

C. Denise Wolf M.A., LMHC

P.O. Box 996, Eastsound, WA 98245

206.399.7741

Individual and Couples Therapy

**Professional Disclosure Statement**

Welcome to my practice. Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy and methods, and service policies. As an individual, you have the right to refuse any treatment you do not want, and to choose a practitioner and treatment modality that best suits your needs.

To help you make your choice and to facilitate our work together, here is some basic information about my practice. Please read this information carefully and ask me to explain anything that you do not understand. This statement, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it after reading it and before we begin our therapy together.

**My Treatment Modality and Therapeutic Orientation**

My therapy orientation is diverse and emphasizes psychodynamics, mind-body connection, family-of-origin work, trauma focused therapy, and cognitive re-structuring when appropriate. In essence, I use the most effective method to remove any barriers that are preventing you from living the life you wish to live. The focus of my practice includes, but is not limited to, the treatment of adults who are at a crossroads in their lives, have experienced emotional or physical trauma, are depressed, are in a challenging relationship or know things should be different but are unsure of the cause.

**Risks and Benefits**

It is important you understand that any form of counseling has both benefits and challenges. You may experience a variety of feelings like sadness, guilt, anxiety, anger, loneliness, and helplessness. Your therapy may also involve recalling unpleasant aspects of your history.

Psychotherapy has been shown to have benefits for those who engage in it. It often leads to a significant reduction of feelings of distress, and better relationships and resolutions of specific problems. However, it is an individual process, and I can make no guarantees about how the therapy process will unfold for you specifically.

**My Education and Training**

I am a Washington State Licensed Mental Health Counselor (license #LH60497642). I obtained my Masters in Psychology from Antioch University. I chose to apply the knowledge I gained in a corporate environment rather than immediately going into private practice. I worked with and within organizations to help increase organizational effectiveness. I partnered with individuals at all levels to support their desire to improve the effectiveness of their performance and to resolve their issues.

I moved into private practice in 2013 and have worked with individuals and couples in a therapeutic setting since then.

**Payment**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have health insurance, it will usually provide some coverage for mental health treatment. Please call your insurance company to determine your coverage prior to embarking on this journey. Any required deductible or co-pay is due at the end of our session or will be charged to the credit card on file at a cadence that works for both of us.

Insurance carriers have all sorts of nuances and requirements based on your specific plan. You are the best person to stay on top of these requirements and let me know. For example:

*Insurance Copay*

If I receive an Explanation of Benefits that shows your insurance co-pay is different than the amount you listed on the Clarity Connection Insurance Form you complete, you will be credited any amount that is owed, or charged any amount that is due, and the appropriate amount will be charged moving forward.

*Insurance Deductible*

Some insurance companies require that you reach a deductible prior to them beginning to cover their portion of the cost for the session. This generally occurs annually but please check with your plan. Please let me know if they have this requirement so I can begin charging you for the cost of the sessions until your deductible is met. Once, I am made aware that the reimbursement will be zero, I will charge for any outstanding balance and for sessions moving forward until the deductible is met.

*Out of Network*

If I am “out-of-network” for your insurance, I will require payment at the time of service, but I am more than happy to provide you with a receipt monthly for you to submit to your insurance carrier. Insurance typically will not reimburse for couple’s counseling when the couple is jointly the identified client but I am more than happy to provide a receipt. You also remain ultimately responsible for paying any claims that your insurance provider may reject.

*Fee for Legal Participation*

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for preparation of litigation or other legal action, I will attempt to provide you with referral resources for a forensic expert. I do not voluntarily participate in legal proceedings. If my participation is requested or required, my hourly rate of $175 applies for all preparation, participation, travel, and waiting times.

*Per-Session Rate*

If you do not have, or do not wish to use insurance, the fee for individual psychotherapy is $150.00 for a 50-minute session.

Couple’s therapy is $175 for a 50- minute session. Payment is expected at time of service.

Since I am ethically prohibited from creating an ongoing creditor/debtor relationship with clients, I may be unable to schedule additional sessions if your account is in arrears and we have not been able to create a workable, consistent payment plan.

**Office Hours and Guidelines**

My office hours are currently:

Tuesdays 9:00 a.m. – 4:00 p.m.

Wednesday – Friday 10 a.m. – 4 p.m.

I consider our sessions very important and ask you to do the same. Please try not to miss sessions if you can possibly help it and I will do the same. When you cancel, please give me **at least 1 weeks’ notice**. If you give less than one week’s notice, I will charge you $150/individuals and $175/couples for the session.

*Emergencies and illness*

If a medical emergency arises that prevents you from giving this notice, and you notify me, we will discuss and determine if the charge will be waived. This includes a sudden illness.

*Late and shortened sessions*

If I am ever unable to start on time, I ask your understanding I will generally text to let you know. If you are running less than 10 minutes late, please let me know via text or a phone call and I will wait to start. I will meet with you for the full period of time if my schedule allows. If you are more than 10 minutes late, I will consider this a missed session and charge you for the session.

Truncated sessions:

If you wish to schedule a shortened session, in addition to our regularly scheduled session, please let me know and I will do my best to accommodate this request and will pro-rate the session appropriately for billing to insurance.

I do not truncate any regularly scheduled appointments. It will be considered a missed session if you are unable to meet for the original time committed.

**Confidentiality**

Your participation in counseling, the content of our sessions, and any information you provide to me is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

• If you give me written consent to have the information released to another party.

• With your authorization, to effect billing of a third-party payor for the services I provide to you.

• In the case of your death or disability I may disclose information to your personal representative.

• If you waive confidentiality by bringing legal action against me.

• In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation.

• If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person.

• If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse, or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

**Consultation**

I may occasionally find it helpful to consult other professionals about our work. During a consultation, I will limit the information I disclose to the minimum necessary. The consultant is also legally bound to keep information confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. The laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific advice, formal legal consultation may be advisable

**Access to Records**

You are entitled to receive a copy of the records unless I believe that seeing them would be harmful to you or to any third party, in which case, I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the content. Clients may be charged an appropriate fee for any time spent in preparing information requests consistent with WAC 246-08-400.

I have an agreement with James Wolf to access my client files, in accordance with all applicable state and federal laws or rules, in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to James Wolf accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

**Family and Relationship Counseling**

If you are seeking family or relationship counseling, it is important you understand that I will adhere to the ethical and legal requirements of confidentiality, however, I cannot ensure that you or the other participants in the family or relationship counseling will maintain confidentiality about your therapeutic experience including content discussed within the counseling session. In addition, in the case of family or relationship counseling, the entire treatment record will be available to any and all participants in the family or relationship counseling, and all participants must consent to any authorized third-party disclosure.

I cannot maintain secrets between members of the family or relationship. In such situations, if we cannot find a clinically appropriate way for you to disclose the information to the other member(s) of the family or relationship, I may need to terminate the clinical relationship and refer you to another provider.

**Electronic Communications and Social Media Policy**

To best protect your confidentiality, I typically will communicate with clients via email or text message for the purposes of scheduling or canceling appointments only. I cannot guarantee the security or confidentially of information sent via email or text. If you need to communicate with me via email or text for any other purpose, please discuss that with me in person.

Professional ethics standards do not permit me to communicate with clients via personal social media. For this reason, I cannot accept any client requests to connect on Facebook, Instagram, or other similar social media platforms.

**Emergencies**

If you are experiencing an emergency or crisis, please call 911 or the National Crisis line at 866-427-4747 or by dialing 988. In such situations, you may also go to the nearest hospital Emergency Room.

**Termination**

If, without having made prior arrangements, I have not heard from you in 30 days I will assume that you would like me to terminate our current episode of care and close your active clinical file. In such cases, we may re-open the file and initiate a new episode of care once we meet for a session.

**Complaints**

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake

Post Office Box 47857

Olympia, WA 98504-7857

Phone: 360-236-4700

E-mail: HSQAComplaintIntake@doh.wa.gov

**Attestation & Consent for Treatment**

By signing this document, you are attesting that you have received, read, fully understand, and consent to the disclosures, terms, and conditions above, that you have received a copy of your HIPAA Notice of Privacy Practices, have read and fully understand these rights, and have been given the opportunity to ask questions.

By signing this document, you are attesting to your consent to participation in counseling services provided by C. Denise Wolf, M.A., LMHC.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Denise Wolf M.A., LMHC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_