Steve L. Franks, M.A.
Licensed Marriage and Family Therapist
Individual psychotherapy and couples counseling

2702 N. Proctor St., Suite B
Tacoma, WA 98407-5228
Office (253) 952-0550

DISCLOSURE STATEMENT

Welcome. This statement outlines my education, training and experience; explains my therapeutic approach, fees, services, procedures, and your rights as a client. If you have questions about this disclosure statement, please feel free to ask. After you have read this statement, you will be asked to sign that you have received it and will be provided a copy for your records if you so request. My practice and business name is Steve L. Franks, M.A., L.M.F.T., LLC.

TRAINING AND EXPERIENCE

Master of Arts in Marriage and Family Therapy, Pacific Lutheran University. 1995.
Bachelor of Arts in Community Psychology. Central Washington University. 1991.
Washington State Licensed Marriage and Family Therapist # LF00000875
Clinical Member, American Association for Marriage and Family Therapy.
Clinical Member, Washington State Association for Marriage and Family Therapy.

My practice includes individual psychotherapy and couples counseling. I work with a variety of presenting problems, including but not limited to: depression; anxiety; panic; anger; past and recent trauma; past childhood abuse; couple and relational issues; intimacy issues; grief and loss; and life transitions.

THERAPEUTIC APPROACH

My therapy practice draws upon a variety of strength-based approaches to change that emphasize the innate capacity of the human body/mind/spirit/relationship to heal. These approaches include, but are not limited to, Family Systems Therapy, Internal Family Systems Therapy, Bowenian Family Therapy, Emotionally Focused Couples Therapy, Narrative Therapy, Mindfulness Based Therapy, Eye Movement Desensitization Reprocessing (EMDR), and Life Span Integration. I am collaborative in my approach, valuing your participation and the therapeutic relationship as vital to the process.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a plan for treatment. I encourage you to actively participate in the plan for your therapy.

With your permission and when needed, I will collaborate with other health providers involved in your care. I do not charge for 10-15 minute consultations to coordinate your care.

You have the right to refuse treatment or request a referral to another therapist at any time. You can raise questions about my approach and request a change in approach. You have the responsibility to choose the proper person with whom to work, the proper approach for you, and the personal commitment to work on the issues that may hinder or enhance your progress. If at anytime you decide you would rather work with another provider, I can assist you with a referral. My responsibility and commitment is to listen; use my knowledge, training, and experience to aid your progress in therapy; treat you with respect; and abide by the ethics of my profession and the laws of the State of Washington.

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TREATMENT SESSIONS

Sessions typically last 50-60 minutes.

FEES

My fees are as follows:
$190 for an initial intake and assessment (first session).
$130 for a 50-60 minute session (individual or couple).
$190 for a 75-90 minute session (not covered by insurance).
$90 an hour for consultation with another provider, report writing, attendance at meetings you have authorized, and preparation of records or treatment summaries. This fee does not include court appearances or assistance with legal proceedings. I will not become involved in legal proceedings and if you are looking for assistance with a legal issue I can refer you to someone who provides those services. In cases of unusual financial hardship, I may be willing to negotiate a fee adjustment.

PAYMENTS AND INSURANCE

You are responsible to pay for each session at the time of your visit. If you choose to use your insurance coverage, you are responsible to pay your co-pay at each session. If you choose to use your insurance, I will bill your insurance. However, I cannot guarantee that your insurance will reimburse, as that is ultimately between you and your insurance provider. If you choose to use your insurance and they do not reimburse your session(s), you will be responsible to pay for the session(s). If you need authorization from your primary care provider or your managed care company, you will need to have that completed before your first visit. If your insurance company requires any action on my part for authorization of services, I will gladly facilitate this. Checks can be made out to “Steve L. Franks, M.A., L.M.F.T., LLC” or ”Steve L. Franks LLC.” Credit card, debit, and health savings account cards are accepted.

CANCELLATION POLICY

Please give at least 24 hours notice if you are not able to keep a scheduled appointment. This gives me time to contact others who might schedule in your absence. **If 24 hours notice is not given, there will be a $50 charge**. Insurance does not pay for “no show” and late cancellation appointments.

OFFICE HOURS AND EMERGENCIES

I am typically in my office between 9 AM and 6PM or 7 PM, Monday through Thursday. I do not answer the telephone when with a client. When I am unavailable, my telephone is answered by confidential voicemail. I will make every effort to return your call on the same day you make it. The exception is on Fridays, weekends, and holidays. Non-emergency calls in between appointments usually need to be limited to 10 minutes.

If you or a family member are in a life-threatening emergency and you cannot reach me by calling (253) 952-0550, please proceed directly to the nearest emergency room or dial 911. If you are experiencing an emotional crisis that does not involve a threat to your life or the life of another person, and you cannot reach me in a timely manner by calling my

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office number, you can receive help quickly by calling your local Crisis Line: Pierce County (800) 576-7764; King County (206) 461-3222 or (800) 244-5767; and Thurston County (360) 479-3033.

CONFIDENTIALITY

Counseling sessions are held in strict confidence. It is the client, not the therapist, who determines whether information may be released and only then with a release signed by the client. Exceptions to this rule: State law mandates that there is no confidentiality where child abuse or abuse of a developmentally disabled adult has occurred within the last seven years. The therapist may also be required to break confidentiality in life-threatening situations where the client poses a clear and present danger to self or others or is unable to provide minimum life-sustaining self-care. Here, the therapist would take steps necessary to secure the safety of the client and others.

It is standard practice for therapists to participate in on-going clinical consultation. I regularly participate in a clinical consultation group and meet with a consultant. During these consultations only first names are used and your identity is kept strictly private.

If you choose to use your insurance or managed care benefits, I am obligated to release your personal information to them for billing purposes. Although I am very selective in what information I release to them, they can at any time request access your record. The only way to prevent this is by paying for my services directly and not using your insurance. If you are planning to use your insurance benefits, by signing below you are acknowledging that you have been informed of this practice and are giving me permission to release your information.

RECORDS

I keep a record of the health care services that I provide. You may ask me to see and copy that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so.

***I have read the preceding Disclosure Statement and have been given an opportunity to ask questions clarifying any of its contents. I understand the content of this disclosure*.**

_____ _____
Client Signature Date

_____ _____
Client Signature Date

_____ _____
Parent of Legal Guardian (if client is a minor) Date

_____ _____
Steve L. Franks Date