

# Bridget StJohn Therapy, LLC Personal Disclosure Statement and Notice of Privacy Practices

**Bridget K. St John, MA, LMFT**

*Licensed Marriage & Family Therapist - WA State License: MFT.LF.60906723*

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please take the time to read it carefully.**

Both Federal and State law require me to provide you with this information that is intended to assist you in making informed choices as you begin your therapy. This document includes information about your legal rights as a client, including what you should expect regarding privacy and confidentiality. Because you have the legal responsibility to choose a clinician and treatment that best meets your needs, you will also find information specifically about me (i.e. my training and experience, etc.). If you ever have any questions about any of this information, please ask me.

## **Your Legal Rights, Including Privacy and Confidentiality**

You have the **right** to refuse and/or end treatment, at any time.

You have the **right** to confidentiality, including the fact that you are or have been a client, except as explained below. I think of this right to privacy as being your most important right as a client. Despite numerous legal exceptions to confidentiality that have been enacted both on the Federal and State level in the past few years, it is my policy and practice to keep confidential all information that you discuss with me, and to not reveal it to any other person or agency without your written permission. Should there be an instance where I ask you to provide me with written permission to reveal something about you or our work together to someone else, you have the **right** to revoke this permission. The possible legal exceptions to this policy might be if:

- there is reason to suspect the occurrence of abuse or neglect of a child, dependent adult, or a developmentally disabled person
- there is a clear threat to do serious bodily harm to yourself or others
- a response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint is required
- you are involved in legal action, it is possible that a court order might require that I provide the court with evidence relating to your care.

If you are being seen with another person present, I can make a request that each person respect the others' rights to privacy, but I cannot guarantee this request will be honored by them.

As an ongoing part of my clinical development, and in pursuit of providing you with the best care, I consult with other mental health professionals. Should I discuss my work with you with my consultants (or any other clinician), I will only relate the content of our work together and not your identity. If you have any questions or concerns about this, do not hesitate to ask me.

I do keep a record of dates of service, as well as clinical notes to assist me in my work. I try to be cautious in creating such notes due to their potential vulnerability to legal intrusion, and I observe security precautions to protect your confidentiality. You have the **right** to review or request a copy of your record, if you desire. You also have the **right** to ask me to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record, at your request.

You have the **right** to request restrictions on certain uses and disclosures of your health care information. For example, you might want me to speak with your primary care doctor, but not want me to acknowledge all that you have told me. As a treating clinician, I am not legally obligated to agree to your request for restriction of information, but if I believe sharing the information is required for optimum care of safety, I would want us to make a mutual decision about how to proceed.

You have the **right** to confidential communications regarding your private health care information, including the fact that you are my client.

You have the **right** to request a written accounting of the disclosures I may have made of your health care information (if any). The law allows many exceptions to this accounting, but my preference is for you to know of any disclosures before they occur.

You also have the **right** to request a copy of my *Disclosure and Notice Statement* (a copy of this form).

## **Bridget StJohn Therapy, LLC    Personal Disclosure Statement and Notice of Privacy Practices**

I am required by law to abide by the terms of this document, though I am also legally allowed to change the terms, and to make the provisions of any modified version effective for all private health care information in my care. You may request that a copy of a modified version be given or sent to you.

### **Complaints**

If you believe that I have violated your privacy rights, you may file a complaint in writing to me, and/or with the Secretary of the Department of Health. I will NOT retaliate against you for filing such a complaint. The contact information to file a complaint is: HQSA Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857 or (360) 236-4700.

### **Types of Counseling Provided**

The types of counseling services I provide are in support of individuals and families encountering difficulties with their everyday living and relationships within. Such difficulties may be changes in the family life, parenting issues, trauma and trauma related diagnosis such as PTSD and sexual trauma. I provide support in work stress, anxiety, depression, loss and grief, self-harm prevention, marital/partner separation, mediation, and divorce. I also provide parenting skills support and resources for parents in managing child and adolescent behavioral issues. **ALL** types of individuals, families and extended families are welcome.

### **Methods of Counseling**

I begin therapy sessions by using a strength-based collaborative approach that focuses on and helps clients identify the positive basis of their resources (or what they may need to be added) and strengths that will lay the basis to address the challenges resulting from their problems. Also, if so desired by you, I utilize creative arts therapies to help explore alternative solutions discussed during therapeutic sessions.

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

I earned my master's degree in marriage and family therapy at Antioch University Seattle with an emphasis on drama therapy as a creative arts modality. I have worked with children and parents in non-profit organizations focusing on child services. I have also used drama therapy in groups for adults recovering from addiction, mental illness, and homelessness. I've provided services for veterans as a qualified practitioner in the Washington State Department of Veterans Affairs (WDVA) agency as well as family members of active duty service members. My experiences with diverse populations has provided me a range of skills and flexibility in my approach to each client's unique circumstances.

### **Your Treatment Contract**

If you have questions or concerns, please do not hesitate to bring them up for discussion. My goal is to have counseling be a positive, productive part of my clients' lives. I will give my utmost effort to help accomplish this goal.

I, \_\_\_\_\_, have read this disclosure statement and understand its content. I also knowledge receiving a copy of this statement. I have been provided with a fee agreement (if any charge is to be made) stating the agreed cost of counseling sessions and the policies regarding payment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_