

# DISCLOSURE FORM

**Diana Wiley, Ph.D.**

Board Certified Sex Therapist  
Licensed Marriage and Family Therapist  
WA State License No. LF 60228827

Diana@DrDianaWiley.com

2515 Fourth Avenue #503  
Seattle WA 98121  
206-448-5359

---

**Methods of Treatment**

My primary specializations in clinical treatment are cognitive behavioral psychotherapy and education. I deliver treatment in talk therapy sessions in my office. I often give regular homework assignments. My greatest depth of knowledge is in sexuality. I work clinically and educationally with individuals and couples, who are often in long-term committed relationships and want to revitalize their intimate and erotic connections.

**Course of Treatment**

A few clients come for only one or two sessions, many come for a number of sessions over a period of months, and some have been seeing me periodically for several years. I am glad to discuss my professional opinion regarding a recommended course of treatment for you, but you ultimately make the decisions about the course of your treatment.

**Additional Disclosures**

Washington State Department of Health Regulation WAC 246-809-710 requires that I make the following disclosures to you: (1) You have the right to refuse treatment and the right to choose a practitioner and treatment modality that best suits your needs; and (2) You may obtain a list of or copy of the acts of unprofessional conduct listed under RCW 18.130.180 from the Washington State Department of Health, Health Systems Quality Assurance Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857, 360-236-4700.

I (we) the undersigned have read and understand the information provided on this Disclosure Form.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Received: \_\_\_\_\_

*Diana Wiley*

Date: \_\_\_\_\_