

### **DISCLOSURE STATEMENT**

Oriana Cozzolino, WA Licensed Social Worker (Associate) Independent Clinical #61261384

Welcome to Human Resolve, LLC. Human Resolve, LLC provides individual and group therapy services to adults, focused on culturally relevant and job-specific needs of First Responders. My name is Oriana Cozzolino, I have a Master's Degree in Social Work and Criminal Justice and am a registered social worker in the State of Washington. I am a licensed private practitioner in mental health therapy working under the supervision of a licensed clinical social worker. This document provides you with information about my professional psychotherapy background, the therapeutic process, your rights, and our office policies. Please feel free to ask any questions about this information, or about anything that happens during our work together.

The disclosure statement includes information about my education as well as specific training and treatment modalities I utilize. It also includes important details of therapy such as confidentiality issues, emergencies, and fees. Please read the disclosure statement carefully and if you have any questions pertaining to the information please do not hesitate to ask me before signing.

### **BACKGROUND AND EXPERIENCE**

I come to Human Resolve, LLC through a 22-year career as a WA State Certified Mediator, working with individuals, families, co-workers, neighbors and community members in conflict resolution and mediation. I completed my undergraduate degree in Pre-Law from Smith College in Northampton, Massachusetts. Long before my graduate education, I provided crisis intervention, consulting, and coaching to First Responders first as a volunteer, then as a contractor. I was a faculty member of the International Trauma Treatment Providers for seven years and currently teach with South Puget Sound Community College, The Pierce County Center for Dialog & Resolution, and the Dispute Resolution Center of Thurston County. I have provided hundreds of hours of crisis support through crime victim services work and hundreds more providing mediation to families, businesses, and community members.

In 2022, the University of Washington's School of Social Work and Criminal Justice ranked number 2 in the nation out of 300 advanced social work programs and I completed my graduate studies there focused on the health and wellness of First Responders. I am also a Registered Yoga Instructor with Yoga Alliance, focused on Yoga for First Responders. My approaches and therapies always include a mind, body, spirit component along with practical interventions.

### **THEORETICAL ORIENTATION**

I come from a whole person approach, sometimes called BioPsychoSocial. I integrate many techniques in my approach including evidenced-based CBT (Cognitive Behavioral Therapy), Trauma Focused CBT (Cognitive Behavioral Therapy), self-administered EMDR, Internal Family Systems (IFS), in vivo EBT (Exposure Based Therapy), and psycho-education. My approach is based on the therapeutic relationship and my understanding of the client's needs and best techniques to access the psyche. I work to make this a collaborative effort between the client and the therapist, and come from a general belief that the client is the expert on themselves; I am a guide, an observer, a nurturer, and a supporter for this process. My culturally diverse background, academic interests, and my desire to help people find hope and

courage is the foundation for my work with others. It is at these most challenging times that people grow. My personal experiences have brought me to a place of great compassion for this process.

#### PRACTICE PHILOSOPHY

I believe that individuals seek psychotherapy, counseling, and coaching because they are seeking guidance to make changes, try new behaviors, and learn to heal and grow. Many times, these changes are precipitated by a crisis demanding a change. I support and encourage clients to bring in intellectual, emotional and spiritual resources, or medical information to help them with the problems that they are struggling with, freeing them to create new ways of thinking and believing. Our work together may include assessments, crisis intervention, and individual adult therapy.

I use a variety of tools with each client, tailoring our work to what seems to work best for each. For example, for a police officer who has experienced a critical incident and has completed narrative therapy, I may recommend in vivo (Exposure Based Therapy) where we go to the site of the experience and process the emotional reactions that surface. I might use cognitive techniques to help you think differently about yourself and your situation. I might use insight and interpretive techniques to help you understand yourself and your emotions better and support you finding language to articulate your experiences to family members who support you.

When we begin working together, I usually start by asking questions and listening carefully to understand what led you to seek psychotherapy support and to the deep emotions underlying your concerns. I may ask some questions about your life history and habits to help me understand better. As we work together, we will focus on the presenting issue, your previous attempts to cope with it, your responses and reactions about the issue, and possible alternative actions and their consequences. Although I cannot guarantee a particular outcome, I can promise that I will give my full attention to working with you in a responsible, caring, respectful, thoughtful, and professional manner. Together we will decide the frequency and type of treatment that works best for you. I may offer other therapeutic resources or referrals in the course of our work in order to best meet your particular needs. I welcome your feedback and questions about this document, or any aspect of our working together.

#### AVAILABILITY AND EMERGENCIES

For counseling services, I am available by appointment. I expect that most clients will need to text or call from time to time for information, appointment scheduling, or emergency phone consultation. I return calls in 24 hours or there will be an on-call number on the message. If an emergency arises, leave a voice or text message at (360) 402-7739 and then call the Crisis Clinic at (360) 586-2800 or Code4Northwest (425) 243-5092 for support. If you feel you are experiencing a life-threatening emergency, call 911. Please be sure to discuss with me any questions or concerns you have about this emergency policy.

#### CONFIDENTIALITY AND PROFESSIONAL RECORDS

All issues discussed in the course of therapy are strictly confidential and information may only be released with your written permission. However, Washington law requires a break in confidentiality and for the therapist to inform appropriate agencies or persons in the following circumstances: 1) When your

life or someone else's life is threatened or in danger through your actions or inaction; 2) When there is suspicion or evidence of sexual abuse, physical abuse or neglect involving a minor child, elderly individual, physically disabled, or developmentally delayed person; 3) When a judge orders information to be disclosed in a court proceeding 4) In the course of my receiving regular professional consultation and supervision; and 5) You give written permission to share information. It is the policy of Human Resolve, LLC that records which are requested for court may only be released with your permission or upon a judge's order. If your records are ordered by a judge for inclusion in a legal proceeding, the requesting party will be charged for preparation and copying. At your request, I will write and furnish a report to attorneys or for insurance purposes or other appropriate parties. In the event that your request is in conflict with any of the requirements of the public disclosure act, or if it is reasonably concluded that such knowledge could be harmful or injurious to you your request may be denied in whole or in part. Additionally, this office will be compliant with federal laws.

If it is necessary for me to speak with an attorney, physician, member of your chain of command, etc. you will be asked to sign "Release of Information" form. According to the standards of my profession, I keep records of the mental health services I provide you. If necessary, you may see, copy, or request a correction of that record. It also at times may become important to consult with a Primary Care Doctor or other Medical Provider. The same release of information policy that was mentioned for therapeutic services will be followed.

#### YOUR MEDICAL NEEDS

I do not prescribe for or diagnose a physical illness or disease. I also cannot prescribe medications for psychological concerns. Nothing said or done by me should be construed to be such. Please see the appropriate healthcare professional as needed. I may suggest that you consult with a medical provider and consider different nutrition changes or supplements but do not prescribe any medication. If there is any question about my scope of practice, just ask.

#### NOTICE OF DISCLOSURE

The State of Washington requires all clients to receive the following information:

- You have the right to choose your own therapist.
- You have the right to terminate treatment at any time.
- You have the right to control the method and modality of treatment that you or your family undergoes.
- You have the right to confidential and privileged treatment, except in the exceptions stated under the previous section titled Confidentiality and Professional Records.
- Counselors/therapists practicing counseling must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the Department of Health does not include recognition of any practice standards, nor necessarily implies effectiveness of any treatment. Licensure, does, however involve Master's level education, documented post-masters work experience, successful completion of a national licensing examination, and on-going continuing education training requirements.

#### TERMINATION OF THERAPY

If after working together for a while you feel dissatisfied with the progress being made, please come in and talk to me about it. Therapy is a joint effort between both therapist and client and both must be

committed to the process for it to work properly. At any point in treatment, you have the right to terminate therapy and to receive a referral to another therapist. Please be aware that a therapist also has the right to terminate therapy. The following circumstances are reasons why a therapist may choose to terminate therapy: 1) If a therapist feels that it is in the client's best interest to be treated by another professional who has specialized expertise in the area needed by the client; 2) If a therapist feels threatened by a client or if the therapist is being treated abusively by a client; 3) If a client repeatedly attempts to violate the boundaries of the therapeutic relationship; 4) If the therapist should lose objectivity; and lastly, 5) If a therapist is not being paid for services.

#### WASHINGTON STATE COUNSELOR'S LICENSES, REGISTRATION, AND CERTIFICATION

Counselors practicing counseling for a fee must be registered, certified or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. For further information or to review provider information, complaints and other information.

Washington State Department of Health

[www.doh.wa.gov](http://www.doh.wa.gov)

Health Systems Quality Assurance Complaint Intake

P.O. Box 47857 Olympia, WA 98504-7857

(360) 236-4700

#### COMPLAINTS

If you have a complaint about my work with you, please bring it to my attention. All psychological work can be stressful at times, so conflict and misunderstandings can occur. Usually these are best solved through frank, open and honest discussion and we both probably grow from the experience. If you feel that your complaint has not been resolved through discussion with me, you may address the issue by writing to my supervisor Phoebe Mulligan, [www.phoebemulligan.com](http://www.phoebemulligan.com) or the Department of Health contact information listed above.

#### FEES AND APPOINTMENTS:

My standard fee for an Individual Session is \$75.00. Fees are contingent on guidelines set forth by the agencies or department that contract with me to provide services and I will be clear with you, with notice, about any fees requested from you directly. As I am working towards complete Washington State licensure, I do not bill insurance.

I require 24 hours notification for appointment cancellations since I reserve space for you. If you provide less than 24 hours notice, you will be charged \$65.00 for the session. Payments are due when services are rendered by check, cash, Venmo or Paypal.

I will not charge you for phone contacts that are less than 15 minutes in duration, however, lengthy phone calls will be charged following the initial 15 minutes at a rate of \$20 per 15-minute interval.

All fees are subject to change with a 30-day notice.

IF YOU HAVE ANY QUESTIONS WHICH ARE NOT ADEQUATELY ADDRESSED HERE, PLEASE ASK ME BEFORE SIGNING BELOW. ALSO, IF YOU HAVE QUESTIONS AT ANY OTHER TIME, PLEASE ASK.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE "DISCLOSURE STATEMENT" AND AGREE TO THESE CONDITIONS. PLEASE SIGN THE SIGNATURE PAGES AND RETURN THEM TO ME. I WILL RETAIN A COPY FOR MY RECORDS AND RETURN THE OTHER TO YOU.

I have read and understand the information contained in the Disclosure Statement/Office Policy Form for therapy at Human Resolve. I give my full informed consent to services. I understand the confidentiality rules and the procedures to call and leave a voicemail and to call the Crisis Clinic if there is a crisis. I agree to attend all my sessions and will give a 24-hours notice if I am unable to attend a session. Otherwise, I do understand I will be responsible to pay for any missed appointment fees.

I have read and acknowledge receipt of the Disclosure Statement.

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Name	Signature	Date
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Oriana Cozzolino, LSWAIC	Signature	Date
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Name

Signature

Date

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Oriana Cozzolino, LCSW(A)

Signature

Date