



the center for play therapy
Jacqueline Wright, MS MFT

Professional Disclosure Statement

Welcome to The Center for Play Therapy! Please review the information below and initial next to each numeral, indicating that you understand. Feel free to ask questions or to request assistance if needed.

_____ 1. Qualifications: I graduated from DePaul University in 2005 with a Bachelor of Arts in Psychology and from Edgewood College in 2013 with a Master of Science in Marriage & Family Therapy and have been under a Training License (License #288-228, State of Wisconsin) since 2012, until I reach my 3000 hours post-Masters. My primary focus is in helping children, adolescents, and families through the healing nature of play therapy, creative therapy, family therapy, parent/carer support therapy and parent training/education. I have specialized training in Play Therapy obtained at the Illinois School of Professional Psychology. I am a member of the National Association for Play Therapy, the Wisconsin Association for Play Therapy, the American Psychological Association, and the American Association for Marriage & Family Therapy, and am working towards becoming a Registered Play Therapist. Areas of competency include anxiety, depression, grief/loss, trauma, adjustment issues, low self-esteem, anger, behavioral issues, Autism/Asperger's, divorce adjustment, and a multitude of child-related concerns/issues.

_____ 2. Public Records: My credentials may be verified by visiting the Wisconsin Department of Safety & Professional Services website (www.dsps.wi.gov).

_____ 3. Standards of Practice: Upon request, I can furnish you with a copy of the American Association of Marriage & Family Therapy Code of Ethics for Marriage & Family Therapists, as well as the Standards of Practice for play therapists by the Association for Play Therapy.

_____ 4. Complaints: If you feel you have been treated unfairly or unethically, please feel free to speak with me about the issues. If this conversation does not bring satisfactory resolution to the problem, you have the right to file a complaint with the Wisconsin Department of Safety & Professional Services (address: 1400 East Washington Avenue Room 112, Madison, WI 53703; phone: 877-617-1565; email: DSPS@wisconsin.gov).

_____ 5. Fees and Services: Services are provided for the following fees:

- Initial Evaluation & Observation (1.5-2 hours): \$225
- Individual Play Therapy Session (60 minutes): \$150

- Individual Creative Therapy Session (60 minutes): \$150
- Parent/Carer Support Session (60): \$120
- Family Initial Intake (1.5-2 hours): \$300
- Family Therapy Session (60 minutes): \$200
- Phone Consultations (over 15 minutes): \$60-\$150; based on client's regular fee for service
- Therapist-Child Observation Request by Parent(s)/Caregiver(s) (15-30 minutes): Free
- Records Request: Free

A 24-hour cancellation notice is required. Failure to provide adequate notice will result in a full session charge. Payment is due at time of service. Any increases in fee schedule will be submitted to the client in writing. Clients are seen by appointment only.

I accept private pay (via cash, checks or credit card). I offer a significantly reduced rate for all Medicaid clients, which we will discuss during the initial evaluation. I also offer a sliding fee scale for any and all clients that are unable to pay the full price for sessions, which will be based on family size and income, as well as typical life circumstances (job loss, housing difficulties, etc.).

_____ 6. Privacy and Confidentiality: All information provided by or obtained about a client is considered confidential and shall be protected. Client information includes the therapist's personal knowledge of the client and client records (written, electronic, or verbal). Except as provided herein, client information may be disclosed or released only with the client's (or parent/caregiver's) written informed consent. A marriage & family therapist may release client records without the client's written consent under the following circumstances:

- Where a client's authorized representative consents in writing to the release
- Where communications to the marriage and family therapist reveal abuse and/or neglect of children, elders, or dependent adults which impose an obligation on marriage and family therapists as mandatory reporters
- Where the marriage and family therapist has a duty to warn in relation to communications of threats of physical violence to others or to self, including suicide threats
- Where the marriage and family therapist has been appointed to conduct an evaluation for child custody or visitation by the court
- Where circumstances giving rise to the list of exceptions to the healthcare provider-patient privilege
- Where mandated by the federal or state law requiring release of records or where the marriage and family therapist is served with a subpoena

Minor clients must be informed, at the beginning of the professional relationship, of any laws, which impose a limit on the right to privacy of a minor. The therapist shall obtain the client/parent/guardian's written informed consent before the taping or recording of a session or a meeting with a client, or before a third-party is allowed to observe the session or meeting. Confidentiality of client information will continue to be maintained upon termination of the professional relationship, including upon the death of the client, except as provided under applicable law.

Please note that cell phone calls, texts, and emails can be intercepted by other parties. If you contact the therapist via cell phone, text, or email, she will assume that this is an acceptable way to communicate with you. Please alert the therapist if you have limitations or preferences regarding communication methods, and/or if you prefer she uses a landline.

_____ 7. Limited Access to Client Information: Reasonable measures will be taken to restrict access by others to confidential client information, which includes password protected access for electronic records and locked file cabinets for paper records.

_____ 8. Supervision: Due to the requirements from the Department of Safety and Professional Services with regard to full licensure, this therapist will receive regular monthly supervision regarding all cases. This is necessary and beneficial to your case for the therapist to consult with other mental health professionals for the purpose of case analysis and discussion. Please be aware that identifying information will remain confidential.

_____ 9. Discrimination: There will be no discrimination on the basis of age, gender, sexual orientation, race, color, national origin, religion, disability, political affiliation or social/economic status.

_____ 10. Access to Records: As allowed by law, a client has access to their own records or to the records of their minor child(ren). This is a free service provided by this practice.

_____ 11. Court-related Issues: Expert witness or testimonial services will not be provided. Should you, your attorney, or your spouse/ex-spouse's attorney subpoena the therapist, a \$1000 retainer fee will be required upfront. Additionally, you will be billed \$300 per hour, including, but not limited to, court time, travel time, review of materials and report preparation. The parent initiating the action will be responsible for payment. By initialing, you agree to this payment.

_____ 12. Emergency Situations: You may call me at 608.334-7182, however, please be aware that I do not provide 24 hour crisis services. If you or your child needs immediate attention, please call 911 or visit the nearest emergency room. You may also call the Journey Mental Health Crisis Line at 608.280.2600.

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Jacqueline Wright, MS MFT
Child, Adolescent, & Family Psychotherapy

5308 Valley Ridge Plaza
Middleton, WI 53562
www.playtherapymadison.com

