

## Joyce M. Almerigi Counseling and Psychotherapy LLC

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### **Disclosure Statement**

#### Therapist Information

I have a master's degree in psychology from Antioch University, including academic/internship work in individual and group counseling with additional training in counseling survivors of domestic violence. I am a licensed clinical mental health counselor associate (LMHCA: #MC60976148) in the State of Washington, practicing under the supervision of Katherine Fort, LMHC (LH60160347).

I work with Individuals and Groups. I will meet you where you are without judgment, but with compassion and empathy, and together we will move at your pace, in a confidential and safe environment. My approach is collaborative and tailored to each client's individual needs. We will work together through your cultural lens to identify and draw from your unique resources and abilities to find solutions for any difficulties you may be experiencing. I believe people are the experts of their lives. I will offer you assistance in developing an awareness of your inner strengths and resilience, relational patterns of interacting, and life experiences that have influenced who you are. We will look at areas that you may want to change and develop treatment goals that are in alignment with your personal values, beliefs, and goals.

#### Benefits and Risks

It is important that you understand that therapy has potential benefits and risks. You may experience intense emotions and recall aspects from your past that cause discomfort. You may find that things seem worse before they get better. When we are in the process of change, these are normal feelings. At the same time, however, therapy offers significant benefits, including improved interpersonal relationships, reduction of distress, and enhanced problem-solving and coping skills. Although I cannot guarantee the outcome of your therapy, I am committed to helping you heal, learn, and grow in an atmosphere of caring and respect.

You have the right to terminate therapy at any time. However, it is understood that premature termination may result in the return of the initial problem. When you initiate terminating regular sessions, you are no longer considered an active client. There are some instances where we may work together for a period of time; your treatment needs change, and I am no longer the most suitable clinician for you to work with. If I feel that your treatment needs would be better served by another specialist or clinician with

training in areas that I do not specialize in, I will work with you to transition to a clinician that may be more effective in helping you.

### Fees, Appointments, and Insurance

#### *Individual therapy:*

\$100 - \$120 per 60-minute session for individuals

\$150 - \$180 per 90-minute session for individuals

#### *Group:*

\$50 per 90-minute session per each group member

Fees are due at the beginning of the session unless other financial arrangements have been made. I do not participate in any insurance networks and cannot guarantee that the services I provide will be covered by your policy. I can provide you with a Super bill that you can submit to your insurance carrier for possible reimbursement. Please check with your carrier regarding your coverage for out-of-network services.

I offer therapy at a reduced rate for a limited number of client slots. If this is of interest to you, please let me know. There is no pre-set range for a sliding scale. At the end of six months, we will review your financial situation and renegotiate an appropriate rate. Washington State law allows therapists to terminate with clients who do not pay the agreed-upon fee.

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for the preparation of litigation or other legal action, I can help you find a referral for a forensic specialist. I generally recommend that you avoid introducing your therapy as evidence in court proceedings if possible, in order to protect your confidentiality. I charge \$120.00 per hour plus expenses (e.g., travel, parking, etc.) for any service related to legal proceeding (e.g., deposition, testimony, etc.).

I am available by phone for emergencies Monday through Friday between the hours of 8:30 a.m. and 6 p.m. This is limited to 15 minutes at no charge. The above rates apply (pro-rated by the half hour) for any service by telephone that exceeds 15 minutes.

### Cancellations and Missed Appointments

While I understand that occasionally there will be a need to cancel or reschedule an appointment, you will be charged the full rate for missed appointments or cancellations that are made less than **48 hours** in advance of your scheduled appointment. The only exception to this policy is when there is an emergency, such as an accident or a death in the family.

### Method of Payment

Cash, Check, VISA, Mastercard, American Express, and Discover. Although I do not bill insurance companies, I can supply you with a Super Bill to submit to your insurance company for possible reimbursement.

### Contact Information

If you cannot reach me by phone and you are experiencing a mental health emergency, please go immediately to the nearest emergency room, call 911, or contact the 24-hour Crisis Line at 1-866-427-4747.

Via telephone: If you need to speak with me between your scheduled appointments, please leave your name, your contact number, the best time to reach you, and a brief description of the nature of your call on my confidential voice mail. I return voice messages within 24 hours between the hours of 8:30 a.m. and 6:00 p.m. Monday through Friday.

Via Email: You are welcome to contact me via e-mail, as well, but be aware that email is not a secure method for communication. I am happy to use email for scheduling and informational purposes but ask that you refrain from including any personal or private information when you use it to communicate with me. Applicable laws require that you opt in, giving me permission to contact you by email. Please **initial below** if you agree to be contacted by email:

\_\_\_\_\_ I give permission to Joyce Almerigi to contact me by email at the address(es) I provide to her, including automatic emails generated by my online scheduling system.

For ethical and privacy reasons, I do not engage with clients over social media nor do I read or respond to text messages.

Sign and date here to confirm that you have read and understand the Contact Information section: Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Client Rights, Confidentiality, and Exceptions

You have the right to be informed about your treatment, to have input, and to request changes in it. You have the right to refuse and/or discontinue treatment at any time; however, it is helpful to allow at least one session to formally end our work together. Information identifying you and your treatment are confidential and cannot be disclosed without your consent.

Exceptions to this are:

- 1) In keeping with best practices, I participate in supervision and consultation with other therapists. My colleagues are required to

adhere to the same standards of legal confidentiality. I will also refrain from sharing any information that could potentially identify you, providing only the information necessary for the purposes of the consultation.

2)If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn he/she of your intentions. I am also required to contact the police and ask them to protect your intended victim;

3)If you provide information about the physical or sexual abuse of a child under the age of 18, a developmentally disabled person, or a dependent adult, I am required to inform Child Protective Services within 48 hours and Adult Protective Services immediately;

4)If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team;

5)If you reveal information about the impairment or sexual misconduct of another psychotherapist licensed in the State of Washington, I am required by law to report that conduct to the Dept. of Health;

6)In response to a subpoena, I may be required to submit notes or information regarding your case, in which case I will do everything in my power to protect you as a client;

7)If you have given written consent to have the information released to another party or should disclosure of confidential information be necessary, I am committed to working with clients as respectfully as possible.

If you are part of Group counseling, it is important that you understand the importance of confidentiality as it pertains to the group.

### HIPAA

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. If you choose to communicate with me via email, please be aware that email is not reliably confidential. All email is retained in the logs of the internet service provider. While under normal circumstances, no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet

service provider. Any email received from you, and responses sent to you will be included in your treatment record.

Complaint Process

Washington State law requires that I notify you of the following: Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration/licensure of an individual with the department does not include a recognition of any practice standards, nor necessarily imply effectiveness of any treatment. The purpose of the Counselor Credentialing Act (Chapter 18319 RCW) is: (A) to provide protection for public health and safety; and (B) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct (RCW 18.130.180). Complaints regarding unprofessional conduct can be made to the Department of Health, Counselors' Program, for the State of Washington at: 1300 SE Quince St. P. O. Box 47869, Olympia, WA, 98054-7869; Telephone: (360) 664.9098.

If you have any questions or concerns regarding my services or conduct, I encourage you to first discuss them with me or my clinical supervisor: Katherine Fort, LMHC (LH60160347), e-mail: [katherinefort@gmail.com](mailto:katherinefort@gmail.com); telephone number: 206.929.2441.

Client Consent to Psychotherapy

I have read this statement, considered it carefully, asked any questions, and understand it. I consent to therapy.

Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_ Date

Therapist Signature \_\_\_\_\_ Date