

**Thomas W. Sherry, MS**  
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Licensed Mental Health Counselor, LH3931  
Sex Offender Treatment Provider, FC 192  
National Certified Counselor, #65826  
Child Mental Health Specialist

### Disclosure Statement

The following information is provided in compliance with law to help you understand my background, the extent of confidentiality, general billing information, and your basic rights. Your signature at the bottom of this document indicates that you understand this information that all of your questions regarding it were raised and answered, and that you agree to participate in and receive services with this provider.

I was awarded a Masters of Science in Marriage and Family Therapy from Seattle Pacific University in 1993. I was awarded Bachelors of Arts degrees in Comparative Literature and Business in 1985 from the University of Washington; upon graduation, I also earned initial certification for Secondary Education through the State of Washington. Through additional training and experience, I have earned licensure from the State of Washington as a Mental Health Counselor and full certification as a Certified Sex Offender Treatment Provider. Furthermore, I have earned voluntary National Certified Counselor designation and Child Mental Health Specialist distinctions. Noteworthy experiences include ROPES facilitator certification, Child Protective Team member since 1997, and Professional Ethics trainer since 1994 (average 16 trainings per year). Life experience from which I draw include: coaching, directing & volunteering a summer camp for Hemophilia foundation of WA (1981-2009), operating a small business for 9 years, and competing on a regional & national levels in Triathlons since 1986.

I draw from a variety of treatment perspectives, depending upon what appears to best address the concerns you present. My primary training is based on Systemic Therapy approaches; I also regularly utilize Cognitive Behavioral, Solution Focused, Narrative and Brief Therapy models in supporting positive changes in your and/or your family's life. Though therapy will be directed at improving your current status, do realize that changes in your or a family members' life may bring about unexpected and/or negative outcomes in some dimensions. Be reminded that you can question and/or refuse to attempt activities suggested in treatment sessions. You have the right to choose counselors who best suit your needs and purposes at any time.

Your questions and full participation in therapy are essential to supporting positive change. As you likely realize, current problems may have been developing over time; as such, your effort over time will be necessary to modify or correct them. Based upon my assessment and understanding of your current situation, I will often recommend activities to complete outside of the treatment setting; it will be expected that you will attempt them as part of your efforts to further improve your life--or that you will discuss why the activities are not appropriate for you and/or your family.

Confidentiality is an essential element in your treatment. By law, I must strictly guard whatever you bring to the treatment process, including even your name. With your written consent, I may share information about you to specified parties. There are specific exceptions to maintaining

confidentiality outlined in the law: if I have reasonable suspicion that you or a specific person(s) is in danger of significant harm, and/or I have reason to believe that there is physical abuse, sexual abuse and/or neglect of a vulnerable person, I am required by law to notify appropriate authorities. In any of these cases, I will notify you of the sharing/disclosing of information. Lastly, as outlined in your insurance coverage (where applicable), basic information in your chart may be reviewed.

Below are listed the services I provide and current, corresponding fees for which you will be responsible (third parties, such as insurance carriers, as you may have noted on your registration form, will be billed as a service for you, unless you direct otherwise):

<u>Service:</u>		<u>Initially Planned for Tx:</u>
Diagnostic Interview (90791)	\$160	yes / no
Individual Therapy (90834/90837)	\$140/150	yes / no
Family Therapy (90847)	\$150	yes / no
Group Therapy (90853)	\$50	yes / no
Consultation & Report writing	\$150/hr.	yes / no
Psychosexual Assessment	\$1025	yes / no
Expert Witness	\$250/hr.	yes / no

Co-pay/cost share, as determined by third party payers, may be due at time of services. Please ask about payment options; reasonable payment plans can be arranged & credit cards billed.

You will be responsible for obtaining all necessary referrals to enable my office to bill your insurance company, if applicable, for services provided. If you do not have appropriate referrals at time of first service(s), you may be individually responsible for all fees for services provided if you cannot rectify the situation with your insurance carrier. If the client is under 18, the parent(s) or legal guardian(s) are responsible for financial obligations.

A fee for appointments missed or unchanged within 24 hours of scheduled appointment time will be assessed; the fee can be up to 100% of the planned service. After 2 no-shows, the fee can be 100% of planned service and services may be terminated as ability or interest to participate comes in question.

My signature shows my acknowledgement of the above and any questions I may have regarding the above have been adequately addressed.

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Client(s) and parent/guardian

Date

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“Counselors practicing counseling for a fee 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 does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.” Unprofessional Conduct can be reported to the Department of Health in Olympia, WA.