
Personal Disclosure Statement and Notice of Privacy Practices

Jennifer E. Harris, LMFT
Licensed Marriage and Family Therapist
LF00002535

Currently online only at doxy.me or [Zoom.us](https://zoom.us)
425-688-3943 (confidential phone)

Therapy@JenniferEHarris.com (confidential email)

This notice describes how healthcare information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Why You've Been Given this Document:

Both State and Federal law require me to provide you with this information that is intended to assist you in making informed choices as you begin your therapy process. This document includes information about your legal rights as a therapy client, including what you should expect regarding privacy and confidentiality. Because you have the legal responsibility to choose a clinician and treatment modality that best meets your needs, you will also find information specifically about me, i.e., my training and experience, how I understand the therapy process to work, my practice policies, fees, etc. If you ever have any questions about any of this information, please ask me.

I will not share any personally identifying information about you, or your family, with anyone unless you give me written permission. This means that while I may share general information regarding our work together with appropriate individuals (like colleagues that I consult with), I will not make references to things like your last name, employer, school, etc. My colleagues are also mandated under the same privacy protection laws that I am bound by. All conversations about your situation will also be in secure spaces, i.e. behind closed doors, etc. Being able to discuss our work together with my mentor and/or peers allows for greater care to be given to you.

There are times when I may have to share information about you, such as if I hear of child or dependent adult abuse, serious homicidal and suicidal compulsions, and/or if I receive a court order to share information with a judge/court. Should this occur, I will make every effort to let you know before I have to release information.

Treatment Philosophy

I see therapy as a safe place for people to connect to themselves and figure out how to move differently in the world. My belief is that most change that occurs in connection with therapy comes about through forming and experiencing a trusting, emotionally safe relationship, and in the context of that relationship increasing one's awareness of self, challenging one's old beliefs, learning new skills, establishing appropriate boundaries in relationships with others, and experiencing and letting go of old pain. It is important to me that you know that your participation is voluntary, that you may suggest a change in the direction therapy is going, or request a referral to another therapist at any time. I work with clients collaboratively, meaning that we work together to find solutions and experiences that bring change. Without your engagement, I believe I can do little to assist you in your endeavors.

The procedure I rely on involves talking about emotional experiences, past and present, which are sources of concern or anxiety. This is not a linear process and therefore can be a bit unpredictable. There will be times when you feel angry, frustrated, or depressed and not hopeful. These reactions will probably be temporary and you should expect that experiencing mixed feelings will be a part of the therapy process.

I tend to be fairly active in therapy. I will contribute to our sessions by listening to you openly and non-judgmentally. I ask questions, offer observations, and look for patterns in the aspects of your life that you share with me. I will, however, greatly rely on you to set the direction for therapy as I believe You are the expert on you, and I place considerable trust in your unique healing process. Sometimes I may ask you to do "homework" or to take psychological tests that can enhance our sessions together. You have the right to know what I am doing or planning about your therapy at any time. I believe in

being honest, open, and communicative in order to work effectively as a team. My style of working has been shaped by Adlerian, Jungian, Humanistic, Experiential, Existential, psychodynamic, developmental, systems, and behavioral theory.

Education, Training & Experience

I earned a Bachelor of Science in Psychology from University of Washington in 2002, and a Masters of Science in Marriage and Family Therapy (Clinical Therapy) from Seattle Pacific University in 2004. I am a clinical member of the American Association of Marriage and Family Therapy and the Washington Association of Marriage and Family Therapy.

I completed an 18-month graduate internship. I began my private practice work in 2004. Currently I work full time in private practice seeing individual adults, older adolescents, couples and occasionally I do some adjunctive family work. I have completed a significant amount of post-graduate training in working with couples, trauma, and abuse.

Fees and Scheduling

Your costs for therapy will be specified at the beginning of treatment. Occasionally I find it necessary to increase my fee due to inflation. If this occurs during your treatment, you will be given one month notice prior to the increase. The fee is set on a sixty minute session basis. I prefer to be paid at the time of session unless special arrangements have been made. If you have any questions regarding payments, I encourage you to ask.

If you are intending to use your insurance mental health benefits to pay for all or part of your treatment costs, you should be aware that my contract is with you, not your insurance company. Although I am happy to assist you by billing your insurance company, you are financially responsible for all fees. **If I am out-of-network with your company, you agree to pay for your session in full at the time of session and I will give you a superbill, upon request, so that you will be reimbursed directly.**

You should also be aware that there are certain treatment circumstances for which insurance companies generally do not provide payment: i.e., missed but scheduled sessions, telephone consultations, etc. Which means that you will be billed for missed sessions or less than 24 hours notice to cancel a session.

Regardless of whether you are present to begin your session on time, I will need to end the session at the scheduled time. If I am late in beginning the session, I will make up the time for you.

PLEASE NOTE: When we make an appointment, I am committing to hold that time for you. If you are unable to keep your scheduled appointment for any reason, please give me at least 24 hours advance notice or you will be charged the full amount of the time reserved for you. This policy is not intended to be punitive, but rather to protect my needed income. If I miss a scheduled appointment without notifying you, I will make up the session with you, without charge.

Phone Calls

I use a telephone answering service that will confidentially record your messages. I check messages infrequently, as email and text are preferred modes of communication outside of session. Please talk to me if you have questions or concerns about these arrangements.

EMERGENCY/CRISIS

Should you have an emergency, please call 911 or the Crisis Clinic at 206-461-3222 or 1-800-244-5767. You may call my office (425-688-3943) at any time. During an emergency, you may call me on my cell phone 206-679-8414, however depending on the time and day, I may not be able to get back to you right away. Overlake Hospital, 425-688-5000, provides walk-in suicide assessments and police will transport to Overlake Hospital if necessary. Please ask me if you think a support group or other service may be helpful to you and I will either give you a referral or I will help you locate the service in question. Please also check my website for other helpful links and phone numbers, www.JenniferEHarris.com

Your Legal Rights, Including Privacy & Confidentiality

- You have the right to refuse and/or end treatment at any time.
- You have the right to confidentiality, including the fact that you are or have been a therapy client, except as explained below. I think of this right to privacy as being your most important right as a client. Despite numerous legal exceptions to confidentiality that have been enacted both on the federal and state level in the past few years, it is my policy and practice to keep confidential all information that you discuss with me, and to not reveal it to any other person or agency without your written permission.
- Should there be an instance where I ask you to provide me with written permission to reveal something about you or our work together to someone else, and you grant me permission to do so, you also have the right to revoke that permission. The possible legal exceptions to this policy might be:
 - Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a developmentally disabled person;
 - Where there is a clear threat to do serious bodily harm to yourself or others;
 - In response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint;
 - If you are involved in some legal action, it is possible that a court order might require that I provide the court with evidence relating to your sessions. If this should occur, it would be my preference to work with you to prevent or limit such disclosures.
- If you are being seen with another person present, I can make a request that each person respect the other's rights to privacy, but I cannot guarantee this request will be honored.
- As an ongoing part of my clinical development and in pursuit of providing you with the best care, I consult regularly with a clinical psychologist. Should I discuss your therapy with my consultant or any other clinician, I will only relate the content of our work together. You will not be named, nor will I share any details of your life that might identify you. If you have any concerns or questions about this please let me know.
- I do keep a record of dates of service and fees as well as notes to assist me in my work. I make a practice of not keeping too much personal data in these notes, and observe security precautions to protect confidentiality. You have the right to review your record if you desire. You also have the right to ask me to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record at your request.
- You have the right to request restrictions on certain uses and disclosures of your healthcare information. For example, you might want me to speak with your primary care doctor, but not want me to acknowledge all that you have told me. As a treating clinician, I am legally obligated to agree to your request for restriction, but if I believe sharing the information is required for optimum care or safety, I would want us to make a mutual decision about how to proceed.
- You have the right to confidential communications regarding your private healthcare information, including the fact that you are my client. For example, I will not divulge specific information to anyone who answers your home or work phone (should I have occasion to call you), and/or you can request that I use an alternate mailing address if communication by mail is necessary.
- You have the right to request a written accounting of the disclosures I may have made of your healthcare information (if any). The law allows many exceptions to this accounting, but my preference and practice is for you to know of any disclosures before they occur.
- You have the right to have this written copy of my *Disclosure and Notice*.
- I am required by law to abide by the terms of this document, though I am also legally allowed to change the terms, and to make the provisions of any modified version effective for all private healthcare information in my care. You may request that a copy of a modified version be given or sent to you.

Complaints

If you believe that I have violated your privacy rights, you may file a complaint in writing with me, and/or with the Secretary of the Dept of health and Human Services. I will NOT retaliate against you for filing such a complaint. You may contact the Department of Health at 360-236-4902, or by writing to Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. You can request a copy of the acts of unprofessional conduct, or access this information online at <http://www.leg.wa.gov/wsladm/rcw.htm>

Your Treatment Contract

I have read and understand the Disclosure Statement of Jennifer E. Harris, LMFT have had an opportunity to ask questions about it and have been given a copy for my records.

The Department of Health requires the following statement to appear for all therapists:
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 recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

I agree to begin therapy with Jennifer E. Harris, LMFT for the agreed upon fee of \$125 per 60 minute session and \$175 per 65-90 minute session. All couple and family sessions are \$175/60minutes, and \$225 for 65-90 minutes. I agree to pay \$125 for a missed session or less than 24 hours notice to cancel a session. I understand that emergencies are forgiven.

I agree to never ask Jennifer E. Harris, LMFT to participate in divorce proceedings in any way. I agree that I will never ask my lawyer to request records or submit a subpoena for the purpose of divorce.

By signing below, you are indicating that you understand and accept the general conditions expressed in this document and you are also confirming that you received the HIPAA information regarding your privacy rights. My signature confirms my communication of and commitment to uphold the conditions outlined above. If you have questions or concerns, please talk to me about it.

Client Signature

Jennifer E. Harris, LMFT

Client Signature

Date

Client Signature