



formerly Presbyterian Counseling Service

restoring hope . . . reconciling relationships . . . transforming lives

Welcome to Samaritan Center of Puget Sound.

We are pleased that you have chosen Samaritan for assistance at this time in your life. We hope that you will find this to be a positive and useful experience.

About Samaritan Center

Samaritan Center of Puget Sound is accredited by the Samaritan Institute and affiliated with the Presbytery of Seattle. Our therapists come from a variety of Christian faith perspectives and represent a wide range of ages and life experiences. They are interested in and respectful of the spiritual values, beliefs and cultural heritage of all persons.

In providing therapy, we seek to engage in a process that is attentive to the integration of mind, body and spirit. We believe that healing occurs on multiple levels – mind, body, spirit and soul – and are always willing to consider with our clients the physical and spiritual as well as psychological aspects of healing. We are curious about the part that spirituality plays in wrestling with life's dilemmas and transition points, and we bring our own heartfelt responses to the situations in which our clients find themselves. We endeavor to promote growth and well-being in our clients, engaging with them in a collaborative manner to make the changes that they desire in their lives.

Parking at the Ravenna Office:

Off-street parking is available in the lot adjacent to the Church, as well as along Ravenna Blvd.

Young Children:

Please do not leave young children unattended in the waiting room. We cannot be responsible for their safety.

Crisis Calls:

In the event of a personal crisis, clients may call Samaritan's on-call therapist at 206-527-2266. To leave a message for the on-call therapist during office hours (M-F 9am-6:30pm), clients should press 0 during the recorded message, or, if the call is made outside of office hours, press 6. If the call is not returned by the on-call therapist after a half hour, clients should call the Crisis Clinic at 206-461-3222.

Non-Crisis Calls:

To leave a non-crisis message, to cancel or change an appointment with your therapist, call 206-527-2266 and follow the voice prompt.

On the following pages you will find information that will ensure that your needs as an informed client are met. This includes the training, professional background of your therapist, his or her theoretical orientation and approach to therapy, the rights of clients in therapy, and information about confidentiality.

DISCLOSURE STATEMENT

MICHAEL E. ROGERS

Training and professional background:

Michael E. Rogers received both an M.A. in Marriage and Family Therapy and a M.Div. in Cross Cultural Studies from Fuller Theological Seminary. He is a Clinical Member of the American Association for Marriage and Family Therapy (AAMFT) and an ordained Minister - Presbyterian Church (USA). Since 1979, he has worked in the mental health field across three states, and is currently a Licensed Marriage and Family Therapist (LMFT) with the Washington State Department of Licensing (No. 020705 LF00000835).

His pastoral and cross-cultural experience has led him to be particularly aware of the mental health needs of church staff (both program and support) and missionary personnel.

Theoretical orientation and approach to counseling:

Michael Rogers' theoretical orientation celebrates the truth that one's identity and purpose arise out of relatedness; to God, to oneself and to others. Thus, healthy relatedness between client and counselor is essential to Christ's healing process in therapy.

His approach will vary, depending on the issues to be resolved and individual client needs. The therapy session will be a safe place within which to explore, heal and grow.

Rights of Clients

It is appropriate for clients to raise questions about the therapist, the therapeutic approach, the progress of therapy, and the cost. As informed consumers, it is the client's responsibility to choose the therapist and therapeutic modality which best suits their needs. Clients have the right to request a change in therapeutic approach, referral to another therapist, or termination at any time. In addition, clients have the right to refuse treatment.

All therapists at Samaritan Center of Puget Sound are bound by the ethical codes of their professional organizations, by the laws of the State of Washington, as well as by agency policy regarding the special nature of the therapist-client relationship. This agency expects all therapists to continually be aware of the influential position they hold in the relationship with clients, using this influence in a constructive way. If a client thinks his/her therapist is not meeting this ethical responsibility, he/she is strongly encouraged to address this with the therapist and/or bring it to the attention of the agency's President/CEO. If you suspect that your therapist's conduct has been unprofessional (as defined by RCW 18.130.180), you may contact the Department of Health by phone at 360-236-4700 or mail : Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857.

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. To see your record, or get more information about it, contact your therapist.

Confidentiality

Counseling sessions are held in strict confidence. In general, it is the client or the guardian of a minor child (age 12 and under) guardian, not the therapist, who determines whether protected health information may be released outside Samaritan Center of Puget Sound. However, there are some exceptions to this rule:

1. Washington State Law requires that suspected abuse or neglect of a child (anyone under the age of 18) be reported.
2. Washington State Law requires that suspected abuse, abandonment, neglect, or financial exploitation of vulnerable adults be reported.
3. Washington State Law requires that others be informed if your therapist has reasonable cause to believe that you are gravely disabled or present an imminent likelihood of serious harm to yourself or others. If a threat against others is perceived to be serious, the proper individuals must be contacted; this may include the individual against whom the threat is made.
4. Washington State Law requires that behavior by healthcare professionals which is unprofessional or poses a clear and present danger to patients or clients be reported to the Washington Department of Health.
5. In the event of a medical emergency, emergency personnel may be given necessary information.
6. If you bring a complaint against your therapist with the State of Washington Department of Health, information will be released.
7. In the event of a court order, therapists may be required to disclose information in the presence of a judge.
8. In the event of your death or disability, the information may be released if your personal representative or the beneficiary of an insurance policy on your life signs a release authorizing disclosure.
9. In order to ensure the highest quality of care, your therapist may seek consultation and supervision from other therapists; in these circumstances, identifying information is protected and confidentiality rules bind the consultants.
10. Health information, excluding Psychotherapy Notes, may be disclosed without written authorization from you for the purposes of treatment, payment, and health care operations. Examples of these types of disclosures are listed in Section I of the Notice of Privacy Practices for Samaritan Center of Puget Sound.
11. If you provide written authorization to disclose information to an identified third party for a specified purpose, your therapist will disclose it. You may revoke this authorization in writing at any time. When you revoke an authorization it will only impact shared health information from that point on.

By my signature below, I acknowledge that I have received, read, and understand the Disclosure Statement.

Signature of Client or Personal Representative _____ Date _____

Signature of Client or Personal Representative _____ Date _____

Therapist Signature _____ Date _____

Rev. Michael Rogers, M.Div., MA, LMFT

By my signature below, I acknowledge that I received a copy of the Notice of Privacy Practices for Samaritan Center of Puget Sound.

Signature of Client or Personal Representative _____ Date _____

Signature of Client or Personal Representative _____ Date _____

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

You will receive one copy of this form and one will be kept in your Samaritan record.