

Jenny Pearson, LICSW

Licensed Independent Clinical Social Worker

2955 80th Ave SE, Suite 206
Mercer Island, WA 98040
Phone: 206-715-2200
Fax: 206-257-5085

Disclosure and Informed Consent

Credentials

Masters Degree in Social Work, 1987
Wayne State University, Detroit Michigan

State of Washington License: LW00004456
Licensed Independent Clinical Social Worker (LICSW)

Memberships: National Association of Social Workers
Washington State Society of Clinical Social Workers
Clinical Social Work Association

Postgraduate training in gestalt, object relations, experiential therapies, hypnosis and Thought Field Therapy. Ongoing professional development courses in children, adolescents, families, couples, chemical dependency, grief/loss, sexual abuse/trauma, energy systems, spiritual issues and cultural competence.

About Psychotherapy

I have a theoretical orientation principally informed by developmental theory, family systems, relational and spiritual models. My primary modalities are conversation, inquiry, reflection and education. Where appropriate, I use cognitive and strategic behavioral interventions. With children, I also use art and play therapy. The most effective outcomes are contingent upon a person's willingness to explore their patterns, beliefs and history. This process can sometimes be uncomfortable which is frequently an indicator we are on the right track. Discussing the feelings and experiences that arise is expected and useful. As with any personal work, therapy can be highly gratifying even when challenging. I welcome this opportunity to work with you.

Confidentiality

I am bound by Washington State law *and* professional ethics to hold our conversations in confidence. Honoring your privacy is an essential aspect of the therapeutic relationship. There are several exceptions to the law. They are:

- Your written permission to talk to a specific person
- Suspected child abuse or neglect
- Threat of harm to self or others
- A subpoena or court order regarding our work
- Supervision or consultation with colleagues also bound by confidentiality
- Insurance companies require varying amounts of clinical information to authorize or reimburse treatment; and they have the right to audit your chart.

Your Rights

State law requires that you be informed of the following:

- It is your right and your responsibility to choose a therapist whose method of therapy suits you. You have the right to question your therapist about your therapy as well as the right to choose when to end therapy.
- You have the right to be treated with respect and without discrimination of any kind.
- You have the right to review your record. To do so, request an appointment for this purpose and we will go through it together. Your usual fee will apply. You have the right to question and correct the record verbally and in writing.
- "Counselors practicing for a fee must be licensed with the Department of Licensing for the protection of 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 treatment."
- You have the right to make complaints to the Department of Health, P.O. Box 47857, Olympia, WA 98504-7857 (800) 633-6828 Email: <mailto:HSQAComplaintIntake@doh.wa.gov>

Fees

- \$250** — Initial Assessment
- \$200** — 40 - 55 minute session
- \$160** — 30 - 40 minute session or *missed* session
- \$140** — 20 - 30 minute session
- \$33** — per 10 minute increment for phone calls beyond 5 minutes in length

- Session rates increase annually on January 1st. \$5 is a typical, but not a guaranteed increase.
- Payments accepted by check, cash or bank transfer (Zelle). Credit/debit cards cannot be processed.
- Payment in full is expected at the time of service unless we have made other arrangements.
- I am OUT OF NETWORK with ALL insurance plans. You are responsible for the fee in full.
- I will provide you with the paperwork to submit for any out of network reimbursement available to you.

Initial _____ Missed appointments will be charged the \$160 rate if not cancelled 24 hours in advance.

Phone Availability and Emergencies

You may send UNSECURED voice mails or texts to my phone number which is also my cell phone. Generally, I return calls Monday through Thursday. I address texted schedule issues at my earliest opportunity. I am unable to address any clinical issues by text. If you have an emergency and I am unavailable, call 911 or the Crisis Line 206-461-3222. When I am on vacation, I will inform you who is covering for me.

Bad Weather Policy: You will not be charged for an IN PERSON missed session if your school district has cancelled classes. Appointments will be conducted virtually where appropriate.

Consent

Your signature indicates:

- You have read and agreed with the policies herein, including the missed session fee.
- You have had an opportunity to ask questions and receive a copy of this disclosure.
- You are aware you can withdraw your consent at any time.
- You release me to provide information to a third-party payer to facilitate reimbursement, which may compromise your confidentiality.

Client: _____ Date: _____

Parent of minor: _____ Date: _____

Jenny Pearson, LICSW: _____ Date: _____