

I. WELCOME!

Thank you for choosing us as your provider. We appreciate the courage it takes to reach out for professional help when you are experiencing personal challenges in your life. This is an opportunity to acquaint you with information relevant to treatment, confidentiality, and office policies.

II. AIMS AND GOALS

Our major goal together is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

1. Increasing personal awareness
2. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
3. Identifying personal treatment goals.
4. Promoting wholeness through psychological/emotional healing and growth

You are responsible for providing necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress. You may be asked to complete questionnaires or to do experiential exercises between sessions. Your progress in therapy often depends just as much on what you do between sessions as on what happens in the session. Please be honest and open with me about any feedback you have about our therapy sessions together. I look forward to working with you!

III. APPOINTMENTS

Appointments begin at the scheduled time. Clients are generally seen weekly or more/less frequently as your situation dictates and you and I agree. You may discontinue treatment at any time, but please discuss any decision with me.

Crisis intervention: We do not provide immediate crisis intervention services. If you need immediate assistance, please call the **Care Crisis Line at (425) 258-4357 or (800) 584-3578 or 911.**

IV. CONFIDENTIALITY

Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged" information. However, there are limits to the privilege of confidentiality. These situations include: 1.) suspected abuse or neglect of a child, elderly person or a disabled person, 2.) when your therapist believes you are in danger or harming yourself or another person or you are unable to care for yourself, 3.) if you report that you intend to physically injure someone the law requires your therapist to inform that person as well as the legal authorities, 4.) if your therapist is ordered by a court to release information as part of a legal involvement in company litigation, etc. 5.) when your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc., 6.) in natural disasters whereby protected records may become exposed or 7.) when otherwise required by law. You may be asked to sign a Release of Information so that your therapist may speak with other mental health professionals, medical professionals, or to other people you may want to include in your treatment. You have the right to refuse to sign a Release of Information.

V. RECORD KEEPING

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above.

VI. BUSINESS PRACTICES

We participate in ongoing professional consultations with a group of mental health professionals. These professionals are bound to the same rules of confidentiality and will protect any information I may share with them about your situation.

VII. FEES

We will check your benefits but advise you do so as well. You are agreeing to pay for any amounts your insurance doesn't cover to include co-pays, co-insurance and deductibles or if your insurance refuses to pay for any reason. ***Please update us immediately if your insurance changes.***

At times, you may feel a need to reach us by phone between our regularly scheduled therapy appointments. Phone calls to make or change appointments are expected. We will not bill you for phone calls during the week unless we talk for more than 15 minutes. We will bill you at \$125 per hour rate if we talk longer than 15 minutes (prorated per minute). This bill will be due at your next session or upon receipt of the bill whichever occurs first.

If you need any legal work or if we are subpoenaed by your attorney to provide written statements, letters, affidavits, etc., We will bill you on an hourly basis for all the time we spend on your case. This includes talking or meeting with your attorney, writing reports, depositions, testifying on your behalf, travel time and preparation time. The fee for legal work is \$275.00 an hour plus expenses and mileage.

VIII. PAYMENT

Payment is due at the time of the session unless other arrangements have been made. We will file your insurance claim in most cases, but you are responsible for deductibles, co-insurance, and co-payments. It is your responsibility to familiarize yourself with your insurance benefit.

IX. RESCHEDULES, CANCELLATIONS AND MISSED APPOINTMENTS

You will be billed for any session that you reschedule or cancel with less than 24 hours notice. You may leave messages 24 hours per day. You will be billed your full rate – not just a co-payment. Insurance companies do not reimburse failed appointments.

X. COMPLAINTS

You have a right to have any complaints heard and resolved in a timely manner. If you have a complaint about your treatment, please inform me and discuss the situation. If you do not feel your complaint has been resolved, you may also inform your insurance carrier and file a complaint if you so choose.

XI. DISCLOSURE STATEMENT

Joanne Norman, MA, LMHC, CMHS

Licensed Mental Health Counselor (#LH00009744)

Education, Training, and Experience:

Degrees/ Specialties:

MA in Counseling – Argosy University

BA in Psychology- Central Washington University

Mental Health Professional, Child Mental Health Specialist

Experience:

Private Counseling Practice established in 2003

Snohomish County Mental Health 2007- present Designated Crisis Responder

Counseling Agency 1994 – 2007– Program Manager, Therapist, Case manager

CORE Seminars, Trained Facilitator and participant

Local High School 1998-2001- Part Time Intervention Counselor

Harborview Hospital 1995 Mental Health Specialist

Work Experience with children, adults and families in crisis since 1991

Registered Counselor in Washington State since 1991

Appointed Snohomish County Children’s Commissioner – 2002 – 2000

Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration or licensing of an individual with the Department does not include recognition of any practice standards and does not necessarily imply the effectiveness of any treatment. Clients have the right to choose a counselor who best suits their needs and purposes.

Methods or techniques and type of counseling used by this clinician: client centered approach incorporating psychodynamic techniques, cognitive behavioral therapy, dialectical behavioral therapy, reality therapy and acceptance and commitment therapy. With children, play therapy and behavior therapy may be utilized.

XII. PERMISSION FOR TELEHEALTH VISITS

WHAT IS TELEHEALTH? TELEHEALTH IS A WAY TO VISIT WITH HEALTHCARE PROVIDERS, SUCH AS YOUR DOCTOR OR NURSE PRACTITIONER. YOU CAN TALK TO YOUR PROVIDER FROM ANY PLACE, INCLUDING YOUR HOME. YOU DON’T GO TO A CLINIC OR HOSPITAL. HOW DO I USE TELEHEALTH?

- YOU TALK TO YOUR PROVIDER BY PHONE, COMPUTER, OR TABLET.

HOW DOES TELEHEALTH HELP ME?

- YOU DON’T HAVE TO GO TO A CLINIC OR HOSPITAL TO SEE YOUR PROVIDER.
- YOU WON’T RISK GETTING SICK FROM OTHER PEOPLE.

CAN TELEHEALTH BE BAD FOR ME?

- YOU AND YOUR PROVIDER WON'T BE IN THE SAME ROOM, SO IT MAY FEEL DIFFERENT THAN AN OFFICE VISIT.
- TECHNICAL PROBLEMS MAY INTERRUPT OR STOP YOUR VISIT BEFORE YOU ARE DONE. (THOUGH THIS IS VERY RARE).

WILL MY TELEHEALTH VISIT BE PRIVATE?

- WE WILL NOT RECORD VISITS WITH YOUR PROVIDER.
- IF PEOPLE ARE CLOSE TO YOU, THEY MAY HEAR SOMETHING YOU DID NOT WANT THEM TO KNOW. YOU SHOULD BE IN A PRIVATE PLACE, SO OTHER PEOPLE CANNOT HEAR YOU.
- YOUR PROVIDER DOES NOT HAVE ANYONE FROM THEIR OFFICE THAT CAN HEAR OR SEE YOU.
- WE USE TELEHEALTH TECHNOLOGY THAT IS DESIGNED TO PROTECT YOUR PRIVACY.
- IF YOU USE THE INTERNET FOR TELEHEALTH, USE A NETWORK THAT IS PRIVATE AND SECURE.

WHAT IF I TRY TELEHEALTH AND DON'T LIKE IT?

- YOU CAN STOP USING TELEHEALTH ANY TIME, EVEN DURING A TELEHEALTH VISIT.
- IF YOU DECIDE YOU DO NOT WANT TO USE TELEHEALTH AGAIN LET US KNOW AND WE WILL GIVE YOU A REFERRAL IF POSSIBLE, TO SOMEONE DOING IN OFFICE VISITS.

HOW MUCH DOES A TELEHEALTH VISIT COST?

- WHAT YOU PAY DEPENDS ON YOUR INSURANCE.
- A TELEHEALTH VISIT WILL NOT COST ANY MORE THAN AN OFFICE VISIT.

WHAT DOES IT MEAN IF I SIGN THIS DOCUMENT?

IF YOU SIGN THIS DOCUMENT, YOU AGREE THAT:

- WE PROVIDED YOU WITH THE INFORMATION IN THIS DOCUMENT.
- WE ANSWERED ALL YOUR QUESTIONS.
- YOU WANT A TELEHEALTH VISIT.

XIII. CLIENT RIGHTS TO PROFESSIONAL CONDUCT

You have the right to receive professional care. If any of the following situation occur during your services with me, you are encouraged to contact the Department of Health (see address and telephone number below). The conduct, acts or conditions listed below could be considered a violation of law as defined by RCS 18.130.180.

- 1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not.
- 2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
- 3) All advertising which is false, fraudulent, or misleading.
- 4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient is harmed;
- 5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority of the state, federal, or foreign jurisdiction.
- 6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances to oneself;
- 7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice.
- 8) Failure to cooperate with the disciplining authority;
- 9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
- 10) Aiding or abetting an unlicensed person to practice when a license is required;
- 11) Violations of rules established by any health agency;
- 12) Practice beyond the scope of practice defined by law or rule;
- 13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
- 14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

- 15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
- 16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
- 17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession;
- 18) The procuring, or aiding or abetting in procuring, a criminal abortion
- 19) The offering, undertaking, or agreeing to cure to treat disease by a secret method, procedure, treatment, or medicine;
- 20) The willful betrayal of a practitioner-patient privilege as recognized by law;
- 21) Violation of chapter 19.68 RCW;
- 22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplinary authority or its authorized representative, or by the use of threats or harassment against the patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent him or her from providing evidence in a disciplinary proceeding;
- 23) Current misuse of alcohol, controlled substances, or legend drugs;
- 24) Abuse of a client or patient or sexual contact with a client or patient;
- 25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

The Revised Codes of Washington (RCW's) and the Washington Administrative Codes (WACs) referenced in this document can be viewed online at <http://slc.leg.wa.gov>.

XII. CONSENT FOR TREATMENT

By signing below, I state that I have read and understood this 5-page policy statement, clinician disclosures, permission for telehealth visits and I have had my questions answered to my satisfaction. By signing, I also state that I have read and received separately a Notice of Privacy Practices.

I accept, understand, and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Name of client (please print): _____

Signature: _____ Date: _____

Name of 2nd client (if couples therapy): _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Therapist/Witness: _____