



Disclosure Statement (State of Washington Clients Only)

Samantha Wakach, LICSW

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Los Angeles, CA 90045

WELCOME

The following disclosure outlines my professional background, treatment approach, experience, confidentiality, risks and benefits of psychotherapy, information on contacting me, my office policies and procedures, and your rights as a client and consumer in the state of Washington.

Take a moment to read through this form carefully; it is intended to inform you as a consumer. Please ask for clarification now or at any time during our work together.

PROFESSIONAL QUALIFICATIONS AND BACKGROUND

I am a Licensed Independent Clinical Social Worker in the state of Washington, License Number LW61639795 although I reside and have an office in Los Angeles, CA so all of my Washington clients are seen via telehealth at this time. I also hold a license in Idaho (telehealth only) and California (in person and telehealth). I received my Bachelor's Degree from the University of California, San Diego in 1996 and a Masters Degree in Social Work from the University of California, Los Angeles in 1998. I have been practicing for over 25 years working with youth & adults in both short-term behavioral skills-based treatment models as well as longer-term supportive psychotherapy. I have experience in both the private and non profit sectors as a Social Worker, Psychotherapist, Clinical Supervisor of intern therapists, Family Mediator, Family Program Director, and Clinical Consultant.

CLINICAL APPROACH

Early in my career I worked primarily with children & families, later moving into treating adults and couples so I have experience across the lifespan. I have extensive post graduate continuing education & training in Cognitive Behavioral Therapy, Dialectical

Behavioral Therapy, Family Mediation & Internal Family Systems and utilize all four of these approaches in my practice.

I have special interest in life transitions (i.e. leaving college and entering the workforce, life after a divorce, life after a major loss or break up, life after entering or leaving a treatment center program, etc), anxiety & depressive disorders, and assertive communication/healthy boundaries in family systems. I work with individuals, couples, & families.

My approach is to partner with my clients, try to get a thorough understanding of their goals are at the onset of therapy, give an honest assessment as to if I think I might help them achieve those goals, lay out a proposed treatment plan, and regularly check in to assess if we are meeting our goals and/or if new goals have emerged throughout the course of treatment.

PROFESSIONAL EXPERIENCE

Private Psychotherapy & Family Mediation Practice
West Los Angeles, California (telehealth in Washington and Idaho)
04/2009 - Present

Resilience Treatment Center
Century City, California
08/2016- 12/2022
Clinical Supervisor, Family Program Director

Muse Treatment Center
West Los Angeles, California
08/2016-08/2017
Clinical Consultant

Hollygrove/EMQ Families First Agency
Hollywood, California
04/2016-12/2016
Executive Clinical Consultant

The Actors Fund of America
Los Angeles, California
04/2106-08/2016
Clinical Social Work Supervisor, EAP Program, Western Region

Hollygrove/EMQ Families First Agency
Hollywood California
10/2012 – 04/2016
Clinical Program Manager, Family Search and Engagement Program

St. Joseph Center
Venice, California
01/2011-01/2014
Clinical & QA Consultant, Clinical Supervisor

Hollygrove/EMQ Families First Agency
Hollywood, California
03/2004-09/2012
Clinical Supervisor, Outpatient Clinician, Full Service Partnership Clinician

The Help Group Child and Family Center
Culver City, California
03/2001-08/2007
Clinical Supervisor, School Based Svcs. Coordinator, Intake Coordinator, Community Services Block Grant Coordinator Clinical Supervisor

Of One Mind Treatment Center
West Los Angeles, California
04/2007-10/2007
Addictions Group Specialist Contract Counselor

Harbor Regional Center
Torrance, California
08/1998 - 06/2000
Counselor/Case Manager

CONFIDENTIALITY

Clients can rely on me to maintain confidentiality regarding our work together with these few exceptions:

1) I may consult with other therapists, who are required to keep client information confidential, for case consultation purposes. 2) Washington State Law requires that suspected abuse or neglect of a child, dependent adult, or developmentally disabled

person be reported. 3) Washington State Law also requires that others be informed if a client threatens to harm herself/himself, or others. If that threat is perceived to be serious, the proper individuals must be contacted: this may include the individual against whom the threat is made. 4) In the event of a court order, counselors may be required to disclose information in the presence of a judge. 5) Information which may jeopardize my safety will not be kept confidential. 6) In the event of a medical emergency, emergency personnel may be given necessary information. 7) If you bring a complaint against me with the State of Washington, Department of Health, information will be released. 8) 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.

OFFICE POLICIES AND PROCEDURES

Please arrive on time for your scheduled appointment, as your time will not be extended if you are late, and you will be charged for the full 50 minute session. My fee for a 50 minute session is \$350 for individual sessions and \$400 for family and couples sessions. I reserve the right to annually assess up to a 10 percent cost of living increase with a 30 day notice prior to its implementation.

I send invoices to clients at regular intervals (typically at the beginning of the month for the previous month) and collect payment when you are invoiced via credit card, but also accept cash and check. Upon your request, I will gladly provide you with a written statement of payment made.

I do not accept insurance and do not directly bill insurance. If you choose to seek reimbursement from your insurance company, I can provide you with a superbill that is coded with billable diagnostic and procedure codes upon request on a monthly basis.

Please inform me as soon as possible if you need to cancel or reschedule an appointment. You will be charged the full session fee if you cancel or reschedule with less than 24 hours notice. I reserve the right to seek assistance from a collection agency should you fail to pay any balance due.

RISKS AND BENEFITS

Individual therapy is beneficial, but as with any treatment, there are inherent risks. During therapy, you will discuss personal issues which may bring up emotions such as anger, guilt, and sadness. The benefits of therapy can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal

relationships, reduced feelings of emotional distress, and specific problem solving. I cannot guarantee these benefits, but my goal is to create a safe environment where, together, we develop a treatment plan, and work to achieve your goals.

CONTACTING ME

You may call or text message me at (310) 365-4295. You can also email me at samanthawakach@gmail.com. Text messages and emails are reserved for scheduling and non-clinical communication purposes only. For any contact that is personal/private in nature, please call me and/or leave a confidential voicemail.

I do not regularly check voicemails, texts, or emails on weekdays after 6 pm, on weekends, holidays, or when I am on vacation. I provide advance notice as to what holidays I will be taking off as well as vacation schedules.

I do not offer emergency after hours on call and/or crisis support. *If you have a medical and/or clinical emergency, your first contact should be 911 and/or travel safely to your nearest emergency room as I am not equipped to provide emergency or crisis management care as a private practitioner.*

NOTICE TO CLIENTS

As required by RCW 18.19.060, this will inform clients of a licensed or registered therapist 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. Questions or complaints may be directed to the Department of Health, Health Professionals Quality Assurance, P.O. Box 47868, Olympia, WA 98504-7869. Phone: 360-236-4700, E-mail: HSQAComplaintIntake@doh.wa.gov.

CONSUMER RIGHTS

Washington State Law provides that as a consumer:

1. You have the 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 against you, and is sensitive to your gender, race, national origin, language, age, disability or 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 treatments provided. 7. You have the right to review your clinical record and be given an opportunity to make amendments or corrections. 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 filing a grievance. The Ombudsperson's phone number is: (253) 302-5311 or toll free at 1-800-531-0508 or TDD at 1-800-531-0508.

CONSENT FOR TREATMENT

Disclaimer by the State of Washington: "Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of public health and safety. Registration does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment." By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, and that you are consenting to participation in counseling services provided by Samantha Wakach, LICSW

ACKNOWLEDGEMENT OF RECEIPT

I have read this document and I understand and agree to its contents. I have received a copy of this document if requested.

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____