

Jessica Volpentesta, LMHC

Second Nature Counseling

Washington State Licensed Mental Health Counselor #LH60696495

(425) 974-9171 jcvolpentesta@gmail.com sncounseling.com

Disclosure Form

Education, Credentials & Professional Affiliation: I am a Licensed Mental Health Counselor and Licensed School Counselor. I completed my Master's Degree in Marriage and Family Therapy in 2012 at Chapman University in Orange, CA. I then completed my School Counseling Program in 2013 at City University of Seattle's Albright School of Education. I received my Bachelor's Degree in Psychology in 2009 from the University of Hawaii. I have completed additional professional training in Ethics, Suicide Prevention & Intervention, Mindful Self-Compassion, Art Therapy, and Ecotherapy practices. I strive to stay adept to current and emerging research and regularly attend training, workshops, and consultation with colleagues. I am an active member of Family Systems Therapy Northwest, the Association for Nature and Forest Therapy, and the Washington School Counselor Association.

Therapeutic Approach: I work from a systemic and humanistic perspective and apply therapeutic techniques using an integrative approach. Therapeutic modalities I frequently work from include Cognitive Behavioral Therapy, Psychodynamic Therapy, Solution-Focused Therapy, Experiential Therapy, Expressive Arts Therapy Mindfulness and Ecotherapy. Being outdoors is a large part of the work I do and something I am very passionate about. While Ecotherapy is still considered an emerging field, our roots are in nature and being in nature is our natural place. Ecotherapy is an evidence-based practice and is being researched more now than ever. I have always felt a sense of peace, aliveness, and being "home" when in the wild whether it be at a park, near a river, or next to a tree. It is an honor to work with others in cultivating their own special relationship with nature. I also utilize art in my work with clients as art provides a unique medium that draws from a different place in our emotional world. Art exercises may include drawing/coloring, painting, writing, collage work, sculpting, while utilizing a variety of mediums and non-traditional tools. With art therapy you do not need to know anything about art or even feel like you are close to being an artist! It is a mindful creative expression that may provide some therapeutic benefit not otherwise achieved with traditional therapy.

I believe in meeting clients where they are at, with themselves, what's brought them to therapy, and in their life. Every person reaches their place of readiness on their own and I am sensitive to this process and believe change is really only achievable when a person is ready, willing, and open. I believe that each person's process is unique and sacred. I honor each person's path with patience, compassion, and gentleness while we walk together on this wild life journey. I also understand and respect that as human beings we feel natural connections with others, and while I strive to be compassionate, sensitive and genuine with each person I encounter in my practice, I realize that we may not be a good match based on a variety of factors. If I believe we are not a good fit for therapy to be effective, I will let you know in the kindest way possible and provide you with referrals to other providers. Respectively, if you feel we are not a good match, I welcome you to let me know, although you are not required to. The most important thing is for you to get the help you want and deserve.

Course of Treatment: There are risks and benefits of counseling and psychotherapy. For some people therapy may provide immediate relief, and sometimes it may be stressful and emotionally painful. Please be aware that these experiences are normal and are often part of the process for individual growth and healing. Length of treatment varies depending on each case. In some cases, clients may need a few sessions to achieve their goals while others may benefit from longer term therapy. Thus, we will discuss the length of treatment and recommendations as therapy progresses. Clients have the right to ask any questions about the process, methods, duration, and goals of therapy, as well as any concerns you may have about your progress in therapy. Clients also have the right to terminate therapy at any time. Throughout our work together, we will continuously review your progress towards your goals. We may decide to meet less frequently as you make progress toward your goals, eventually terminating therapy when your goals have been achieved. It is common for clients to come back for a "check in" at their discretion after some time. While I welcome this and see it has a healthy and positive measure, I cannot guarantee that I will have space available in my practice at that time. If this is the case, I will provide you with referrals to other providers.

Confidentiality: In general, all communication between a client and a therapist is protected by law and I can only release information or admit that you are a client with written authorization from the client, the client's legal guardian if under 13, or in the case of death or disability, the client's personal representative. I am legally bound by Health Insurance Portability and Accountability Act laws, and my Notice of Privacy Practices form expands upon your rights and my privacy practices. Below are some exceptions to confidentiality:

- **Harm to Self or Others:** I may breach confidentiality if I believe it will avoid or minimize an imminent danger to the health or safety of a client or any other individual. However, I have no obligation to so disclose. If I believe a client is threatening serious harm to themselves or any other individual, I will take steps to keep the client and others safe. I will contact law enforcement, the potential victim, involve supportive others, other professionals, and/or possibly seek hospitalization for the client to ensure safety of the client and others. In all cases, when clinically appropriate, I will make every effort to discuss this with the client before taking action.
- **Abuse:** I am legally obligated to report to local authorities and/or protective agencies any physical abuse, neglect, and or sexual maltreatment of a person under the age of 18, an elder, a dependent adult, and/or a disabled person.
- **Court Proceeding:** I do not go to court for clients and if you are looking for this service, I am happy to refer you to another provider. While our communication is generally protected in federal court and courts in the state of Washington, there are some other exceptions: (a) I must respond to a court ordered subpoena from the secretary; (b) If you choose to file a legal complaint against me, you forfeit your rights to confidentiality so that I may defend myself; (c) I may also have to disclose information if a client is detained and I am motioned by the court in a probable cause hearing to testify/provide documentation to help keep you and others safe.
- **Professional Conduct:** If you reveal information about the impairment or sexual misconduct of another mental health therapist licensed in the State of Washington, I am required by law to report that conduct to the Department of Health.

If you have any questions about anything I've mentioned, please feel free to openly discuss it with me so that I can be sure we have a clear understanding.

Treatment of Minors (Under the age of 18): In the state of Washington, minors are able to consent to counseling services at the age of 13 years without consent of a guardian. Under this law, adolescents 13 and older are able to decide what information is released to others, and to whom, including parents. Before the age of 13, parents or guardians consent for counseling services and sign releases of information on behalf of the child. In order to maintain the trusting relationship between therapist and child, it is advised that parents allow the therapist discretion with respect to disclosure of the child's therapeutic information to the parents, regardless of age. Of course, a threat to safety to self or others is the absolute exception (see Confidentiality).

Treatment of Children of Divorced or Separated Parents: For families with residential schedules (shared custody, parenting plans, etc.), both parents are invited to participate in the child's treatment. For all children under the age of 13, both parents are required to sign consent for treatment. In some cases, treating children over the age of 13 will require the consent of both parents, when I deem necessary.

Litigation: In order to avoid dual relationships and conflicts of interest, I will provide you or your child with clinical services only. I do not intend to become involved in legal disputes such as personal injury lawsuits, divorce proceedings, dependency hearings or custody battles. These proceedings erode the client-therapist relationship and compromise you or your child's ability to be honest with me during treatment. In addition, I do not participate in evaluation for adoption home studies or provide evaluations of parental fitness to adoption agencies or State entities. I will not voluntarily participate in any litigation or custody dispute in which you, or your child, and another individual, or entity, are parties. It is my policy of not communicating with the client or client representative's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in the client or client representative's legal matter. I will generally not provide records or testimony unless compelled to do so. In addition, I will not make any recommendation as to custody or visitation regarding the client. I will make efforts to be uninvolved in any custody dispute between the client's parents. By signing this document, you agree:

- That my role is limited to providing treatment and that you will not involve me in any legal dispute;
- That you will instruct your attorneys not to subpoena me or refer in any court filings to anything I have said or done;
- That you will not ask for my participation or recommendations in parenting plans, custody arrangements, visitations, or dependency hearings;
- If there is a court-appointed evaluator in your child's custody or dependency dispute, and if appropriate releases are signed and a court order is provided, I will provide general information about the child which will NOT include recommendations concerning custody, custody arrangements, or visitation;
- If, for any reason, I am required to provide expert testimony or documentation for a legal dispute, adoption proceeding or dependency case, or to appear as a witness, the party responsible for my participation agrees to reimburse me at a non-negotiable rate of \$300 per hour with a 6 hour minimum, for time spent traveling, parking fees, time preparing reports, testifying, being in attendance, and any other case-related costs.

Other State of Washington Disclosures: The State of Washington requires that I provide you with the following information: You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want. You have the right to choose a Counselor who best suits your needs and purposes. Counselors practicing counseling for a fee must be registered or licensed with the Department of Licensing for the protection of public health and safety. Credentialing of an individual with the Department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

Unplanned Contact Outside of the Office and Social Media: It is not unusual for a therapist and client, or parent of a client, to run into each other outside of the office, while out in the community. In an effort to reduce discomfort for the client and parent, or risk breaking confidentiality, I will not approach or in any way acknowledge the client or parent. I will only acknowledge the client or parent if I am approached by the client or parent first. Even then, communication by me will be friendly, but kept to a minimum. In addition, I do not friend previous or current clients or parents on any social media, and will not respond to such requests by clients or parents.

Sessions Outside of the Office: Ecotherapy sessions are generally held at local parks, trails, and other natural areas. We will arrange location prior to our scheduled appointment and meet at the location. We may also meet at the office and walk to a nearby trail. In some cases, I meet with clients in public places in the community such as the library or a coffeeshop. It is important for you to know that while I do my best to honor your confidentiality, I cannot guarantee 100% protection of your privacy in public. I also conduct virtual therapy sessions with clients via phone and video conferencing. It is important to acknowledge that video conferencing using such platforms as Zoom and FaceTime, while considered safe, are not currently listed as HIPAA compliant. While I can secure a private place for me to conduct a phone or video session, I do not have any control of the environment you are in and therefore cannot prevent others from being exposed to confidential information. I ask that when we plan to meet virtually, that you secure a private space where you will be uninterrupted and where your privacy is protected as best as possible.

Communication: You may call and leave a voice or text message on my cell at any time at (425) 974-9171. You may also email me at any time at jcvolpentesta@gmail.com. I typically check messages multiple times per business day Monday through Friday and sometimes on weekends and or holidays. That said, I will do my best to return texts, calls, and emails within 48 hours. If you contact me via email, text, or by phone, you are giving permission for me to respond in these manners respectively. For your privacy, and with your permission, I will mainly only discuss scheduling appointments, billing/logistical information, etc. via email and text to respect your privacy unless you specify otherwise, such as giving written/oral permission, asking a question or requesting I email you something.

Emergencies: In case of emergency or clinical crisis, do not call me first. If you have an emergency, are in crisis, and do not feel like you can keep yourself safe, or do not feel like you can remain safe from harming others, call the 24-hour Crisis Clinic at (206) 461-3222, call 911, or go to the nearest Emergency Room. Please call the above numbers and then inform me once it is safe to do so.

Extended Absence: If I am away from the office for an extended time, I will provide you with the name and contact information of a trusted colleague for you to connect if you choose. In most instances, I will give you advance

notice when I will be out of the office for any length of time. In case of a personal or family emergency, and it is necessary for me to be out of the office, and it conflicts with your scheduled/anticipated scheduled time, I will contact you at my soonest availability to make arrangements to either reschedule or refer you to a trusted colleague during my absence. If I become suddenly incapacitated or deceased, a trusted colleague will contact you and maintain your records.

Session Length & Fees: Initial therapy sessions are scheduled for 90 minutes at the rate of \$210.00. This allows more time for assessment and analysis and to determine if we are a good therapeutic match. Individual therapy sessions are 50 minutes at the rate of \$140.00. Sessions with more than two people are generally scheduled for 90 minutes, although sometimes longer depending on the nature of the issues and the number of participants. Individual Ecotherapy sessions are generally scheduled for 50 minutes, although may be scheduled to be longer. Depending on the client’s needs, sessions may be scheduled more or less frequently. Sessions scheduled longer than described above are pro-rated. I reserve the right to adjust fees and will notify you at last 8 weeks in advance of any adjustment.

Payment & Insurance: I accept cash, personal check, Venmo (@Jessica-Volpentesta), Zelle (425-974-9171), or Paypal (jcvolpentesta@gmail.com or 425-974-9171, sent to “friends and family” to avoid being charged interest fees). These payment methods are free of charge for both of us. Payment is due by the end of each session. I am an out-of-network provider and am not contracted with any insurance companies therefore I do not take insurance as payment. If you would like to use your insurance, it is important that you contact your insurance provider to find out about your out-of-network benefits. Many insurance providers will reimburse you a percentage of costs once you have met your deductible. While I am not contracted with insurance companies, at your request, I can provide you with a summary of services which you can submit to your insurance provider. If your insurance provider covers any of the service costs, you will be reimbursed directly by your insurance company.

Cancellations: Please notify me as soon as possible if you are unable to make it to your scheduled appointment. Because your time is specifically reserved for you, cancellations less than 24 hours in advance will result in a charge of your full fee for the missed session.

Consent to Treatment

I consent to accept these policies as a condition of receiving mental health services. We have discussed these policies, and I understand that I may ask questions about them at any time in the future. I have read, understand, and agree to abide by these documents. I accept therapeutic treatment services from Jessica Volpentesta, LMHC for myself/as the legal guardian of my child (if under 13). I understand a copy of this form will be kept in my legal record.

Client

Print	Signature	Date
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Parent/Guardian (for minors)

Print	Signature	Date
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Parent/Guardian (for minors)

Print	Signature	Date
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Electronic Correspondence Agreement

By signing this document with phone numbers or emails entered below, you are waiving your right to electronic protected health information. You are agreeing to receive correspondence for such purposes including, but not limited to, electronic receipts for services rendered, scheduling, and communicating regarding counseling services. By signing this document, you expressly acknowledge and consent to the use of your email account/texting you for the purposes of scheduling, billing, exchanging information that affirms a client-therapist relationship, and any other protected health information.

- You understand that I will not provide therapy via email/text.
- Your email address will not be shared with third-parties outside of Second Nature Counseling.
- Please be aware that I do not typically use encrypted email/text/telephone software and I cannot guarantee that information transmitted by email/text/voice will not be intercepted or read by other parties. That said, to my knowledge, I am the only person with access to this phone line and email address.
- If you give me permission to communicate with you via an email address, text message number, or voicemail that can be accessed or is shared by anyone else, please be aware that confidentiality may be broken.

Also, please be aware that all voicemails, text messages, and emails are stored on servers and can be accessed by those affiliated companies. I cannot control what these companies do with this information.

By signing below, I _____, unconditionally agree to accept the Terms of Use as stated above. To opt out of receiving email/texts/voicemails at any time, please notify Jessica Volpentesta at Second Nature Counseling in writing.

Client

Print

Signature

Date

Parent (if minor)

Print

Signature

Date