

**MENTAL HEALTH COUNSELING DISCLOSURE & CONFIDENTIALITY**  
**NEW DIRECTIONS COUNSELING**  
**Rebecca L. Waterston, MA, LMHCA**

**PLEASE READ AND SIGN EACH SESSION WHERE INITIALS AS REQUESTED.**

**Client Name(s):** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**CREDENTIALS, LICENSURE & CERTIFICATION**

**Welcome to New Directions Counseling with Rebecca Waterston, MA, LMHCA.** Ms. Waterston is a Licensed Mental Health Counselor Associate registered with the State of Washington, Ms. Waterston is a member of The National Council on Family Relations (NCFR), Seattle Eastside Counselors Association, The Addiction Professional Referral Group, National Center for Trauma Focus, Hypnotherapy Network and the Lifespan Integration Therapy Network.

**PAYMENT OF FEES / INSURANCE**

All fees should be paid at the time the service is rendered. Cash, personal check, MasterCard or Visa are accepted. While insurance is not accepted, we will provide a universal insurance reimbursement form that you can use to gain reimbursement from your insurance company for out-of-network services. Because most insurance plans have an annual deductible, this amount can be used to determine a number of sessions at a discounted session rate. You are responsible for payment at the time of service and any reimbursement from your insurance company is your responsibility.

**CONFIDENTIALITY**

**In your individual or couple counseling, your counselor has a responsibility to safeguard information obtained during counseling and will make every effort to keep your personal information private.** All information about your assessment and treatment is kept confidential. Information can only be released by your agreement on a release form as to exactly who you authorize can have information about your treatment. **Note: We will NOT provide any information for the courts in the event of separation or divorce of a couple that is intended for use for or against either party.**

Your information and our counseling sessions are held in confidence. There are only three situations in which we may need to provide information to an outside source. Those instances include:

- Cases of potential harm to self or harm to others by client, or client is in danger of harm from another
- Cases in which there is suspected abuse or neglect of children or the elderly
- Records are subpoenaed by courts
- Insurance and managed care companies at times require personal identification information, diagnosis, symptoms, treatment goals, prognosis, evaluation of progress, and other information to obtain reimbursement. In these records we do NOT share what a client discusses with us, only diagnostic information.

**HIPPA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)**

Ms. Waterston is required by law to protect the privacy of your health information. Although your counseling record is the physical property of Ms. Waterston the information contained in your health record belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- inspect and obtain a copy of your health record
- amend your health record as provided by regulation
- obtain an accounting of disclosures of your health information as provided by law
- request communications of your health care information by alternative means or locations
- Provide or revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Client Signature: \_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Rebecca L. Waterston, M.A., LMHCA

\_\_\_\_\_  
Date