

# Tawny M. Sanabria, MA, LMFT

## Licensed Marriage and Family Therapist



### Services

Your participation in treatment is voluntary. Your participation in therapy does not guarantee a certain outcome. In addition, you have the responsibility and right to choose a therapist who best suits your needs and purposes. As a consumer of therapy services you have the right to be informed about the following issues.

Confidentiality: In general, all of our sessions will be strictly confidential. This means that I will not share any information about you that would allow another individual to identify you with the information you reveal to me. There are however, several situations in which I am obligated to break our contract of confidentiality (listed below);

- ❖ If you reveal to me that you have intentions of harming yourself or someone else.
- ❖ If you reveal to me that you know of a child, dependent adult or elderly person who is being abused or neglected.
- ❖ If you are a minor and reveal to me that you have been abused or neglected.
- ❖ If I am subpoenaed by the court to reveal information.
- ❖ If we are working together in couples or family therapy, I cannot guarantee strict confidentiality. (RCW 18.19.180)

If you are using insurance to pay for services, please note that most insurance companies require information about you, including treatment services and a mental health diagnosis.

### Professional Qualifications

I am a Licensed Marriage and Family Therapist and have a Masters Degree in Marriage and Family Therapy from Pacific Lutheran University. My approach to therapy is from a systemic perspective, which means that I believe people work in relationship systems and each person in the relationship is important to the balance of the whole. When relationships become out of balance, it is a result of many different factors and patterns, which can be examined in therapy sessions. I place a strong emphasis on healthy communication and problem solving.

I work with individuals of all ages, couples, and families facing a variety of concerns and issues. I have specific experience and training with issues surrounding family and relational violence, anger management and social skills development for children and teens. In addition, I help parents develop skills and an awareness that can help them establish positive experiences with their children and teens.

## **Treatment**

### Course of Treatment:

Generally, each session will meet once a week. The sessions will last for a period of fifty minutes. We will evaluate the need for continued treatment on an ongoing basis. Because therapy is voluntary, you may terminate this service at any time.

### Orientation:

I work with individuals and families from a “system” point of view. This means that I look at problems within the context of the family and the social environment and how these two institutions interact with each other. A focus is on how our individual and community histories and experiences influence the ideas and beliefs we currently have about ourselves. Generating hope and connecting with others provides space for new ideas and perspectives to come into full view, offering increased strength and resiliency. In addition, I think that a desire to learn and a desire to discover are key factors in determining the success of treatment.

### Methods:

As a part of our sessions I may use your family tree to help me understand your family, make assignments for between sessions, use communication exercises, play therapy and cognitive behavioral exercises.

### Risks, Benefits, and Outcomes of Treatment:

Opening yourself up to new levels of awareness may cause pain and/or anxiety. In addition, any changes you make in your life could produce disruptions or turmoil for yourself or others you interact with. Knowing this can help you to decide to what extent you want to engage in self-exploration and change. Some of the benefits of therapy could include increased self-understanding; you may experience greater satisfaction in your relationships with others and your spiritual connections. However, no promises or guarantees can be made about specific outcomes or results of therapy.

## **Legal Issues**

As a client you must be informed of the Counselor Credentialing Act. The purpose of the law regulating counselors is (A) to provide protection for public health and safety; and (B) to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

The Washington State Department of Health requires the following to appear on this disclosure statement:

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

## **Office Policies**

It is important to attend every session. If you won't be able to keep your appointment, please call (253) 261-3789 or (360) 897-0631 to notify me of your cancellation 24 hours in advance of your appointment. You will be charged the full fee if cancellation is not received with proper notice. If you miss an appointment without canceling ahead of time, you may be charged the full fee and a future appointment will not automatically be scheduled for you. I will wait to hear from you to reschedule. If you do not arrive within 15 minutes following your scheduled appointment time, your session may be considered cancelled, or limited to the rest of the time available for your scheduled visit.

I monitor the (253) 261-3789 closely, so if there is an emergency, please use this number. In cases of emergencies on the weekends or after 7:00 pm during the week, please use the following crisis numbers. If you live in King County, call the Crisis Clinic at 1 (866) 427-4747 or (206) 461-3222. If you live in Pierce County, call the Pierce County Crisis Line at (253) 798-4333.

In the event of my absence (vacation or illness) you will be notified if it conflicts with a scheduled appointment and will be provided with a crisis clinic number to be used in emergency situations.

## **Payment Policies**

Payment is due at the time of service unless other arrangements have specifically been made. The charge for the initial session is \$125.00, which lasts about 1½ hours. Regular sessions lasting 50 minutes are \$80.00. If payment is not received at the time of service, a late fee of \$10 may be applied to your account. Payments may be made with cash, check, or debit/credit card. Filling out the attached debit/credit card authorization ensures that you will not incur any late fees, as long as payment goes through. After each session, your card will be charged, and you will receive confirmation of payment via email.

## Signature of Agreement

Your signature indicates that you have read and been given a copy of this document, as well as the opportunity to clarify any questions you have pertaining to this document. Your signature also indicates that you have reviewed this disclosure document and that you have agreed to be responsible for the payment of sessions. My signature indicates the accuracy of the information within this document and my declaration to uphold the conditions listed within. Any exceptions or additions to this disclosure statement appear below.

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Client or Parent/Guardian

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Date

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Participating Family Member

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Date

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Participating Family Member

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Date

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Participating Family Member

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Date

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Therapist: Tawny M. Sanabria, MA, LMFT  
Washington State License #LF00002543

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Date

Exceptions or Additions: