

DISCLOSURE STATEMENT

Welcome to my practice. This document contains essential information about my professional services and business policies. Licensed Mental Health Counselors are required by state law to provide information about their practices to prospective clients. Please read this carefully and let me know if you have any questions or concerns. Once you are confident that you understand this information, sign this copy and return it to me at our first session. I will provide you with a copy. When you sign this document, it will represent an agreement between us. You are not liable for any fees or charges for services rendered prior to the receipt of this disclosure statement.

Professional Training and Therapeutic Orientation

I am a Licensed Mental Health Counselor Associate (LMCHA) in Washington State, License number MC61328480. I graduated from the University of Washington School of Social Work in 2012. Since 2012, I have worked in the mental health field in a variety of clinical settings. Although I have worked with a variety of mental health issues, I work with children and adolescents, families, couples, and adults. I specialize in women's issues, trauma and grief, anxiety, depression, adolescent issues, and families of children with special needs.

There are times when life becomes overwhelming due to a new addition to your family, career change, marriage, difficulties with pregnancy or motherhood, or many other transitions/changes. You may be experiencing feelings of sadness, worry or frustration. Whether you have specific goals in mind or simply need a supportive space to process a current life change, we will work together during our therapy session to try and bring upon the change you desire. You may also be looking for more extensive therapy to understand how past events and relationships might affect you in the present. During therapy, remembering or talking about unpleasant events, feelings or thoughts can result in you experiencing feelings of anger, sadness, worry, frustration, or loneliness.

I endorse a client centered and collaborative approach to therapy and focus on the individual needs of each client. I see psychotherapy as a collaboration between therapist and client and strive to empower each client in their journey of inner exploration, mental, spiritual and physical healing. I strive to create a safe and trusting environment that is conducive to insightful awareness and positive change. Throughout therapy I will help you find your inner strength in order to formulate goals and help you make the positive changes that you would like to see. I utilize a variety of therapeutic modalities such as (but not limited to) solution focused, cognitive behavioral therapy, trauma-focused cognitive and behavioral therapy, strengths based and psychodynamic.

There is no guarantee that therapy will yield positive or intended results. I do not provide medication, prescription recommendations, or legal advice as these activities do not fall within my scope of practice. Washington State Law requires me to tell you that counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of 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.

Confidentiality

You have the right(s) to Confidentiality as provided in RCW 18.19.180. Information revealed by you during your therapy is confidential, and will not be shared with anyone else without your written permission, except where disclosure is required by law or as provided below:

- 1) You give written consent, or in the case of the death or disability of the client, the client's personal representative, other person authorized to sue, or the beneficiary of an insurance policy on your life, health or physical condition gives written consent.
- 2) Communication to me that reveals the contemplation or commission of a crime or harmful act or in the event of a serious threat of harm to oneself or someone else, the proper individuals may be contacted (which may include the individual against whom the threat was made).
- 3) If the client is a minor, and the information acquired by the counselor indicates that the minor was the victim or subject of a crime, then the counselor may testify at any proceeding wherein the commission of the crime is the subject of the inquiry.
- 4) If you bring charges against me with the State of Washington Department of Health, the records will be released to the Department of Health.
- 5) In the event of a medical emergency, emergency personnel, emergency services or other relevant individuals may be given information if such disclosure avoids or minimizes an imminent danger to your health or safety. (Uniform Health Care Information Act, RCW 70.02)
- 6) In response to a subpoena from a court of law or the secretary of the Department of Health. The Secretary may subpoena such records if they are related to a complaint or report under RCW 18.130.
- 7) If the records are subpoenaed by an attorney in the State of Washington, provided such compulsory process was in accordance with RCW 70.02.060, they will be released unless you procure a Protection Order within fourteen days of the date of the subpoena was served on the counselor and on you. (Uniform Health Care Information Act, RCW 70.02 et. Seq.)
- 8) In the event that it should become necessary to refer your account for collections or to legal counsel in order to collect amounts owed by you (this would not include any information other than the fact of money owed for services by you).
- 9) As required by RCW 26.44 as now or hereafter amended, (Abuse of Children and Adult Dependent Person) which requires reporting to the proper authorities in all cases of suspected abuse (or victimization by a crime) including sexual exploitation, negligent treatment or maltreatment, abuse or neglect of a minor, a developmentally disabled person or an elderly adult.
- 10) I may consult with another professional about your concerns and how I might proceed in order to help you, but I will do so without using your name. The other professional will be bound by the rules of confidentiality as well.
- 11) Most insurance companies require a diagnosis and some require progress reports. If your insurance company covers my services, you may want to check out their requirements before billing them, as these reports represent a leak in your confidentiality.

*Children 13 years of age and older have rights of confidentiality with some exceptions.

I am compliant with the Health Insurance Portability and Accountability Act (HIPPA), a federal law that provides privacy protections and patient's rights regarding personal health care information.

Client files are confidential, are retained for a period of five years, and destroyed after the five-year period (WAC 246-809-035). If you would like me to have communication with others as it relates to your therapy, you will be required to sign and date a written permission for Release of Information to any individual(s) of your choosing. Since the nature of therapy is to provide a safe environment to work on personal issues, it is recommended that this information be released only to those individuals acting on your behalf.

Remote Sessions

I _____ (patients name) hereby consent to engage in Telehealth. I understand that "Telehealth" includes the practice of health care delivery, diagnosis, and treatment consultation using interactive video, audio, and/or data communications. For Telehealth sessions, we will be connecting using a system that is encrypted to the federal standard and HIPPA compatible. It is my responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear our communications or have access to the technology that you are interacting with. Additionally, I agree not to record any Tele Mental Health Sessions. During a Tele Mental Health session, we could encounter technological failure. The most reliable backup plan is to contact one another via telephone. I will ensure that I have a phone with me, and I have provided that phone number. I understand that all fees for Telehealth and non-Telehealth services are the same. I am financially responsible for all services rendered, late cancellations, and missed appointments.

Business Practices

Sessions are 55 minutes and my fee is \$100. You will be responsible for any portion of your co-pay or deductible at each of our sessions in the form of cash or check. In the instance that you have an outstanding balance, the billing company will submit these outstanding balances to a collection agency after proper notification to you. If you are privately paying, I will collect the amount per session at the time of our session. We can discuss other financial payment plans if needed.

If you miss a session without cancelling or cancel with less than 24 hours' notice, you will be charged \$75.00 dollars. Insurance companies do not reimburse for missed sessions. If you are late for a session, I will see you for the remainder of the original time scheduled. You may reach me at 425-679-1304. That number includes confidential voice mail. I will return your call as soon as possible. I check my messages and email a several times during the daytime, evening, and weekends, unless I am out of town. You will be informed in advance of my vacation time. If you have an after-hours emergency and are unable to reach me, please call the Crisis Clinic at 206-461-3222 or 1-800-244-5767, or contact the Police by dialing 911.

Please do not use emails or faxes for emergencies. If we decide together that you need a provider who can be available to you more frequently, I will assist you with additional referrals. Voice mail and phone are the only secure methods of communication that can assure I am HIPAA compliant. Be aware that emails can be read by third parties and that if you use your work email your employer can intercept. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. You should also know that any emails I receive from you and my response that I send to you become part of your legal record. Some clients prefer the convenience of email communication and texting despite their lack of security. I ask that you determine your own preference for security versus convenience in communication. I will only contact you via telephone or mail

unless you state otherwise. If you prefer email or text communication, I will keep my replies brief.

You have the right to review your records in the files at any time. You should know that for your protection I keep very minimal records: billing information, correspondence, release forms (if any) and my copy of your signature page assuring that you have read this document and been informed of the way I counsel, my competence and your rights. I may include a few notes, but I usually share my understanding of your concerns directly with you. When you sign the Signature page to this Disclosure Statement you will acknowledge that you want me to keep minimal records.

Professional Standards

Successful therapy requires the effort of both the therapist and the client. You have the right to refuse therapy services and a responsibility to choose a therapist who best suits your needs. I am a member of the National Association of Social Workers and I am accountable for my work with you and agree to provide services to you in an ethical and professionally competent manner. After the first couple of sessions, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a few referrals who you can contact. If at any point during psychotherapy I assess that I am not effective in helping you reach your therapeutic goals, I am obligated to discuss this with you and, if appropriate, to terminate treatment. In such a case, I would give you a few referrals that may be of help to you.

You have the right to discuss with me any questions you have about your therapy. You also have the right at any time, and for any reason, to decide that you do not wish to continue therapy or to change therapists. I am more than willing to provide names of other therapists in the area as well. I encourage you to discuss your decision to end treatment, as it is an important part of the therapeutic process.

If you have any complaints, you can contact the association of Social Work Boards (800) 225-6880 or Washington State Department of Health (800) 525-0127 (mailing address: The Department of Health, Health Professions Quality and Assurance Division, PO Box 47869, Olympia, WA 98504-7869).

I look forward to working with you in my practice. Please sign below if you have read, understand and accept this agreement.

I, _____, with full knowledge of the benefits and consequences of psychotherapy, consent to be treated by Catherine Garrow, MSW, LMHCA on a voluntary basis. I have been provided with her Disclosure Statement and Office Policies and have read and understand this document.

I also agree to take financial responsibility for my session at the rate of \$100 per 55-minute hour. I will pay for services at the time they are rendered or in advance. I realize that failure to pay for any given session will require me to send payment by mail before the next session, or it will not be conducted.