

DISCLOSURE STATEMENT

Angela Grace Counseling, PLLC

WAC 308-190-040 requires the disclosure of the following information in written form by mental health counselors to their clients.

DISCLOSURE STATEMENT: The RCW 18.19.060 and WAC 246-810-031 require mental health counselors to provide written disclosure of the following information to clients before therapy begins. Please read this statement thoroughly and sign the Consent for Treatment at the bottom. If you have any questions or concerns, please tell me and I will be happy to discuss them with you.

EDUCATION AND EXPERIENCE: I am a Licensed Mental Health Counselor (License # LH60777038). I received my Master's in Systems Counseling from LIOS, Saybrook University. I continue to pursue educational opportunities to enhance my skills and further my growth. I seek on-going supervision from other experienced therapists as part of my desire to bring you the best possible care. Thus, at times, I may share pieces of your story with a supervisor or a supervisory group. As much as possible, when sharing such information, I will protect your privacy and not share identifying information.

I also have a Master's in Public Administration with an emphasis in Public Policy from The Evergreen State College. I am also a certified family mediator. For 5 years I worked with Thurston County and King County Dispute Resolution Centers mediating parenting plans and small claims court.

MY APPROACH: My approach is collaborative, creative, and direct with a sense of humor. I collaborate with clients to address, for example, disappointment, self-confidence, repeating old patterns, anger, and conflict in relationships. I practice a range of different modalities, including Family Systems Theory, Cognitive Behavioral Therapy, Relational Schemas, Mindfulness, and Narrative Therapy.

With creativity, I will lovingly host the systemic health of your heart, body, mind, and soul. I acknowledge strengths and weaknesses as gifts to address the haunting messages of your life. I collaborate with clients to build skills such as coming to appreciate the present moment, letting go of rigid expectations, being open to and looking for the unintended outcomes. I believe if we are held in loving collaborative relationships, we can heal, take risks, acknowledge pain, laugh, imagine, and move towards the opportunity to lead a meaningful life.

A Note About Diagnosis: Diagnoses can help us make sense of troubling situations by providing them a name; however, they can also limit and/or damage the ways we understand ourselves and our experiences. Therefore, as a general policy, I do not give diagnoses except in the following cases:

- 1) It becomes necessary or beneficial during the course of treatment
- 2) If you choose to be reimbursed by your insurance company, which requires a diagnosis

CLIENT'S RIGHTS, PRIVACY AND CONFIDENTIALITY: You have the right to choose a therapist who best suits your needs. You have a right to respectful treatment, and you may terminate therapy at any time. In our work together, I encourage you to voice concerns so that we may discuss and attempt to remedy any issues that arise. Everything discussed during the course of therapy is strictly confidential, including the fact that you are or ever have been a therapy client. I keep records relating to dates of service, fees both paid and unpaid and session notes to assist me in our work together; these are also strictly confidential, and you have the right to request and review your records at any time.

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Exceptions to confidentiality are as follows: (1) when there is a reasonable suspicion of child, dependent or elder abuse or neglect; (2) when a client presents a danger to self, others or property, or is gravely disabled; (3) when a client is involved in legal action and the court requires I provide evidence relating to our sessions; (4) when the Department of Health issues a subpoena associated with regulatory complaints; (5) when you specifically request in writing to release certain information to a third party (e.g., your primary care physician, teachers, family members, etc.). This permission can be revoked at any time; (6) and when a client seeks insurance, and I am required to release relevant information about the service I am providing.

In addition to the above situations, in order to comply with Washington State regulations, I consult with colleagues regarding my work to receive feedback and suggestions. This helps me ensure that I provide you with optimal care. During these consultations, neither your last name nor other unique identifying information will be used.

UNPROFESSIONAL CONDUCT: If you feel your privacy rights have been violated, you may obtain a copy of the acts of unprofessional conduct listed under RCW 18.130.180 and/or file a complaint with the Secretary of the Department of Health and Human Services (please see the contact information below):

HSQA Complaint Intake
PO Box 47857
Olympia, WA 98504-7857
Email: HSQUComplaintIntake@doh.wa.gov
Phone: 360.236.4700
Fax: 360.236.2626

FEES AND SCHEDULING: I charge \$110 for individuals per 50-minute hour and \$135 for family or couples per 50-minute hour unless otherwise agreed upon. Payments are to be made at the beginning of each session, either by check or cash. In some cases, I will offer advance payments. You will not be charged for brief phone calls; however, any phone conversation over 10 minutes will be billed at a rate of \$20 per 10-minute block.

If you need to cancel or reschedule your appointment, please contact me as soon as possible. I will do my best to offer an alternative time, with the understanding that frequent schedule changes are disruptive to our work together and are therefore discouraged. Clients are financially responsible for sessions cancelled less than 48 hours in advance. If you are late, our time together will not be extended. I take vacation a few times a year and observe major holidays. I will inform you in advance of my time away from the office and provide you contact information for another trusted colleague if requested.

About Subsidized Appointments: As part of my commitment to social justice and making mental health care available to those who may be unable to afford it, a portion of my sessions may be made available at a subsidized fee based on individual need and circumstance. If you are interested in being considered for one of these subsidies or if we are working together and you become unemployed please discuss this when you schedule your Initial Consultation, or at your next session. These subsidies are made with the understanding that the recipient does not have insurance coverage, or is unable to obtain reimbursement for services from their insurance. Therefore clients on subsidized appointments will not receive monthly summary billing (Superbills) or assistance with out of network reimbursement.

A Note About Insurance: I am currently not on any insurance panels, so I cannot bill your insurance directly. However, if your insurance covers costs for Out-Of-Network or Non-

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Preferred Providers, you may be reimbursed for a portion (or the full amount) of your session fee, depending upon the type of insurance you carry and your insurance provider; in this case, I will provide you with a receipt you can submit to your insurance company for reimbursement.

It is up to you to check with your insurance provider about your coverage for out of network providers and their services. If your insurance company requests more information than is provided on the receipt, I will provide my treatment plan or therapy notes. You retain ultimate responsibility for payment for services if your insurance company decides that this documentation does not meet their requirements for coverage of your treatment.

Health insurance will not pay for “no shows” or telephone calls. **A question you may want to ask your insurance company: What is the percentage of reimbursement for out-of-network providers and have I met my deductible?**

About Additional Fees: I will bill you on an hourly basis for any time I spend on your case outside the reasonable expectations of counseling sessions and record keeping. Examples of these billable hours include; travel time to another location (such as the hospital, your home, an attorney’s office, or another setting), meeting with other professionals regarding your case, telephone or email time exceeding 10 minutes in a given week, completing insurance forms & writing reports, making copies, etc. My fee for this type of work is \$100.00 per hour, billed on the quarter hour.

If you decided you would like me to appear in court to testify on your behalf, you will need to inform your lawyer that I require 3 weeks notice of the day you are requesting so that I can be respectful of my other clients as I will need to reschedule their sessions due to my absence. I also require that I receive advance payment for each entire day for appearing in court, 8 hours, per day, any day I have to set aside for appearing at your trial, that equals \$800 dollars for each day in advance of the court date. I recommend that you keep in mind that my work as a therapist is to listen and support healing, not to determine what is fact.

VIDEO AND AUDIO TAPING POLICY: On occasion I may wish to videotape record all or part of our session together. This is done for the purpose of enhancing client care and therapist competence. The content recorded is held to the same laws of confidentiality as other material produced during our therapy sessions. This acknowledgement will also document that permission has been given by the client(s) for sessions to be recorded (using audio and/or video recording devices). Observed, or directly joined by a supervisor or co-therapist. Permission may be revoked by the client at any time.

CONTACT INFORMATION AND RESOURCES: You may contact me via email at angela@angelagraccounseling.com or leave a message at (206) 486-5866. I will check my messages on a regular basis and will get back to you within 48 business hours. Please do not use text to communicate with me. Confidentiality is an important aspect of the therapy process. Part of the role of a therapist is to ensure your confidentiality. However, many of the methods commonly used for communication are not confidential.

I encourage you to consider your privacy whenever communicating with me via text, email or voicemail. Though my cell phone is password protected, information may be stored on servers through Verizon, Google, or any other company involved in the transmission of data from you to me.

I understand the ease of using email or texting to communicate, especially regarding scheduling or logistics. I invite you to use whatever methods or combination of methods feels right to you. Please let me know if your preferences change at any time.

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By checking the box below, I understand the risks and choose to exchange unsecured text messages with Angela Grace Counseling, PLLC, at 206.486.5866, to exchange unsecured email with Angela Grace Counseling, PLLC, at angela@angelagraccounseling.com. To leave voicemails for Angela Grace Counseling, PLLC, at 206.486.5866. By checking the box below I give permission for Angela Grace Counseling, PLLC, to leave voicemails and email me with the contact information I have provided.

CONTACTING ME IN AN EMERGENCY: The best way to reach me is by calling my phone number (206) 486-5866 during business hours and leaving a message. My business is not set up to receive crisis calls so I will not always be able to answer your call or return your phone call immediately. I will be able to return your phone call within 48 business hours. If you want to get a hold of me quickly, please do not text, please call and leave a voice message.

In case of emergencies, call 911; the 24-hour King County Crisis Clinic at 206.461.3222 or 1.866.427-4747; or visit the nearest emergency room.

SOCIAL MEDIA: I do not accept friend or contact request from current or former clients on any personal social networking site. Adding clients as friends or contacts on these sites has the potential to compromise your confidentiality and our respective privacy. Regarding professional social media networking sites such as Facebook, Yelp, or LinkedIn, I want you to be informed that if you like my page or connect with my professional social media you are potentially compromising your confidentiality as a client. By checking the box below you understand that by interacting with my professional social media networking sites you do so at your own risk to your confidentiality.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the therapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified therapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

CONSENT TO TREATMENT: Disclaimer by the State of Washington: "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 a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

I understand that if I have any questions or would like additional information, I may feel free to ask during the initial session and any time during counseling process. By signing this disclosure statement I also give permission for the inclusion of my partners, spouses, significant others, parents, legal guardians, or other family members in counseling when deemed necessary by

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myself, or Angela Grace Counseling, PLLC, for purposes of assessment or treatment.

I understand that confidentiality cannot be assured for electronic communication like cell phones, e-mails, and faxing. I do not hold Angela Grace Counseling, PLLC, responsible or liable for breach of confidentiality if I choose to communicate with my counselor by these electronic means. I also give permission for such electronic communications to take place in consultation by my counselor, who shall make efforts to exclude personally identifiable information in such communications.

I understand that sometimes in counseling things get worse (because of repressed issues and systematic dynamics) before things get better. I understand this may be a natural part of the counseling process. I understand that Angela Grace Counseling, PLLC, encourages clients to discuss these issues in session.

By checking the box below, I acknowledge I am of sound body and mind and participate in therapy voluntarily; I have read and agree to the terms of the Disclosure Statement. I acknowledge that I have been given a copy of this document for my records. I acknowledge that I have had the opportunity to clarify the conditions under my consent to treatment. I understand that by signing below I am consenting to treatment with Angela Grace Counseling, PLLC, (Angela Grace Kanevski, MA, LMHC) according to the terms described in this document. I understand that payment is due at the time of service. If I am seeking reimbursement from insurance, I authorize the release of any information necessary to process any claims.

Client Signature Date

Therapist Signature Date

Address

Home Phone

Cell/ Other Phone