HATTIE ROSE PACHECO

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ART THERAPIST & PSYCHOTHERAPIST
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Disclosure Statement

As a mental health provider, it is my responsibility to inform you of your rights as a mental health consumer and provide you with information related to my professional qualifications, therapeutic orientation, treatment methods, and business practices in order to assist you in selecting a mental health professional who best suits your needs and purposes. Please read this statement thoroughly as a part of your consent for treatment. If you have any questions or concerns, please feel free to make me aware and I will be happy to discuss them with you. In this document, “you” refers to the client and “I” and “my” refers to the therapist.

Professional Qualifications

I received my master's degree in Art Therapy & Mental Health Counseling from Springfield College, Massachusetts in the USA. I am a Registered Art Therapist (ATR) with the Art Therapy Credential Board (ATCB) in the USA. My past work experience in the field was at a community mental health center working as a Clinical Therapist at Community Counseling of Bristol County in Taunton Massachusetts. While there I provided clients with individual therapy and developed and implemented treatment plans in collaboration with clients. I often communicated with the care providers most of my clients had acquired including; psychiatrists, social workers, probation officers, lawyers, case workers, nurses and general practitioners. Besides simply checking in with some of the providers, I had those lines of communication to get further recommendations on course/s of treatment for each client.

My education as an art therapist required graduate level coursework that included training in the creative process, psychological development, group therapy, art therapy assessment, psychodiagnostics, research methods, and multicultural diversity competence. I was required to complete at least 100 hours of supervised practicum, and then 600 hours of supervised art therapy clinical internship. In addition, preparatory training in studio art (drawing, painting, clay, etc.) and foundational areas of study in psychology were required in advance of graduate studies. In order to receive my ATR (Registered Art Therapist) I had to complete 100 hours of supervision from a ATR-BC (Registered Art Therapist Board Certified) or ATCS (Art Therapy Credentialed Supervisor). 50 of those 100 hours could be with a professional in a related mental health field such as marriage and family therapy, social work, psychology, addictions counseling, psychiatric nursing, and psychiatry. A total of a minimum of 1,000 direct client contact hours was required as well.

Orientation and Treatment Method

If you have heard the phrase, “a picture is worth a thousand words”, then know that that is a major part of how art therapy can work. The art you create in each session can speak volumes about something going on in your life when you may be having trouble expressing it verbally. Together we will process and find out the meaning behind your artwork in a safe, and confidential space. I use an integrative, client centered approach to meet my clients where they are at, and collaborate on what their goals for therapy are. I administer art therapy assessments when necessary to assist in the therapeutic process, and I like to offer mindfulness practices and guided meditations as well to enhance. I know getting started is the most difficult step to therapy, and it is not an easy thing to do. I try to make therapy fun and enjoyable for my clients, so it will hopefully not be as difficult as they thought it would be. Trust the process.

Confidentiality

You may rely on me to maintain confidentiality regarding our work together with these few exceptions:

1. Suspected abuse or neglect of a child, dependent adult, or developmentally disabled person will be reported.
2. If you threaten to harm yourself or others. If that threat is perceived to be serious, the proper individuals will be contacted: this may include the individual against whom the threat is made.
3. In the event of a court order, therapists may be required to disclose information in the presence of a judge.
4. In the event of a medical emergency, emergency personnel may be given necessary information.
5. If you bring a complaint against me, information will be released as necessary to respond to the complaint.
6. In the event of your death or disability, the information may be released if your personal representative or the beneficiary of an insurance policy on your life signs a release authorizing disclosure.
7. If you choose to use a third-party payor or bill your insurance company, your therapy records may be a part of your larger medical record. Your insurance company may request detailed information about your treatment in order to authorize payment. All therapy notes may be available to any health provider treating you for any purpose.

In order to provide the best possible treatment, I regularly consult with other professionals regarding clients with whom I am working. These consultations are conducted in such a way that confidentiality is maintained to the best of my ability.

I use Gmail and Google in some of my communication. If this is a concern, please, do not include confidential or private information regarding your health condition in email communications. There are times when I email therapeutic notes to the client(s) regarding the work we have done in session. Please let me know if you would prefer that I did not use Google and Gmail for this communication. Google and Gmail move through a server that is not entirely private or secure. All client information pre-session and in-session will be held to confidentiality between therapist and client.

Billing, Fees, and Business Practices

My standard fee for psychotherapy is 17500 kr per 50-minute individual session. Payments are made online after each session has completed. An invoice will be emailed to you from “Hattie Pacheco.” and payments will appear in your bank account under unpaid invoices. If you are unable to keep your appointment for any reason, you must give at least 25-hours advance notice of cancellation. Otherwise, you will be personally responsible for paying the fee for that session. It is considered a "no-show" if no communication is made or you do not show up in the session term. Every year in the month of January, I may increase my rates by 500 kr. or based on cost-of- living increase and expectations from the tax authorities. Clients will be notified of any increases or changes at least 65 days in advance of the change in fee. My services are reimbursable by many unions and associations but not all unions and associations. You are responsible for investigating reimbursement.

Association Information

The Department of Health in Iceland does not currently recognize Psychotherapists or Art Therapists. There is no licensure or governing board. If you suspect that my conduct has been unprofessional in any way, my hope is that you will talk to me so I may respond to your concerns. I honour your concerns with care and respect. If you believe my conduct is unethical and I am unwilling to listen, you may contact SALM: the Association of Psychotherapists in Iceland (Salm.is) and/or Félag listmeðferðarfræðinga á Íslandi (The Icelandic Art Therapy Association at listmedferdisland.com).

Transfer of Client Records

I maintain client records in a safe location. In the event of the termination of my practice, my incapacitation, or my death, your records will be transferred to Todd Kulczyk for disposal.

Pre-Session Information

My reason for asking any identity questions: In the therapeutic process, we may look at the intersection of identities and the social construction of our experience. Culture, power & privilege, racism, heterosexism, oppression, classism, ageism, ableism, etc. are important contextual elements that play a role in our lives and are considered when determining goals and strengths.

Medical Information

Please inform me of any medical conditions you are being treated for as well as any medication you are taking, including psychiatric medication.

Acknowledge, Consent for Treatment, Statement of Financial Responsibility, and Release of Information

Upon reading the information presented in this form and knowing that this information is available at anytime to you on the company website: www.therapycooperative.com, you are informed and willfully consent to treatment under the terms described above.

You hereby give consent for psychiatric and psychological consultation and treatment.

You agree to be financially responsible for all charges that accrue from consultation and treatment.

You agree to be financially responsible for cancelled appointments within 25 hours of agreed appointment time.

You agree to be financially responsible for not showing up or “no shows” on agreed appointment time.

You agree that the information you provide is true to the best of your knowledge and ability.