

## STATE OF WASHINGTON DISCLOSURE STATEMENT

**Nikelle V. Rosier, LICSW**  
License # LW00008140  
Licensed Independent Clinical Social Worker  
444 NE Ravenna Blvd. Suite 301  
Seattle, WA 98115  
(206) 227-9822

This statement provides information about the treatment provider and the treatment offered to assist the client in choosing the treatment, and the provider, which best suits their needs.

### Approach to Treatment

**The Premarital Workshop, Marriage Enrichment Workshops, and Couples Counseling** participants are screened for appropriateness and willingness to participate in this therapeutic/educational group/session. No couples are to be involved in a physically abusive relationship. No couples are to be abusing drugs or alcohol. Your participation at all times is voluntary. **Therapy Approach:** My treatment approach is strength based, educational, and solution focused. I strongly believe that within a supportive treatment environment, clients have the capacity to effectively identify and work through issues. With clear identification of goals, whether behavioral, interpersonal, inter-psyche or spiritual, strategies can be developed to live a more effective and successful life. In a highly interactive therapeutic setting, I listen, teach, coach and assist in problem solving. I draw from a variety of theoretical models to help accomplish their goals including: Gottman Marital/Emotional Intelligence, cognitive-behavioral, psychodynamic and gestalt. While change can be challenging, my core clinical approach is that mindful behavior and emotional understanding can positively transform the overall trajectory of a person's life. At any time if this practitioner or the couple feel individual sessions are required they will be referred to another therapist or arrangements may be made if appropriate.

If you are experiencing physical pain or discomfort, I recommend you see a medical doctor. Therapy sessions are not a replacement for medical treatment.

As part of my professional ethics and responsibilities, I periodically receive consultation about the work I do with my clients. I may discuss your issues with other professionals without disclosing or revealing any identifying information. If you have concerns about this, please let me know. Participants in the workshop also must agree not to reveal identifying information of other participants.

### Education and Experience

I earned my Master's degree in Social Work and a Bachelor's Degree in Social Work from the University of Washington. I have specialized training in therapy with children, specifically children with abuse issues and trauma. I have worked extensively with Adolescents and

Families. I have worked in the social service field for over a decade. Half of those years have been a Forensic Clinical Social Worker.

Couples Therapy Training: Scientifically-Based Marital Therapy by the Gottman Institute in 2005. Completed the Advanced Study in Program in Method Couples Therapy by the Gottman Institute in 2006.

Certified PAIRSL1 instructor: Practical Application of Intimate Relationship Skills

Certified Prepare/Enrich Counselor 2005

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

Your fee will be discussed and documented in the Service Agreement provided. Procedures regarding additional charges and charges for cancellations will be discussed during the first session as part of the Service Agreement.

### **Confidentiality**

I am bound by my professional ethics to protect client rights to confidential communication in regards to their involvement in counseling/The Premarital Workshop. For this reason, if you want me to release information about your participation in therapy to anyone, I will require a signed "Release of Information" from you. **This confidentiality has the following exceptions as provided by law:**

1. In the event of a medical emergency, emergency personnel or services providers may be given necessary information.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individual must be contacted. This may include the individual against whom the threat is made.
3. In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
4. If ordered by a judge or their judicial officers, information regarding client treatment must be disclosed.
5. If the client submits a complaint against this therapist with the State of Washington, Department of Health, information will be released.
6. If records are subpoenaed by an attorney in the State of Washington, they will be released unless the client files a protective Order within 14 days of the subpoena. A charge of 200 an hour if court ordered to appear including travel time and preparation.
7. In the event of the client's death or disability, the information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.
8. In the event of the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriate authorities.
9. In the case of a minor client, information indicating that the client was a victim of a crime may be released to the proper authorities.

10. For purposes of an audit either by third party payers, outside funders or the State Department of Mental Health for the state licensing review, information will be released.

### **Review of Records**

I keep a record of the services I provide you. You have the right to see and copy that record. You may also ask to correct the record. I may charge a reasonable fee for photocopying any portion of that record.

### **Notice to Clients**

As required by RCW 18.19.060, this will inform clients of licensed or registered counselors in the State of Washington that they may file a complaint with the Department of Health at any time they believe a therapist has demonstrated unprofessional conduct. Therapists practicing therapy for a fee must be registered or licensed with the Department of Health for protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, or necessarily imply the effectiveness of any treatment. It is every client's right to discontinue treatment at any time, with or without notice to the treatment provider. You are provided with a brochure written by the Washington State Department of Health entitled "Client and Counselor Responsibilities and Rights." You are responsible for reading this brochure and for asking questions regarding this information.

Questions or complaints may be directed to Department of Health, Health Professionals Quality Assurance, P.O. Box 47868, Olympia, WA 98504-7869, (360) 236-4700.

### **CONSUMER RIGHTS**

*Washington State Law provides that as a consumer:*

1. You have a right to be treated with respect and dignity.
2. You have the right to develop a plan of care and services that meets your unique needs.
3. You have the right to refuse any proposed treatment, consistent with the requirements in the Involuntary Treatment Acts, Chapters 71.05 and 71.34 RCW.
4. You have the right to receive care which does not discriminate you, and is sensitive to your gender, race, national origin, language, age, disabilities and sexual orientation.
5. You have the right to be free of any sexual exploitation or harassment.
6. You have the right to receive an explanation of all medications prescribed, including expected effect and possible side effects.
7. You have the right to view your case record.
8. You have the right to confidentiality, as described in relevant statutes (Chapters 70.02, 71.05, and 71.34 RCW) and regulations (Chapters 275-54 and 275-55 WAC and this chapter.)

9. You have the right to lodge a complaint or grievance; you shall be free of any act of retaliation. The ombudsperson may, at your request, assist you in filling a grievance. The Ombudsperson's phone number is: (206) 296-5213.
10. You also have the right to choose a primary care provider pursuant to WAC 275-57-110(5) and:
  - a. The right to request an exemption from enrollment in the PHP pursuant to WAC 275-57-200.
  - b. The right to change primary care providers to WAC 275-57-210-(4)
  - c. The right to a second opinion from other staff in the recipient's assignee PHP pursuant to WAC 275-57-240.
  - d. The right to request disenrollment from the PHP pursuant to WAC 275-57-250.

The client, as evidenced by the signature below, has read and understands all of the statements on this Disclosure and Consumer Rights Statement. A copy of this Disclosure and Consumer Rights Statement has been provided to the client.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date