Pacific Therapy and Consultation, LLC
Jill Forsberg, MA LMFT
7909 10th Ave SW Seattle, WA 98106
(206) 745 4178

Credential Number: LF60124554

Purpose of This Disclosure

Welcome to Pacific Therapy and Consultation. Your client rights are important both legally and ethically. In order to provide you with the best care possible, we want our clients to have as much pertinent information as possible. If you have any questions or concerns, please feel free to discuss them with me.

Client Rights

1. You have the right to refuse treatment
2. You have the right to choose the provider and treatment modality which best suits your needs.
3. You have the right to lodge a grievance with the State of Washington Department of Licensing if you feel your rights have been violated. A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

   Health Systems Quality Assurance Complaint Intake
   Post Office Box 47857
   Olympia, WA 98504-7857
   Phone: 360-236-4700
   E-mail: HSQAComplaintIntake@doh.wa.gov

Confidentiality

Your participation in therapy, the content of our sessions, and any information you provide to me is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give me written consent to have the information released to another party;
- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;
- If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

Consultation and Access to Records

As a licensed Marriage and Family Therapist, I receive ongoing supervision and participate in peer review and case consultation with other professional therapists. I do this so that our collective knowledge may help me provide you the best counseling services possible. With professionals not partnered at Pacific Therapy and Consultation, I may disclose information about you in consultation with colleagues, in which case I will limit the information I disclose to the minimum amount necessary. I have an agreement with Dr. Cayla Minaiy LMFT PhD to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Dr. Cayla Minaiy LMFT PhD accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

Therapist Background Information

I received my Bachelor of Science in Human Development and Family Studies from Arizona State University in 1997. I received a Masters in Psychology with the emphasis on Child, Couple and Family Therapy from Antioch University Seattle in 2005. I am a former early childhood educator. I have over ten years clinical experience treating children, adolescents and families.

Therapy Techniques and Approaches

My approach is personalized to the need of the client. I draw from Structural Family Therapy, Bowen Systems Therapy, Child Centered Play Therapy, Cognitive Behavior Therapy, Narrative Therapy, Object Relations, and Solution Focused Therapy approaches. I incorporate play, art and storytelling into my work with children, adolescents and families. I have training in working with ADHD, trauma, depression, anxiety, suicidality, adjustment, family conflict, and parenting young children.

Working with Minors

If you are the parent or guardian of a minor who is seeking treatment, please know that under Washington State law, any child age 13 or older can independently consent to mental health treatment without your permission. In addition, parents or guardians may not generally access the treatment record of a client aged 13 or older without that client's written permission. If you are 13 years of age or older, you have the legal right to seek mental health treatment without obtaining permission from a parent or guardian.

I am not able to provide a recommendation, evaluation, or opinion, in any legal forum relating to separation, divorce, child custody, visitation, or parenting plans. I will need to be provided with a copy of any parenting plan, custody orders, or any other similar documents, including any changes or revisions made during the course of treatment. Also, it is generally necessary that both parents or legal guardians consent to treatment of their minor child.

Billing Rates and Procedures

My fee is $160.00 for an initial session, $100.00 per fifty minute session for an individual adult, adolescent or child, and $120.00 for a family. School/daycare consultations are

billed directly to the client and are not eligible for insurance reimbursement. Fees for School/Daycare observations are $25.00 per 15min.

Payment is required at the end of each session and will be given directly to the therapist. If I am billing your insurance plan, I am contracted to accept their rates and am required to collect your out-of-pocket responsibility as defined by your insurance plan.

I charge my full 100.00 fee for no-shows or for appointments cancelled with less than 24hr notice. If a make-up appointment is attended within seven days or before your next scheduled appointment, I will not charge you for the missed appointment. No shows and/or late cancellations cannot be billed to insurance.

Fee Collection

Fees are ordinarily due and payable upon delivery of the services. If this presents a particularly undue hardship from time to time, please feel free to negotiate accordingly. Although all reasonable or ordinary efforts will be made to aid you in the processing of insurance claims, responsibility for payment of fees incurred rests with the client. Any fees that remain outstanding after 180 days may be subject to being turned over to a collection agency for payment.

Time lost due to sessions beginning later than scheduled may be charged against the client's account. In no case, however, will charges for cancelled appointments or delayed appointments be submitted to insurance companies.

Billing Your Insurance

I employ the services of a billing company, Two Sisters Billing (TSB). I do accept insurance and am considered an in network provider for Premera, United Behavioral Health, Regence, BCBS (most plans), Cigna, Group Health PPO, Lifewise, Kaiser, and Aetna. For questions regarding billing, please contact Ashley Thrasher at TSB at (425) 213-6145.

Telephone Conversations

There is an expectation that phone conversations are not an extension of therapy. Occasional (less than once a week) short conversations (usually less than five minutes) may be appropriate and necessary. If you have an individual need to make calls more frequently than it is expected, we will come to a mutually satisfactory agreement beforehand.

Scheduling Appointments

All appointments are scheduled by me. I generally schedule regular weekly appointment times. We will determine the best day and time based on my schedule and yours and that will be your time unless otherwise discussed. It is up to you to let me know if the time we decide on no longer works for you. You can reach me by calling 206-745-4178 or by emailing me at jillf@jstherapy.com. Please note my phone number does not accept texts.

Emergencies

If you are experiencing an emergency or crisis, please call 911, the Crisis Connection at (206) 461-3222, or national crisis line at (800) 273-8255. In such situations, you may also go to the nearest hospital Emergency Room.

Vacations

I will give you reasonable notice before I take vacation leave. When I am unavailable and you need to talk to someone, you may contact the CRISIS HOTLINE at 206-461-3222. If this is an emergency, please call 911. There may be times when I give you a colleague's information so you may get in touch with him/her while I am away.

Confidentiality With Couples and Families

Since maintaining confidentiality between family members may reduce my ability to work effectively on behalf of all my clients, I request that domestic or intimate partners and/or married persons or divorced parents (when working on issues related to their children), and members of the same nuclear family do not ask me to hold confidential information from each other. *This does not mean I will necessarily tell one or more family members what was disclosed by another family member(s)in a counseling session.*

If you are seeking family or couples counseling, it is important you understand that I will adhere to the ethical and legal requirements of confidentiality, however, I cannot ensure that you or the other participants in family or couples, counseling will maintain confidentiality about your therapeutic experience including content discussed within the counseling session. In addition, in the case of family or couples counseling the entire treatment record will be available to any and all participants in the family or couple counseling and all participants must consent to any authorized third party disclosure.

Electronic Communications

I(we) understand and accept that *confidentiality*, otherwise provided by Jill Forsberg, MA LMFT according to the terms above, cannot be guaranteed when using and/or email and/or other internet means of communication and/or telephone for the transmission of information related to our healthcare and treatment. For instance, I(we) realize that unknown or third parties may electronically intercept our personal information. I(we), hereby, accept all such risks and authorize Jill Forsberg, MA LMFT to communicate electronically using the telephone and/or the email addresses provided as well as any email addresses provided by my (our) insurance carrier.

In order to best protect your confidentiality, I typically will communicate with clients via email for the purposes of scheduling or canceling appointments only. I cannot guarantee the security or confidentially of information sent via email. If you need to communicate with me via email for any other purpose, please discuss that with me in person.

Social Media Policy

Professional ethics standards do not permit me to communicate with clients via personal social media. For this reason, I cannot accept any client requests to connect on Facebook, or other similar social media platforms

Location

Pacific Therapy and Consultation is located at 7909 10th Ave SW Seattle, WA 98106. This is a home office in the Highland Park neighborhood of West Seattle. Entrance is on the right side of the house by the driveway. Phone number is 206 745-4178.

Termination

If, without having made prior arrangements, I have not heard from you in 30 days I will assume that you would like me to terminate our current episode of care and close your active clinical file. In such cases, we may re-open the file and initiate a new episode of care once we meet in person.

Acknowledgment & Consent for Treatment

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you have received a copy of your HIPAA Notice of Rights and Privacy Practices, have read and fully understand these rights, and have been given the opportunity to ask questions.

By signing this document, you are attesting to your consent to participation in counseling services provided by Jill Forsberg, MA, LMFT.

_____ _____

Client Signature Date

_____

Print Name

_____ _____

Jill Forsberg, MA, LMFT Date