



Janet Pomeroy, MSW, LSWAIC, CMC  
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Licensed Independent Clinical Social Worker Associate (LSWAIC)  
Geriatric Care Manager

## Disclosure Statement

### Method of counseling

Thank you for reaching out for counseling services. It is my intention to bring sincerity, honesty and trust building to our sessions. My counseling approach is very client-centered, meaning that we will work together as a team to clarify your goals and discover your strengths. We may explore new tools to use to increase coping, reduce stress and ways of re looking at your perceptions. I believe that every person has the ability to tap into their own unique wisdom to find inner strength and balance in their lives and relationships.

I have many years of experience supporting adults and family caregivers with my work as a hospice social worker and Geriatric Care Manager. I have helped people facing issues of depression, dementia, anxiety, grief/loss, end of life, medical issues, family conflict, decision making and transitions to new placement and living arrangements.

I graduated from Kennesaw State University in Kennesaw, Georgia with a BS in Psychology in 1997 and received my Master of Social Work degree from University of Georgia, Athens, Georgia in 2002. I have been a Licensed Independent Clinical Social Work Associate since 2019, and my work is being supervised by Jenifer Nazarowski, LICSW, CMC

### WA State Requirements

As a Washington State Licensed Clinical Social Worker Associate with a Master of Social Work, the Washington State Department of Health requires that I maintain records, provide disclosure information to my clients, and make the following statement to clients.

Counselors counseling for a fee must be registered or certified with the Department of Health for the protection of public health and safety. Registration of any individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

The State of Washington also requires that I inform you that "the purpose of the counselor credentialing act, the law regulating counselors is (A) to provide protection for the public health and safety; and (B) to empower the citizens of this state of Washington by providing a complaint process against those counselors who commit acts of unprofessional conduct."

As a counseling client, you have the right to choose a counselor/psychotherapist who will best suit your needs and purpose. If you wish to file a complaint, you may contact Washington State Department of Health's Health Systems Quality Assurance Complaint Intake at P.O. Box 47857 Olympia, WA 98504-7857. You also have the right to discontinue therapy sessions with me at any time.

### Fees and Cancellation Policy

My services include individual counseling. Sessions are fifty minutes unless otherwise stated. Fees will be charged for extensive telephone calls or email consults.

My fee is \$165 per session. Payment is collected at the time of service. You may pay by card or check. I am a fee for service provider only and do not accept insurance, however, I am happy to provide you with information you can submit to your insurance for possible reimbursement.

Please understand when you make an appointment, I am reserving that time for you. If you are late, it may or may not be possible to extend your session for a full fifty minutes. If you are more than 15 minutes late, the session will be cancelled and rescheduled. If you miss an appointment, you will be charged for the full session. There will be no charge for appointments cancelled 24 hours in advance.

### Legal Issues and Confidentiality Concerns

I hold confidentiality as an essential aspect of the work we do together. I will not disclose any information from your sessions, with the following exceptions:

1. If you as the client, provide written consent in the form of a signed release of information.
2. If you as the client, are a minor and the victim of a crime.
3. The information you, as the client share, concerns certain crimes or harmful acts.
4. If you, as the client, bring charges against the counselor.
5. If the counselor receives a subpoena to provide information to the court.
6. If the counselor has a reasonable cause to believe a crime has been committed against a child or vulnerable adult by the client or anyone else.

As an ongoing part of my training as a therapist, I seek consultation from other professional therapists. In these instances, I do not reveal the identity of my clients and in no way is your confidentiality compromised.

## Record Keeping

Washington state law requires that counselors document services rendered with the following information:

1. Client name
2. Fee arrangement and payment record
3. Date(s) of services rendered
4. Disclosure form signed by counselor and client
5. Presenting problem
6. Information about client from sessions or through release of information
7. Progress notes sufficient to support responsible clinical practice for counselor's approach

Clients may request that no treatment records be kept, except numbers 14 above, by providing a written request to the counselor.

For more information about client and counselor rights and responsibilities, confidentiality, and assurance of professional conduct, please refer to the Washington State Department of Health's brochure for counseling clients. Disclosure statement based on chapter 246-810 of WAC, Counselors and Draft Revisions 1116/97, and will be updated as necessary.

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Client Signature

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Date

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