



Disclosure Statement, Informed Consent & Privacy Practices

Judy Oliver, MA, LMHC

Mad Skills Counseling
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Certifications and Credentials:

- ❖ WA State Licensed Mental Health Counselor (LH60927482)

Therapist's Education, Training, and Experience:

- ❖ Masters Degree of Arts in Counseling from Saint Martin's University (2017)
My major coursework included: family systems theory, lifespan development, anti-oppression theory and application, sexuality and sexual issues, couples therapy, and theories of individual counseling.

Therapeutic Orientation and Treatment Modality:

My areas of expertise include Individual, Couples, and Family therapy. My therapeutic approaches are grounded in Cognitive Behavioral Therapy (CBT), Internal Family Systems (parts-work), Narrative Therapy and Sex Therapy. For couples, I concentrate on Emotion Focused Therapy, Relational techniques (RLT), and Imago Therapy. I believe, with warm and authentic support, every person has the ability to identify inner resources and acquire skills that will empower them to find healing, peace and fulfilling relationships to self and others. I subscribe to a safe, respectful, honest environment and my style is compassionate and appropriately direct. Some techniques I use include: family-of-origin exploration and the effects it has on current relationships, psychodrama, personality testing (Enneagram), and existential exchange. While I find exploration of the past useful, I also use the here and now to realize and effect change.

Course of Treatment:

Since every person or family has different needs and goals in the therapeutic setting, I utilize our first meetings to determine the best course of treatment for you. I will discuss possible courses of treatment with you as they become apparent.

Client's Cost Per Session and billing practices:

<u>Couples</u>	<u>Individuals</u>	<u>Families or Multiple Partner</u>
\$225 for 55 minute session	\$165 for 55 minute session	\$285 for 55 minute session
\$280 for 85 minute session	\$215 for 85 minute session	\$365 for 85 minute session

Exceptions to my regular fee are as follows:

Initial 15-minute consultation	No charge
Phone calls or email exchanges that exceed 5-10 minutes of my time	Hourly rate (prorated)
Letters written on behalf of client outside of session	Hourly rate (prorated)

Payment is due at the time of service. All clients are required to provide credit card information. Your information is stored in my HIPAA compliant server through my office software (Simple Practice). This is a secure and confidential payment system. Regular session fees will be charged automatically after completion of sessions, unless you prefer to pay by check or cash. If checks are returned unpaid, you will be charged the full fee plus an additional \$40 for the returned check. I can provide you with a Superbill to submit to your insurance carrier for out of network reimbursement if you wish. In the event of an unpaid bill, your name, address, phone numbers, social security

number, date of birth, dates of service, and payment record may be disclosed to a collection agency. In such incidents, I will attempt to notify you before taking such action.

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost under the law. Health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services. This Disclosure clearly outlines fees and expected costs, but if you would like a separate document, I will provide one upon request.

Scheduling & Cancellation Policy

If you are unable to make a session, please notify me at least 24 hours in advance via voicemail, text or email. (Please don’t respond to reminders from simple practice). If you are unable to make your scheduled time and have not provided 24 hour notice, the full session fee will be charged to your card on file (major illnesses and emergencies are exceptions). If you are more than 20 minutes late to your scheduled appointment, I cannot guarantee my ability to see you and will consider our appointment cancelled, charging full fee

Vacations & Sick Days

I typically provide two weeks notice for extended vacations that would interrupt the normal session schedule. If it is a sick day, you will be notified of the cancellation as soon as possible and a make up session will be scheduled. You will not be charged for any sessions missed due to sick days taken by me.

Scope of Practice & Limitations of Service

My role in our therapy relationship is strictly to provide mental health services and all services are strictly verbal in nature. I do not provide; custody evaluations, court ordered mental health evaluations, medication or prescription recommendations or legal advice, as these activities do not fall within my scope of practice. Any and all medical and/or legal questions, including those pertaining to medications or medical procedures, custody evaluations, etc. must be directed to the appropriate professional. It is my policy to collaborate with your other providers to help ensure you receive comprehensive, informed, integrated care. Doing so requires your written consent on a separate release of information. You are free to decline or revoke such consent at any time within the provisions explained in my Notice of Privacy Practices (provided as part of my Professional Disclosure Statement).

Please understand that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), you agree that neither you, your partner(s), your attorney(s), nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding. I will release information for legal proceedings ONLY upon issuance of a subpoena by a judge. If records for therapy sessions conducted between myself, you and your partners(s) are later subpoenaed during divorce and/or custody proceedings, you agree that I may honor any lawfully issued subpoena and release the records without requesting or obtaining any additional authorization from you or your partner(s).

Relationship as Client:

For couples and partners seeking therapy for their relationship(s), the relationship—not any one person—is the client. This can be true for divorce and co-parenting as well. If couples or relationship therapy is the chosen modality, individuals’ goals are tended to for the survival and thriving of that relationship. Sometimes seeing you and your partner(s) separately can be helpful to my understanding of your relationships and I may work with partners individually to determine how each person can contribute to the relationship as an individual without fear of judgment.

“Limited Secrets” Policy – For Couples and Partners

If you are here to work on a relationship problem, it’s important for you to understand what I believe about relationships and marriage.

First of all, I do not have preconceived notions about whether you should stay together or part ways. I believe it is important to explore such questions openly, honestly, and thoroughly. Once your goals are established, I will work diligently to support you in achieving them, whatever they may be. Second, you are entrusting me to use my professional judgment as it relates to individual confidences.

By signing this form, you are acknowledging that anything you communicate to me individually by phone, email, or any other means may be important to bring up and work on in a couple therapy session, and I reserve the right (but not the obligation) to do so.

In cases of infidelity recovery, I subscribe to a strict "no secrets" policy, and part of our work will be structured disclosure, processing, and healing.

Therapeutic Relationship & Social Media

Therapy never involves any romantic, sexual or other dual relationship that impairs the therapist's objectivity, clinical judgment, or that can be exploitative in nature. Even on a lesser scale, I will obtain the best objectivity when I do not form any relationship with you and your partner(s) other than the therapeutic one. This means maintaining different social circles, and not befriending one another on a social network other than the following: liking my public therapy pages on Facebook/Instagram or subscribing to any newsletters or blogs I maintain. Understand that to respect your privacy and confidentiality, I will not come up to you or your partner(s) in public, but will allow you to approach me only at your choosing. If you approach me, this means you understand the risks associated with acknowledging the therapeutic relationship and accept those risks. If we cannot avoid this respect for privacy (e.g., serve on a committee together) we will discuss these complexities to ensure your privacy and comfort.

Consumer Relations:

Washington State law requires Licensed Therapists to provide clients with certain information about their rights and responsibilities (see WAC 246-809-710). This sub-section does not grant (clients) new rights and is not intended to supersede state or federal laws and regulations, or professional standards. You have the right to refuse treatment and the right to choose a practitioner and treatment modality that best suits your needs. If you wish to obtain a list of the acts of unprofessional conduct listed in the laws (RCWs), you may contact the Department of Health at:

Washington State Department of Health (360) 236-2397

111 Israel Road SE, Tumwater, WA 98501 or visit: <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130.180>

Confidentiality/ Notice of Privacy Practices:

I keep a record of the health care services that I provide to you. You may ask to see and copy that record. You may also ask me to correct that record. I have an ethical and moral responsibility to protect your confidentiality and I will not normally disclose your records to others. However, there are some limits to that protection. First, in some instances you may wish me to share information with another person (attorney, family members, or another health-care provider). In such cases, you will be asked to sign a "release of information" form. Second, I may be required by law to disclose your confidentiality information. This would occur only in the following instances:

- 1) If I have reason to believe your or someone else's life and safety is threatened or endangered.
- 2) If there is evidence, or even suspicion, of physical or sexual abuse or neglect of a minor child or vulnerable adult (dependent, developmentally disabled, elder, or incapacitated person). I must, by law, report all incidents of past or current abuse or neglect of children or vulnerable adults. I must also report serious threats against another person and serious suicide intentions.
- 3) As part of good professional practice, there are times when I consult with colleagues on various therapeutic issues. When I do, it is with considerable caution and I do not disclose any identifying information about you.
- 4) In the event of a court subpoena, a therapist may be required to testify.
- 5) In the event of an emergency, I will report to the doctor or hospital.

Communication

Other than emergencies, any communication between myself and you and your partner(s) should be held during session, not between sessions. A prorated fee will apply to any and all communication related to treatment (not scheduling or payment) that is held between sessions and exceeds 5 minutes total.

I am required by law to safeguard your protected health information (PHI), which includes information related to your mental health. As a result, I ask that you utilize my secured client portal for information exchange. This is a secure external server encrypted with high-level security where only you and I, Judith Oliver, LMHC, have access to this information. At this time, any communication via telephone or standard email with me is not considered secure. Please be aware that it is always a possibility that unauthorized persons could access your PHI through any medium and it could be compromised. As a result, at the start of treatment I request that you agree not to divulge personal health information outside of the therapy room whenever possible, and keep outside communication to scheduling and payment discussions. If you divulge personal information in these mediums, you agree to accept the risks associated with them.

If an emergency arises and you cannot contact me, contact the Crisis Clinic at (360) 586-2800, call 911, or go directly to St. Peter's Hospital Emergency Room