

# DISCLOSURE STATEMENT

Heather Varnau, MA, LMHC  
203 4<sup>th</sup> Ave. E., Suite 309  
Olympia, WA 98501  
360-878-5693  
License #: LH60102386

Welcome! My name is Heather Varnau, MA, LMHC and I am a psychotherapist specializing in individual and couples counseling.

Here is a bit of information about me: I have been in the helping profession for over 10 years. I have worked in a variety of therapeutic settings as counselor/psychotherapist, including: Highline-West Seattle Mental Health Center, The South Sound Attachment Clinic, The Lifelong AIDS Alliance, The University of Colorado Counseling and Psychological Service Center, and The Boulder County Safehouse for Domestic Violence. I have been recognized with awards for my work in community service and scholastic achievement.

**Education:** I have unique graduate training in Contemplative Psychotherapy from Naropa University in Boulder, CO. In my graduate studies, I gained intense clinical training in the psychological traditions of the West and Buddhist philosophy. I received my Bachelor's degree from Western Washington University.

**Additional Training:** I receive on-going training in Internal Family Systems Therapy, the Gottman Method of Couples Therapy, Conjoint Family Therapy, and Buddhist Psychology.

**Professional Activities and Memberships:** I am a member of the American Counseling Association and the Virginia Satir Global Network.

## **Here are your lawful rights as a client:**

- You have the right to choose a counselor who best suits your needs and purposes.

When working with me, the length of time it takes to meet your particular goals will vary. You are entitled to know my professional opinion about your prognosis and estimated length of treatment.

- According to the Counseling Credentialing Act, Chapter 18.19 RCW:

“Counselors practicing counseling for a fee must be registered 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.”

- The purpose of the law regulating counselors is (i) To provide protection for public health and safety; and (ii) To empower the citizens of the State of Washington by

providing a complaint process against those counselors who would commit acts of unprofessional conduct. My registration number is RC00054543.

• By law, what we talk about in our sessions is kept strictly confidential. In the following situations I may be required under RCW 18.19.180 to break confidentiality:

- (1) With your written consent; in the case of your death or disability; or if demanded by your personal representative, other person authorized to sue, or the beneficiary of an insurance policy on your life, health, or physical condition;
  - (2) In the event that you reveal the contemplation or commission of a crime or harmful act (including contemplation or intent for suicide);
  - (3) If you are a minor, and if I discover information from you that you were the victim or subject of a crime, I may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry;
  - (4) If you waive the privilege by bringing charges against me
  - (5) In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter 18.130 RCW; or
  - (6) As required under chapter 26.44 RCW.
- According to RCW 18.130.180, counselors must abide by certain codes of conduct, including never having any kind of sexual relationship with clients. To view the full list of acts of unprofessional conduct, visit [www.doh.wa.gov](http://www.doh.wa.gov). If you feel that I have used unprofessional conduct, please talk to me. If you want to make a formal complaint, contact the Department of Health in Olympia at 360-236-4700.

**A Note About Couples Counseling:** Occasionally, when working with couples, I ask each member of the couple to come in individually. When that happens, all material that is discussed individually is still considered to be part of couples counseling. Therefore, I may disclose topics discussed individually to the other member of the couple in future couples sessions. Please keep this limit to confidentiality in mind.

**A Note About Walk-and-Talk Therapy:** Please be advised that I cannot guarantee the absolute confidentiality of client communications during Walk-and-Talk Therapy. Because we will be outside, and around other people, strangers may hear snippets of our conversation. The only way to ensure total confidentiality is through office visits.

*By signing below, I am indicating that I have read and understand the information, including the limits of confidentiality.*

---

Client Signature (Client's Parent/Guardian if under 18)      Date

---

Heather Varnau, MA, LMHC      Date

# OFFICE POLICIES

1. My fee is \$90 per 50 minute session and \$125 per 80 minute session. In general, individual counseling sessions are 50 minutes long (80 minute sessions can be arranged); couples sessions are 80 minutes long.
2. I offer reduced fee and student discounts on a limited basis. If this has been agreed upon, the reduced fee amount will be \_\_\_\_\_ per session, until further notice.
3. All payment is due at the time of service. I accept cash or checks made out to “Heather Varnau.” You may also make a payment using your credit card through my website at [www.HeatherVarnau.com](http://www.HeatherVarnau.com). I accept most health insurance plans as an “out-of-network” therapist. At the end of each session, I will provide you with a detailed receipt that you can submit to your health insurance company for reimbursement. Please note: the amount of reimbursement depends on your health insurance plan. It is your responsibility to verify your health insurance coverage prior to beginning counseling.
4. If you fail to cancel a scheduled appointment, we cannot use this time for another client. The full fee of the session is charged for missed appointments or no show cancellations with less than a 24 hour notice unless due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for or cancel an appointment at least 24 hours in advance.
5. If you arrive late to an appointment, we will end at the scheduled time. If you are more than 15 minutes late, I may assume that you have missed the appointment and may leave the building. Please call 360-878-5693 if you are running late.

*By signing below, you are indicating that you understand the above policies. This serves as an agreement between us regarding payment procedures.*

---

Client Signature (Client’s Parent/Guardian if under 18)

Date

---

Heather Varnau, MA, LMHC

Date

