Practice Policies & Consent for Treatment

Martha A. Hines, MS, LMHC

Washington State Law requires that as a Licensed Mental Health Counselor (LH00005283), that I inform you of your rights and responsibilities with regard to psychotherapy, and that I disclose information about myself and my practice. Please take time to read this document and feel free to ask any questions you may have.

Client Rights:

1. The right to receive appropriate care and treatment, employing the least restrictive alternatives available or refuse proposed treatment.
2. The right to be treated with respect and dignity.
3. The right to receive treatment which is nondiscriminatory and sensitive to the differences of race, culture, language, sex, age, national origin, disability, creed, socioeconomic status, marital status, sexual orientation, and ability to pay.
4. The right to an individual service plan reflecting problems and/or needs identified for or with the client.
5. The right to have information treated confidentially, except for the right to receive appropriate care and treatment, employing the least circumstances listed below.
6. The right to review treatment records with the therapist, provided that information confidential to other individuals shall not be reviewed by clients.
7. The right to be fully informed regarding fees to be charged and methods of payment.
8. The right to lodge a written complaint with the Department of Licensing at P. O. Box 9012, Olympia, Washington 98504-8001.

Client Responsibilities:

1. To fully engage in the process of treatment with honesty and integrity.
2. To ask questions if anything is not clear or sufficiently understood.
3. To engage in the therapeutic contract and meet all of the obligations therein, including prompt payment for services or follow-up to insure that payment is made by any third party.

Getting Started:

Our initial session is a time to meet, discuss what brings you to therapy, what you are hoping to accomplish, what the fees will be, and to begin forming our working relationship. Within the first few sessions we will mutually decide and solidify your goals, how we can best work together to help you achieve them, and how long we anticipate it might take.

Philosophy of Treatment:

I believe that the working alliance between the client and the therapist is of primary importance in successful treatment outcomes. My approach to the work is reality based and primarily cognitive-behavioral, and psychodynamic. Changing behavior should be grounded in the present. The past informs the present but we cannot change the past, therefore I tend to be focused on your current circumstances and let the past unfold in time as it pertains to your current challenges.

Training and Experience:

I have been a practicing therapist for over 40 years. I received my Masters of Science in Dance/Movement Therapy from Hunter College (C.U.N.Y., New York City). I am also a Certified Movement Analyst, which has enabled me to deepen my understanding of non-verbal communication and human expressiveness as a tool for understanding human behavior. I have been licensed in the State of Washington as long as there has been licensure (2001). I am also certified by the National Board of Certified Counselors. Previous to being in sole private practice, I worked for many years in community mental health in Wash. DC, Bellevue and Everett. As a result my experience with various populations and issues is very diverse. I also taught in a graduate program, Movement in Psychotherapy for 9 years.

Confidentiality:

What we discuss in therapy will be held confidential and will not be disclosed to any other party or agency without your permission. Exceptions to this policy are:

1. If I have reason to believe that child abuse or neglect, or abuse of someone who is unable to protect themselves, has occurred or is occurring.
2. If you threaten grave bodily harm or death to yourself or others.
3. If I am served with a legitimate subpoena by a court.
4. If you are in therapy by order of the court.
5. When I receive supervision or consultation with colleagues who also observe confidentiality.
6. If you are covered by insurance which authorizes treatment and I am required to provide information to a case manager about clinical issues.

Phone Contact and Emergencies:

You may reach me by phone at the following number (206) 200-5329. If you do not reach me directly, please leave a message and I will attempt to return all calls in 24 hours. Always leave a number where you may be reached even if you think I have it, that will facilitate a prompt response. Please bear in mind that my business phone is a cellular phone and is therefore not entirely secure.

You may leave a message through my website by email but do not expect an immediate response unless you call me and leave a message to the effect that you have sent a message. Texting is OK but only for simple straightforward messages. I accept cancellations ONLY by phone.

If you are unable to reach me and need immediate assistance, call the 24 hour care crisis line in your area, or 911 if it is a life threatening emergency.

Missed appointment policy:

If you are unable to attend a session I expect that you 24 hours notice to avoid being charged a no-show fee of $50.00. I am unable to evaluate the appropriateness of your choice to miss so there are No exceptions to this policy. Two misses is grounds for termination, at my discretion. Please not that insurance companies will not cover missed appointments. Any such charges are entirely the responsibility of the client.

Billing and Payment:

Billing is done on a regular basis. You are expected to know your benefits, including co-pays and deductible balances. All personal payments are due at the time of service. Preferred payment method is by cash or check, but I have card capability as well.

Clients using EAP Benefits:

EAP services are for the purpose of assessment and referral or short term problem solving. I must have all appropriate information and numbers at the time of the first service or I will not see you. For the duration of the EAP benefit you must scheduled within one to two weeks. If four weeks elapses between sessions, I will assume you have met your EAP goals and subsequent sessions will be charge to you or your insurance.

Consent for Treatment:

I have received and read a copy of these policies, and have had opportunity to ask questions. I agree to pay for all services rendered in accordance with my financial agreement. I request and consent to counseling services with Martha A. Hines, MS, LMHC, and agree to comply with the terms outlined above. I understand that I am free to withdraw my consent at any time.

Client Signature:_____Date:_____

Print Name:_____

Therapist Signature:_____Date:_____