



PROFESSIONAL DISCLOSURE STATEMENT

Welcome! As part of our therapeutic working relationship, the shared rights and responsibilities are outlined below. Please read the following information carefully and ask any questions you may have. Clinicians are required by law and professional board of ethics to provide this information.

WHAT TO EXPECT FROM OUR RELATIONSHIP: As professional counselors, MWR clinicians utilize evidence-based treatments and practices to assist clients based on individualized assessment. Additionally, MWR clinicians adhere to the standards of the American Counseling Association (ACA). In your best interests, the ACA places limits on the relationship between a therapist and a client and will be adhered to.

The state laws and the rules of the ACA require MWR clinicians to maintain your confidentiality, ***except in certain limited situations***. These are further explained in the "Confidentiality" section of this document. Here, it is explained that clinicians do not reveal who clients are. This is an effort to maintain client privacy and confidentiality. If we meet on the street or in a social, public setting, MWR clinicians will not approach you or say "hello" unless you initiate this first. Clinician behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

For your best interests and compliance with ACA's standards, I can only be your therapist. MWR clinicians cannot adopt any other role in your life. To prevent dual relationships and conflicts of interest as a past or present client of an MWR provider, this may also prevent and limit relationships with any other MWR providers if you are in need of other, non-therapeutic services, such as clinical supervision. In a professional relationship, sexual intimacy is never appropriate and should be reported to the grievance board. MWR clinicians cannot, now or ever, be a close friend or socialize with you. Clinician-client nonprofessional relationships with clients, former clients, their romantic partners, or client's family members will be avoided. Except for the situations described in the "Confidentiality" section, your privacy will be maintained. It is also requested that you not disclose the name or identity of any other client being seen in this office.

WORKING TOGETHER: MWR clinicians will use a variety of techniques based on your unique needs and level of comfort and will be planned collaboratively – the areas to work on, goals, the methods utilized, commitments made, and many other things. This plan can be changed at any time. At times, clinicians may recommend a change in the previously agreed-upon format of counseling. Clinicians will seek consent prior to this and will outline client's rights to refuse services related to the change. Examples include changing from individuals to relationship or family counseling; or vice versa. Clinical goals and progress will continuously be evaluated collaboratively with aims to create steps toward success independently. If lack of progress is assessed, the clinician may offer referral and/or termination of counseling sessions. MWR encourages clients to learn more about clinical topics and may recommend or provide resources to aid in understanding the tasks undertaken or provide help exercises to promote growth and healing. If clinicians determine they are unable to be of professional assistance to clients, clinicians will provide referrals and other resources.

COMMITMENT TO CHANGE: Effective psychotherapy requires client commitment and willingness to change. The responsibilities of an MWR clinician are to serve as a facilitator and guide using evidence-

based treatments and individualized treatment interventions, assist clients in exploration, and evaluating options for change while discovering and utilizing strengths to promote therapeutic outcomes. Counseling requires your courage and commitment to this work. Our work together requires your participation and efforts made towards goal attainment. This is one of the ways that you are an active partner in counseling.

An important part of success in counseling will be practicing new skills learned in sessions. Many MWR clinicians will encourage practice outside of session time and may make clinical recommendations on which interventions to actively engage in to enhance therapeutic outcomes. MWR clinicians will also work collaboratively with clients to identify homework assignments and other tasks to deepen learning. It is likely that individuals will need to make long-term efforts to attain the best results. These are important components of personal change. Change will sometimes be easy and quick, but sometimes it will be slow and frustrating, please discuss these changes with your clinician. Counseling is a process and a personal journey that can be frustrating and difficult at times, yet very rewarding.

THE BENEFITS AND RISKS: As with any powerful treatment, there are risks as well as benefits associated with counseling. Clients are encouraged to consider both the benefits and risks when making treatment decisions. For example, there is a risk that clients will, for a time, have uncomfortable levels of anxiety, sadness, guilt, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may be distressing to clients to varying degrees. In addition, social stigma may also be a factor. Also, clients may have problems with people important to them and choose to share family secrets. Counseling may disrupt a significant relationship and sometimes may even result in an individual engaging in decisions that may be difficult, such as divorce. Sometimes, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. In addition, sometimes things seemingly get better very quickly, and individuals believe that they no longer need to work on their goals for change. This could be because individuals are now addressing these issues. It is encouraged that you and your clinician discuss progress and therapeutic needs at that time to collaboratively determine a discharge plan that works best to meet your goals. Finally, even with best efforts, there is a risk that therapy may not work out well for a client. While one should consider these risks, one should also know that the benefits of counseling, therapeutic services have been supported by scientists in hundreds of well-designed research studies.

Clients may grow in many directions – as individuals, in their personal relationships, in their work or schooling, and in the ability to enjoy their lives. While there is hope that improvement will occur as part of the therapeutic process, there is no guarantee. However, clinicians and clients will work collaboratively and determine any referrals necessary to assist in goal attainment. Therefore, clinicians will enter counseling relationships with optimism about progress. Based on what is learned about individualized problems, it may be recommended that clients consult with a physician or other professional. If recommended, clinicians will fully discuss the clinical utility of these referrals. If clinicians provide referrals that are assessed to be a significant core component of problems and/or treatment success and are not implemented, ethically, services may be terminated with referrals and resources outlined at time of discharge. If treatment is not progressing or is deemed not to be of benefit to the client, which will be discussed on an individualized basis to determine definitions of success and lack thereof, the clinician may suggest referral to another professional. As responsible and ethical clinicians, clinicians cannot continue to treat clients if the treatment provided is not assessed to be successful. If clients wish to seek another professional's opinion at any time, or wish to work with another professional, your clinician can assist in finding a qualified person and will provide him or her with the information needed to initiate services. If another professional treats you, *with your permission*, MWR clinicians will coordinate care and services with providers to aid in the quality of care you receive.

APPOINTMENTS: This time is held exclusively for you. An appointment is a commitment to our work together. If you are late, we will likely be unable to meet for the full time due to other scheduling commitments. In the event that you are unable to attend our appointment, please notify me via email or phone at your earliest convenience. Furthermore, if you discontinue or miss appointments, due to our beliefs in client autonomy, your clinician or scheduling will not reach out to you to determine if you want to reschedule this appointment.

In the event of incapacitation or death of an MWR clinician, the office manager will contact all current clients to assist in providing a referral to another provider. If the clinician experiences a planned absence, collaborative discussion will occur on options for referrals and treatment progression during this absence.

CONFIDENTIALITY: All issues discussed in the course of therapy are strictly confidential. By law, information concerning treatment or evaluation may be released only with the written consent of the person treated or in the case of a person under 13, that person's parent or guardian. However, the law requires the release of confidential information in three situations: 1) reported or suspected abuse of a child or vulnerable adult; 2) serious suicidal potential; or 3) threatened harm to another person. In addition, counselors maintain records necessary for rendering professional services as required by law. Counselors include sufficient and timely documentation to facilitate the delivery and continuity of needed services. Counselors take steps to ensure that documentation in records accurately reflect client progress and services received. When providing for the welfare of minor children, the court may subpoena treatment records. Any release of confidential information will be discussed with clients. MWR clinicians also do their best in acknowledging privacy and confidentiality of minor clients. The state of Iowa restricts disclosure of confidential information regarding substance abuse behavior and only will be released if appropriate releases of information are signed by the minor client. Other information may be provided to legal guardians on a need-to-know basis. It is best to discuss these limitations in more detail with your counselor.

For clients' benefit, and for clinicians' professional growth, MWR clinicians may seek consultation with other professionals regarding clinical work. Clinicians will carefully avoid disclosing identifying factors and provide minimal disclosure if consultation occurs. Information may also be discussed with the MWR treatment team. Information presented in these meetings are for the purposes of treatment review, potential referrals, resources, ethical practices, and providing evidence-based treatments to enhance the quality of care. Additionally, information presented consists of case conceptualization factors that may inform treatment practices, assessment, client progress, barriers in treatment as well as successes. Furthermore, temporary licensees seek clinical supervision and may also discuss these factors for professional growth, development, and training. Please see the list of providers included in this document for members of the treatment team and temporary licensees.

In group therapy, the other members of the group are not counselors. They do not have the same ethics and laws that I work under. You cannot be certain that they will always keep what you say in the group confidential. However, if you are a participant in group therapy, the expectation is that all information shared within the group setting is kept confidential, and each member will be required to sign a group confidentiality statement. Group members who are not adhering to this will not be allowed to return to the group setting.

Furthermore, many individuals may have technological devices with voice assistant technologies. As a result, these technologies may have access to the dialogue that occurs in session. To protect your confidentiality, MWR providers will disable voice assisted technology while in session. As clients, you may consider noting the confidentiality risks and independently determine if continued use of personal voice assisted technology is desired.

SOCIAL MEDIA POLICY: You may choose to follow or “like” **Murray, Wilson & Rose Counseling and Behavioral Services, LLC**. This is entirely optional, and it is important to know that these are public pages where other people will be able to see your participation. *Confidentiality cannot be guaranteed if you are involved with any of these pages, including “liking,” “sharing,” or RSVP’ing to any created events.*

Due to the code of ethics and professional boundaries, MWR providers will not accept friend requests or private messages through social media platforms. If you send a request for either of these, MWR providers will not respond as they cannot guarantee that you are the recipient. Please utilize alternative means of communication. If you choose to send an email, MWR providers will interpret this as consent to receive messages through email.

WAITING ROOM POLICY: Due to the nature of the services provided, it is important that the atmosphere at MWR is quiet and conducive for our therapeutic work, particularly in the waiting area, and not disruptive to therapists who are in session. Therefore, please refrain from cell phone use or engaging in any other behaviors that may be disruptive to counselors, staff, or other clients. Additionally, if a parent/caregiver attends a session, please arrange for adequate childcare if your children are unable to engage in behaviors that support the therapeutic environment. If children are disruptive in the waiting area, we may request that the session be rescheduled when adequate childcare can be attained. Additionally, clients must wait in the waiting area until their therapist greets you. This is in an effort to maintain the privacy and confidentiality of client’s while in session.

CLIENT CONDUCT: MWR is a tobacco free building, which includes vaping. Clients will not be allowed to participate in therapy sessions if they are under the influence of any substance. If a client is suspected or determined to be under the influence, they will be asked to reschedule their appointment and their emergency contact person will be contacted to arrange for transportation. If a client chooses to leave while under the influence, the Hiawatha police department will be notified due to potential risks for harm to self and others. Furthermore, any displays of confrontational behavior, verbal and/or physical aggression towards members of MWR staff (on-site or off-site) or others in the building will result in immediate termination.

It is also important that the time in-session is best utilized to assist clients in reaching their goals. Therefore, it is important that distractions are limited, such as having young children attend sessions. Babies in arms are welcome; however, if your child is mobile, you will be asked to reschedule your session to best provide for your needs and limit exposure of session content to children. If you have questions or concerns regarding this, please discuss with your individual counselor.

DURING AND AFTER-HOURS CONTACT: You may leave a message anytime. Our scheduling team checks messages regularly Monday through Friday from 9 am to 5 pm and will attempt to return your call within 24 hours of the time they receive it. If you have not heard back from them within 24-hours, please call back. If your situation is urgent, you may call the 24-hour Foundation 2 Crisis line at 319-362-2174; Mercy Hospital Access nurse at 319-398-6476; or 1-800-273-TALK to speak with a trained professional. In the case of a mental health emergency, please call 911 or go to the emergency room. In the event that your provider is unavailable for an extended period, your provider will discuss contact and availability of other providers during any extended absence.

Professional Qualifications and Clinical Team

Susie Murray, LMHC, PhD: Susie holds a Master of Arts degree in Counseling, Rehabilitation and Student Development from the University of Iowa. Additionally, she holds a bachelor’s degree in Psychology from the University of Northern Iowa. Susie’s background, training, and education in supervision and counseling theory include Cognitive Behavioral Therapy, Brief Psychodynamic Psychotherapy, Existentialism and Solution-Focused Therapy.

- I am licensed by the State of Iowa as a Mental Health Counselor (LMHC, #001355).
- I received my doctorate in Counselor Education and Supervision at the University of Iowa.

Shannon Wilson, LMHC, PMH-C: Shannon holds a Master of Arts degree in Counseling, Rehabilitation, and Student Development from the University of Iowa. Additionally, she holds a bachelor's degree in Social Work from the University of Iowa. Shannon is certified in Perinatal Mental Health by Postpartum Support International. Shannon's theoretical background and training is Cognitive Behavioral focused, and strength based. Additionally, she is influenced by Mindfulness and Acceptance and Commitment Therapy approaches.

- I am licensed by the State of Iowa as a Mental Health Counselor (LMHC, #001593)
- I am certified in Perinatal Mental Health by Postpartum Support International.
- I am a professional member of the American Mental Health Counselors Association, Iowa Mental Health Counselors Association and the American Counseling Association.
- I am a professional member of Postpartum Support International.

Megan Rose, LMHC: Megan holds a Master of Arts degree in Mental Health and Rehabilitation Counseling from the University of Iowa. Additionally, she holds a bachelor's degree in Psychology and Economics & Business from Cornell College. Megan's theoretical background and training is Cognitive Behavioral focused, and strength based. Additionally, she is influenced by solution-focused, Mindfulness, and Acceptance approaches.

- I am licensed by the State of Iowa as a Mental Health Counselor (LMHC, #001658).
- I am a professional member of the American Mental Health Counselors Association, the American Rehabilitation Counselors Association, and HPSO.

Gabby Hartman, LMFT: Gabby holds a Master of Arts degree in Marriage and Family Therapy from Mount Mercy University. Additionally, she holds a bachelor's degree in Psychology from Clarke University. Gabby's background and training are in Cognitive Behavioral Therapy and is strengths-based; she is influenced by solution-focused and Systemic approaches.

- I hold a license in Marriage and Family Therapy through the State of Iowa (LMFT, #087224)
- I am under clinical supervision, provided by Susie Murray (#001355)
- I am a professional member of the American Association for Marriage and Family Therapy

Molly Martin, LISW: Molly holds a Master of Arts degree in Social Work from the University of Northern Iowa. Additionally, she holds a bachelor's degree in Social Work from the University of Northern Iowa. Molly's theoretical approaches tends to be strength-based and focused on the mind-body connection. She is influenced by solution-focused therapy, Cognitive Behavioral, Mindfulness, and is trained in Collaborative-Problem Solving approaches.

- I am licensed by the State of Iowa as an Independent Social Worker (LISW, #06540)
- I am a Certified Trauma Practitioner
- I am trained in Collaborative Problem-Solving
- I am trained in Eye-Movement Desensitization and Reprocessing (EMDR)

Alicia Bruzek, tLMHC: Alicia holds a Master of Arts degree in Clinical Mental Health Counseling from Western Illinois University-Quad Cities. Additionally, she holds a bachelor's degree in Psychology from the University of Iowa. Alicia's theoretical background and training is narrative focused, and strength based. She is influenced by Cognitive Behavioral and Existential approaches.

- I am temporarily licensed by the State of Iowa as a Mental Health Counselor (LMHC, #091963)
- I am a professional member of the American Counselor Association, Iowa Mental Health Counselors' Association and Chi Sigma Iota

- I am a National Certified Counselor (NCC) through the National Board for Certified Counselors (NBCC).
- I am trained in Trauma Art Narrative Therapy

Lynette Williams, LMFT: Lynette holds a Master of Arts degree in Marriage and Family Therapy from St. Mary's University of Minnesota. Additionally, she holds a bachelor's degree in Psychology from the University of Northern Iowa. Lynette's experience is working with individuals and couples with theoretical background and training in Solution-Focused Therapy and Cognitive Behavioral Therapy.

- I am licensed by the State of Iowa as a Marriage and Family Therapist (LMFT, #098661)
- I am a member of the American Association of Marriage and Family Therapists

Erin Thiemann, tLMHC: Erin graduated from City University of Seattle in 2018 with a Master's of art degree in Clinical Mental Health Counseling. Erin also has a Bachelor's of Science degree in Psychology from the University of Iowa. She is a temporary Licensed Mental Health Counselor (tLMHC) in the state of Iowa and is a National Certified Counselor (NCC) through the National Board for Certified Counselors. Erin is currently a member of the American Counseling Association, and Postpartum Support International.

- I am licensed by the State of Iowa as a temporarily licensed Mental Health Counselor (#096550)

Carrie Wilbur, tLMHC: Carrie has extensive experience working with people with disabilities, focusing on people who are deaf and hard of hearing and is fluent in American Sign Language (ASL). Carrie's clinical experiences include: working with individuals with intersectional identities, chronic pain and illness, grief and loss, and depression and anxiety. Carrie has experience and interest in treating people who may be struggling with the effects of hearing loss, chronic pain or illness, substance use, and depression and anxiety.

- I am licensed by the State of Iowa as a temporarily licensed Mental Health Counselor (#099081)

Emilie Sommers, tLMHC: Emilie Sommers earned her master's degree in Clinical Mental Health Counseling from the University of Iowa in 2021. She also has bachelor's degrees in Engaged Social Innovation and Studio Art from the University of Iowa. Emilie is a temporary Licensed Mental Health Counselor (tLMHC) in the state of Iowa, and is a current member of the American Counseling Association, Iowa Mental Health Counselors Association, and Postpartum Support International.

- I am licensed by the State of Iowa as a temporarily licensed Mental Health Counselor (#108953)

Counseling Interns:

Laren Garrett, intern: Laren is a current master's student in clinical mental health counseling through Walden University with an anticipated graduation date of 2021. She earned a Bachelor of Arts degree in Psychology with a second area of concentration in biology from the University of Iowa. Laren is a current member of the American Counseling Association and is working towards becoming a licensed mental health counselor (LMHC). She is completing her clinical internship with Murray, Wilson, and Rose Counseling and Behavior Services under the supervision of Dr. Susie Murray. Laren has had the privilege of working with people living with bipolar disorder, autism, schizophrenia, and substance use disorders in both clinical and research settings. She hopes to incorporate the exciting advances going on in brain research into how she does therapeutic work.

Laura Crow, intern: Laura is a current master's student in social work through the University of Northern Iowa with an anticipated graduation date of 2021. She earned a Bachelor of Arts degree from Coe College. Laura is a current member of the National Association of Social Workers and is working toward becoming a licensed social worker (MSW). She is completing her clinical internship with Murray, Wilson, and Rose Counseling and Behavior Services under the supervision of Megan Rose (LMHC) and Molly Martin (LISW). Laura has worked in the helping profession for the last fifteen years; she has training and experience working with adults with intellectual and physical disabilities, as well as people living with bipolar

disorder, anxiety, depression, autism, borderline personality disorder, and trauma. Her graduate training has focused on trauma-informed care and practice; Laura has completed Trauma Responsive Yoga training through the University of Northern Iowa. She plans to continue to explore how the mind-body connection can play a healing role in therapy.

Administrative Team Professional Qualifications:

Cindy Scott, Office Manager: Cindy holds a bachelor's degree in Family Services and Psychology from the University of Northern Iowa.

Hannah Lane, Office Assistant: Hannah holds a Master of Arts in English Literature from the University of Northern Iowa; she holds a bachelor's degree in English from Eureka College, Eureka, IL.

I acknowledge understanding and receipt of MWR HIPAA and privacy practices. I understand that I can request copies of MWR HIPAA and Notice of Privacy Practices at any time.

I would like to receive a copy of this disclosure statement: Yes No

Client Name: _____ Date: _____

Name of Parent or Legal Guardian, if applicable: _____

Client Signature

Date