

CLIENT NAME:

(509) 823-0191 (o)
(509) 594-2136 (c)
(509) 343-3356 (f)
Email: terri@fcacyakima.com
Website: www.fcacyakima.com



5803 Englewood Avenue
Yakima, WA 98908-2336
Mon – Thurs, 8:00AM – 5:00PM
By appointment

Family Counseling & Autism Consulting PLLC (FCAC)

DISCLOSURE STATEMENT

Mission: To strengthen the vitality of our community by supporting the health, wellness, and happiness of its individual members.

Diversity: The therapeutic focus at FCAC is individual strengths, collaborative endeavors, individual and cultural diversity, and positive outcomes that promote self-worth. Individuals of all cultures, heritages, family structures, and identities are welcome.

Credentials: Terri Allen received her master's degree in Counseling Psychology from Central Washington University in 2003. She spent the subsequent 10 years as a behavior therapist supporting children with special needs/developmental delays and their families. In 2012, after 2 years of training and rigorous practicum, she earned certification in Choice Theory Psychology, which informs her approach to counseling. Terri has also earned certifications in Cognitive Processing Therapy, a treatment for PTSD, and Collaborative & Proactive Solutions, a problem solving approach for addressing challenging behaviors, Certified First Responder Counselor Training, and Eye Movement Desensitization and Reprocessing (EMDR) therapy. Terri is a National Certified Counselor and adheres to the Code of Ethics set out by the National Board of Certified Counselors, which can be found at <http://www.nbcc.org/assets/ethics/nbcc-codeofethics.pdf>

Therapist Responsibility: It is the therapist's responsibility to provide only therapeutic interventions for which they are trained and experienced. FCAC is committed to providing competent, respectful services, to be transparent about the counseling process, to provide client-lead services, to respect your decisions about therapy, to protect confidentiality, to be accessible to clients, to keep scheduled appointments, and to adhere to financial agreements.

Clients Rights: You have the right to influence all aspects of your treatment. You have the right to plan your care by participating in the assessment process, setting goals, deciding on intervention strategies, and evaluating progress. You have the right to receive competent respectful services, to understand the counseling process, to ask questions, to refuse treatment, and to withdraw from treatment at your discretion.

Client Responsibility: It is your responsibility to engage in sessions and take charge of your treatment. Your progress will reflect your level of participation and involvement in treatment. You are responsible to keep scheduled appointments, arrive to sessions on time, communicate changes in appointments in advance, and make timely payment for services.

Course of Treatment: In order to allow for turnover and new referrals at FCAC, initially therapy will consist of an intake plus 7 scheduled therapy sessions. Sessions missed during the 8 week period will only be rescheduled if therapeutically warranted. The intake session involves identifying client concerns and signing required paperwork. During the next session, the therapist and client will work together to establish treatment goals and plan the course of treatment. Treatment concludes when the client and therapist agree that goals have been met and a maintenance plan is in place. Treatment length can be influenced by insurance limitations.

Crisis Response: FCAC does not provide crisis response services. If you find yourself in crisis, you can call the Crisis Open Line at (509) 575-4084, call 911, or go to the hospital emergency room.

CLIENT NAME: _____

Records: It is the therapist’s responsibility to keep confidential records according to HIPPA standards. Paper documents with your identifying information are stored in a locking cabinet at FCAC. Electronic records with your identifying information are encrypted, and password protected.

Electronic Transmission of Information: In an effort to be environmentally responsible and to reduce mailing costs, FCAC uses email as often as possible to exchange information with clients. However, the security of electronically transmitted information cannot be assured. Email and text communications create an electronic record that compromises confidentiality. At the same time, emailing and texting are convenient ways to communicate. You can choose whether or not to use them. Please mark your preference:

Texting: NO YES, Initial: _____
Email: NO YES, Initial: _____
Voicemail: NO YES, Initial: _____

Social Media: Therapists do not “friend” clients on social media platforms such as Facebook and Twitter.

Complaints: Terri Allen is a licensed mental health counselor in Washington State, #LH 00010426. It is your right by law to receive professional care that meets strict ethical and legal standards. If you ever feel you have been treated unfairly or harmed, you can make a complaint to the Washington State Department of Health at:

Health Systems Quality Assurance Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857
(360) 236-4700
Email: HSQAComplaintIntake@doh.wa.gov

Confidentiality: Creating an effective and meaningful counseling relationship involves building trust. It is essential that clients are confident that what is shared in therapy remains private. State and federal regulations, as well as professional codes of conduct, require counselors to protect and keep confidential the verbal and written information shared by clients. Confidentiality is a legal protection that assures your right to privacy to the fullest extent allowable by law. However, there are specific situations that require the breach of confidentiality:

- Cause to believe that you are likely to harm yourself or another person
- Cause to believe that a child, dependent adult or disabled person has been or may be abused or neglected
- When records are requested by a valid subpoena or court order
- Disclosure that a minor was the victim of a crime or subject of a crime
- Lawsuits/complaints filed by a client against the therapist
- Audits

Release of Protected Health Information (PHI): Your insurance company may require certain health information be provided by FCAC in order to process claims. In compliance with state and federal law, only the minimum information necessary to process claims will be provided by FCAC. Your right to privacy and to access your medical records are protected by the Health Insurance Portability and Accountability Act (HIPAA). FCAC provides HIPAA information to all clients.

I have been given a copy of my HIPAA rights. Electronic Copy Paper Copy

CONSENT FOR SERVICES

By signing this document, I acknowledge that I have read and fully understand this agreement and consent to treatment under these terms. I was given the opportunity to ask questions and had all my questions answered to my satisfaction.

Signature of Consumer: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

CLIENT NAME: _____

FINANCIAL AGREEMENT

Standard Billing Rate: \$250 for initial 50-minute intake; \$200 per 50-minute session. The standard fee is subject to change based on market analysis of compensation for providers with similar expertise.

Out-of-Pocket Patient Rate: \$200 for initial 50-minute intake; \$150 per 50-minute session. More information can be found at fcacyakima.com under the Clinical Forms tab.

Insurance: Kaiser. FCAC accepts the following insurance plans for new clients: Aetna, First Choice Health Administrators, Premera, Regence, and the Veterans Choice Program (TriWest). You will be financially responsible for any co-payments, co-insurance, deductible or other charges not covered by insurance. FCAC is not credentialed with Medicaid/Medicare. You are ultimately responsible for knowing your mental/behavioral health benefits and paying for services not covered by your insurance policy. Prior to beginning services, you are **STRONGLY** encouraged to contact your insurance provider to determine:

1. What is the amount of your copay/co-insurance for office visits?
2. Does your annual deductible apply to mental/behavioral health services?
3. Have met your annual deductible?

Insurance: Out-of-Network: FCAC will provide you with a receipt of payment that can be submitted to your insurance company for out-of-network reimbursement. Your insurance company decides whether you will receive reimbursement for services. You will need to pay the full session fee and submit the claim yourself to your insurance company.

Medical Necessity: In order for FCAC to bill a client's insurance, the client must fulfill criteria for a qualifying mental health condition outlined in the Diagnostic & Statistical Manual of the American Psychiatric Association, 5th Edition (DSM-5). If full criteria is not met for a DSM-5 diagnosis, counseling is available on cash basis.

Family and Relationship Counseling: Therapy sessions are assigned to a specific individual, and diagnosis codes and procedure codes on insurance claims are assigned those specific individual patients. Family counseling and relationship counseling cannot be billed to insurance because there is no way to attach a diagnosis code or procedure code to a family unit or to a relationship. All sessions are billed for an identified individual who meets medical necessity or treatment. Family members, partners, and spouses are certainly welcome to participate in another individual's treatment as relationship conflict is usually a part of the problem.

Payment: Payment of copay and/or coinsurance is required at time of service. FCAC accepts cash, checks and debit/credit cards. FCAC will bill your primary insurance. For secondary insurance, FCAC will provide you with a receipt of payment, which you can then submit to your secondary insurance provider for reimbursement. At times, insurance companies will send payment to the patient rather than to FCAC. In such circumstances, it is your responsibility to submit the payment to FCAC.

Cancellation Policy: A minimum of 24 hours' notice is required to change/cancel an appointment, unless due to illness or family emergency. A missed appointment fee *equal to your usual session fee/coverage* will be charged for appointments not cancelled 24 hours in advance. This charge is not reimbursable by insurance and is your full responsibility. Two no shows in a 6 month period may result in discharge from services. Afternoon appointments are in high demand and are premium. Two no shows in a 6 month period will result in loss of 3PM and 4PM therapy time slots.

By signing this Financial Agreement, I acknowledge that I am responsible to pay Family Counseling & Autism Consulting PLLC all amounts due or that become due for services provided according to the terms of this agreement. I understand that all payments are due and payable at the time of service.

Signature of Consumer: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____