

**Disclosure Information For:**  
Las Vegas Family Therapy  
Karen M. Anderson MS,  
Licensed Marriage and Family Therapist  
Certified Alcohol and Drug Counselor Intern

*Welcome! This paperwork has been prepared for you to inform you of my qualifications and what you can expect from me as a therapist. It explains my therapeutic approach, services, fees, policies and your rights as a client. Additionally this disclosure statement provides you with information about my education, training, and experience. After you have read this statement, you will be asked to sign a statement of acknowledgement stating that you have received it and you will be provided a copy for your records, if requested.*

**Biographical Information:** Welcome to my practice! My name is Karen Anderson and I graduated with a Master of Science in Marriage and Family Therapy from the University of Nevada, Las Vegas. During my academic work I was the recipient of the UNLV Excellence in Marriage and Family Therapy Practice award and am currently registered with the State of Nevada as a Licensed Marriage and Family Therapist as well as a Certified Alcohol and Drug Counselor Intern.

Combined with my educational requirements I have taken level I & II of Eye-movement Desensitization Reprocessing Therapy (EMDR), EMDR advanced clinical training and am currently a certified hypnotist working toward completion of Certified Clinical Hypnotherapist designation. I am also a part time instructor with the University of Nevada Las Vegas for the Marriage and Family Therapy Department having written and teach Successful Couple and Marital Relationships.

**Therapeutic Approach:** As a marriage and family therapist my training has been from a systems perspective. Systems therapy works with the relationship and cycles of interaction between persons. Within the context of systems that may be affecting one's life, issues such as gender, culture, and spirituality are considered. During our first couple of sessions, we will set specific goals to accomplish based on your presenting problem. I will gather data on your presenting problem and we will work together to find solutions. I believe that therapy not only takes place in the therapy room, but also between sessions. Therefore, a part of your therapeutic process may include assignments outside the therapy room.

I work with individuals, couples, families and groups. The approaches that I use in treatment vary. I primarily use an existential humanistic approach with an integration of different treatment modalities and techniques. I believe the

relationship between the therapist and the client is paramount for productive treatment and ultimately for healing to occur. Typically treatment consists of:

1. An assessment, which may include any or all of the following: interviews, observation, review of records, behavior rating scales, biological, psychological and social history, and/or mental health evaluation.
2. Development of a treatment plan, which includes goals and objectives, therapeutic interventions and estimated length of treatment.
3. Implementation of treatment plan.
4. Ongoing assessment, discussion of progress, and revisions to the treatment plan as appropriate.
5. Completion or termination of treatment when satisfactory progress has been made or treatment goals are achieved.
6. Aftercare planning for follow-up care to maintain gains and prevent relapse if needed or desired by the client.

**Substance Abuse Issues:** As an intern for substance use should your specific concerns address substance use issues then my work is under the supervision of Dr. Jeanne Griffin a licensed Marriage and Family Therapist, a licensed Alcohol and Drug Counselor and an Eating Disorder Specialist. We meet regularly in order that I can receive the necessary guidance and support to ensure we are working toward meeting your needs.

**Appointments, Fees, Payment:** As a therapist in a private practice, I must operate as a small business. Therefore, I want you to know clearly the fees, payment and charges for my business. Sessions are 50 minutes in length and one session will be \$90 and will be due at the end of each session. Any time incurred due to court proceedings, which includes court preparation time, travel time, providing written documentation, and testifying will also be billed at the same session rate/ per 50 minutes. Partial hours will be prorated. Please note that I do not bill insurance and as an intern insurance typically will not cover your session should you seek to be reimbursed directly.

**Your scheduled appointment time is reserved especially for you. If you are unable to make your appointment, please provide a minimum of 24 hours' notice of cancellation to me directly by calling 702-485-8470. Failure to give a minimum of 24 hours notice of cancellation or failure to show up (No Show) for a scheduled appointment will result in you being charged your full session rate (rate listed above). If you do not book another session within 10 days you will be billed at the address listed on the front of the intake form. Any outstanding monies owed will need to be paid before a future session may be booked. Please initial that you have read this section specific to cancellation of appointments: \_\_\_\_\_**

**Request for Additional Reports/Letters/Documentation/Legal Issues:**

Completing assessment paperwork, treatment plans, progress/psychotherapy case notes, brief phone calls and/or letters are included in your fee. However, if phone calls are frequent or extensive (longer than 15 minutes); if you require additional letters, reports, documentation; or if court attendance is requested, the charge will be based on the fee of \$90 per hour.

**Other Fees/Charges:** You are responsible for all fees/charges incurred and will be billed for all charges not previously paid by you.

**Insurance:** I do not bill insurance at this time and therefore, do not accept insurance.

**Refunds:** No refunds are provided for services already rendered.

**Emergencies:** If I will be out of town for a significant length of time, another therapist may be available for interim treatment. I will discuss this possibility with you before a prolonged absence I might have. On some occasions I may leave contact information on my answering machine for another therapist who will be available in my absence.

**Confidentiality:** My professional code of American Association of Marriage and Family Therapist ethics and the Nevada statutes prevent me from disclosing information that is shared in therapy or releasing information without your written consent. If you are here for couples of family therapy, all persons involved in the therapy process are required to provide written consent before information can be released; however, I cannot guarantee the confidentiality of other participants who are involved in your therapy process. The only exceptions to confidentiality are stated in the family therapy section of this disclosure statement.

**Your rights as a family therapy consumer:**

1. To receive information concerning the methods of therapy employed, the techniques used, the duration of therapy (if known), and the fee structure provided.
2. To seek a second opinion. If needed, I can provide you with names of other qualified professionals.
3. To terminate therapy at any time without moral, legal, or financial obligations other than those already accrued.
4. To know that in a professional psychotherapeutic relationship sexual intimacy between the therapist and client is never appropriate.
5. To know that our therapeutic relationship is confidential except under the following conditions:
  - a. If you threaten bodily harm or death to yourself or another person

- b. If you reveal information about physical abuse, sexual abuse or neglect in regard to a child or elderly person.
  - c. If you are in court-ordered therapy.
  - d. If a court of law issues a legitimate subpoena or a judge breaks your confidentiality.
  - e. If you are under the age of 18, in the State of Nevada, parents have access to information in regards to their child's medical records.
6. If you request, any part of your records can be released to any person or agency if you have signed an authorization for me to do so.

# Acknowledgement

By signing below, I acknowledge that I have received a copy of Karen Anderson MFT disclosure statement.

AS well as agree that:

1. I have read and understood the above policies.
2. I have read and understand the financial obligations and cancellation policies.
3. I have been informed of my therapist's credentials and my rights as a client.

1. Signed: \_\_\_\_\_  
Client or parent/guardian *please print* \_\_\_\_\_  
Date of Birth

Signed: \_\_\_\_\_  
*Signature* \_\_\_\_\_  
Date

2. Signed: \_\_\_\_\_  
Client or parent/guardian *please print* \_\_\_\_\_  
Date of Birth

Signed: \_\_\_\_\_  
*Signature* \_\_\_\_\_  
Date

## Refusal to Sign Acknowledgement

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

\_\_\_\_\_  
Karen M. Anderson MFT \_\_\_\_\_  
Date

## Consent to Treatment

As a client of Karen M. Anderson MFT, I understand that:

1. I have the right to refuse any or all parts of the treatment plan, with the exception of emergency treatment.
2. Consent to any or all parts of the treatment plan may be withdrawn at any time.
3. I will be informed of the nature, consequences and purposes of the treatment plan, and any alternative plans and resources available.
4. All counseling/therapy sessions are confidential other than the situations outlined in the disclosure statement.
5. As a client of Karen M. Anderson MFT, I have read my rights and acknowledge receipt of a copy of her disclosure statement.
6. I have been fully informed of the above, understood the process, and agree to accept such treatment and to cooperate in its implementation.

\_\_\_\_\_  
Client or Parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Karen M. Anderson MFT

\_\_\_\_\_  
Date