

Michelle E. Massey, MSW, LICSW, OSW-C
22112 78th Pl. W #101 Edmonds, WA 98026
7901 168th Ave. NE, suite 101 Redmond, WA 98052
Licensed Clinical Social Worker #LW60061289

DISCLOSURE STATEMENT

Informed Consent

The State of Washington requires that you be informed of the treatment situation before you make an agreement for a therapeutic relationship. This statement is intended for the following:

- To help you make an informed choice about pursuing therapy.
- As our formal agreement and statement of my expectations.
- As an outline of the terms dictated by the state law and HIPAA.

Please read this carefully and sign it if you are comfortable with it. I will be happy to discuss any part of it and encourage you to ask any questions or bring up any concerns you may have at any time in the course of our work together. You have the right and responsibility to choose the practitioner and treatment modality that best suits your needs. You have the right to refuse treatment, and you are free to discontinue the partnership at any time. You may do so by discussing this with me in person, by leaving a message on my confidential phone line or in writing.

Formal Education, Training, and Experience

I am a Washington State Licensed Clinical Social Worker and a Board Certified Oncology Social Worker. I also have 43 specialized Continuing Education Units in Art Therapy from The Art Institute of the Redwoods. I have a Masters Degree in Social Work, concentrating in Children and Families, from the University of Washington. I have worked as a Clinical Social Worker and practiced Art Therapy for a number of years. In addition to my private practice, I have spent over thirteen years facilitating art therapy support groups and traditional talk groups for children and adults at local hospitals and community organizations. I have worked as a Medical Social Worker at Seattle Children's Hospital, the Seattle Cancer Care Alliance, Gilda's Club Seattle (Cancer Pathways), and the University of Washington Medical Center. I continue to facilitate support groups, community education, corporate seminars, and lectures. I choose to follow my passion as a Therapist using Art Therapy, Cognitive Behavioral Therapy, and Psychotherapy for individuals, children, adolescents, and families.

Formal Education:

Gilda's Club Seattle (Cancer Pathways): Art Therapy and LICSW Supervision from Sally Benson, MSW, LICSW. 2002-2007

University of Washington, Masters in Social Work: Concentration in Children and Families. June 2004.

Art Therapy Institute of the Redwoods, facilitated by Linda Chapman, MA, ATR, 43 Continuing Education Units in Art Therapy: Children and Adolescents, Family Art Therapy, Preschool Aged Children, and Neurodevelopmental Art Therapy. Sept. 2001-June 2008. Throughout the years I have taken many courses and workshops in psychosocial function and interventions helping individuals and families cope with cancer, chronic and acute illness, grief and loss, survivorship, and ethics.

Choice of Therapeutic Methods and Interventions:

Although I specialize in chronic illness, loss and grief, and survivorship, I see many clients with a variety of situations and I am trained to support you throughout any journey you are on. I believe that whether it's a new diagnosis or a chronic condition, illness happens not only to the individual but also to the entire family. I offer a comprehensive approach and work with clients as a partnership and use a combination of family work theories, which include empowerment/strength based, structural, psychodynamic and cognitive behavioral theories. Through my approach, I seek to help children, adolescents, and adults complete the resolution of presenting problems, become aware of thoughts, feelings and emotions, increase communication, gain coping skills and long term growth, in a peaceful non-judgmental environment. Pre adolescent and the adolescent years can be particularly challenging. We will work together to discover your strength and assist you and your family grow in a positive direction.

I do not provide medical advice but I can help you with navigating through the medical system and I'm happy to refer you to community resources that might be of assistance. Our counseling relationship is a partnership, with shared responsibilities for setting goals that are realistic and inspiring, that make it possible to work toward those goals. There are no guarantees that all problems will be solved during counseling, or how quickly changes will occur. We will evaluate the progress along the way and go on this journey together.

Professional Affiliations

- National Association of Social Workers (NASW)
- Association of Oncology Social Work (AOSW)
- Washington State Society for Clinical Social Work (WSSCSW)

Confidential Rights and Expectations

Confidentiality between a counselor and client is protected by law, RSW 18.225.105, and is strictly maintained, except in the following situations:

- Suspected abuse or neglect of a child or vulnerable adult.
- Threatened harm to self or others.
- Inability to meet basic needs.
- A legal order from a court of law.

If you sign a written release of information. Any release of information will be discussed with you beforehand, if feasible.

Records

There are strict confidentiality laws pertaining to your records. You have a right to request to see your records at any time, although, it is not guaranteed that your request will be granted. If you want a copy of your records, a reasonable fee will be charged for complying with your request. Further explanation of your rights pertaining to your records is explained in the attached Your Health Information Rights.

I do not provide consultations for the court system. Our therapeutic relationship is confidential and I do not provide assessments or information to the court or legal system unless ordered to by the court. I am happy to refer you to other licensed professionals who may be able to assist you.

Please note for parents of child clients: Parents of children under the age of 13 have the legal right to the content of the therapy sessions. However, in order for therapy to be most effective, it is necessary to have confidentiality between the client and therapist. For this

reason I maintain confidentiality with child clients unless there is material that I believe the parent needs at which point I will contact you. I will provide general updates of the child's progress, as often as you prefer, but will omit specific details unless I believe them to be necessary. If you are uncomfortable with this arrangement, please speak to me before therapy commences.

Appointments and Cancellations

Your appointment time is held specifically for you. As a rule, appointments canceled less than 24 hours before the scheduled time will be billed at the usual hourly rate. There is no charge for appointments canceled or rescheduled 24 hours or more hours in advance.

Payment Policies

The average therapy charge covers a 50 minute visit. If time spent for your appointment is more than 50 minutes the charges will be increased accordingly. In addition to fees for initial evaluation and individual or family sessions, there may be charges for tests, reports, letters or telephone calls on your behalf to physicians, attorneys, agencies, etc. and for phone consultations longer than 15 minutes.

My fees are as follows:

- Initial evaluation: \$150
- Individual/Family Therapy 50 minutes: \$150 per session.

If using your insurance benefits, your copay is due at time of service. I am an in-network provider for Aetna, First Choice, Premera, Lifewise, Regence, BCBS, Cigna, and Group Health/Kaiser (PPO). Please verify with your specific plan as to if I am covered for in person and/or telehealth sessions. You are responsible for paying for what your insurance does not pay such as co-pays, co-insurance, and your deductible. I am happy to bill as an in-network or out-of-network provider, whichever is applicable. If you are intending to use insurance mental health benefits with a company with whom I am not a provider 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 with acquiring reimbursement from your insurance company, you are financially responsible for all fees. You should also be aware that there are certain treatment circumstances for which insurance companies general do not provide payment such as missed but scheduled sessions, telephone sessions, written reports, etc. For private pay individuals I offer a sliding scale fee. Please contact me if finances are a barrier to treatment and we can discuss options. My billing is done by Dottie Jackson of Prestige Medical Billing. As a business contractor of mine, she maintains the same safeguards of your Protected Health Information as I do. She will bill insurance, track co-pays, and keep track of all unpaid balances. You will continue to pay me directly for any balances owed, through cash, check, or credit card. Her contact information is available if necessary.

Telehealth: You agree to the terms and conditions of the telehealth platform that we use, such as doxy.me, when engaging in Telehealth sessions. Your insurance will be billed accordingly and you are responsible for what your insurance does not pay.

Consultation

For my own professional development and effectiveness I may consult with professional colleagues. If I discuss your situation with any consultant I will do so in a manner that

protects your confidentiality.

Professional Ethics and Practice Standards

The Washington State Social Worker Licensure Law ensures competence and conformity to ethical and practice standards. The law provides a complaint/discipline recourse and procedure in the event a client believes these standards have not been upheld. As a Social Worker, I am also committed to following the Code of Ethics set forth by the National Association of Social Workers. I will be glad to discuss this code with you. However, should you have issues concerning my ethics or conduct which cannot be resolved directly with me, you can contact the Department of Health, P.O. Box 9649, Olympia WA 98504. (tel: 360-236-4700)

Department of Health Statement

“Counselors practicing for a fee must be registered or certified with the Department of Licensing for protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, not necessarily implies the effectiveness of any treatment”

I have read and understand the disclosure statement prepared by Michelle E. Massey, LICSW, and have had the opportunity to discuss the contents with her. I understand the meaning of this information. Although services may be covered by insurance, I understand I am fully responsible for payment for care I receive. I understand an administrative service charge of 1% per month will be charged on all unpaid Balances. I authorize payment of medical benefits to my Mental Health Provider for services rendered. I authorize Michelle E. Massey, MSW, LICSW to release any information required for services rendered by this office.

Client signature

Date

Client signature under age of 18

Date