is an emergency, **PLEASE CALL THE CRISIS CLINIC at (206) 461-3222.** On the rare occasions that I am out of the area, there will always be an on-call therapist available for appointment to provide support during my absence.

***The Counseling Credentialing act:***

Counselors practicing therapy for a fee must be registered with the department of licensing 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 other than they have completed at least a Master’s level of education and have interned for approximately two to three years in the field. Registration and licensing does not, however, imply the effectiveness of any treatment.

The purpose of the law regulating counselors is a) to provide protection for the public’s health and safety, and b) to empower citizens of the state of Washington by providing a complaint process against those counselors who would commit act of unprofessional conduct.

By signing this form you are stating that you have read and understand all parts of this disclosure, and that you have had the time with your therapist to get any/all questions and concerns that you might have answered.

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_*Therapist\_*Date: \_\_\_\_\_\_\_\_