

Shira Wilson, M.A., LMHC, Seattle Wellness Counseling
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COUNSELOR DISCLOSURE STATEMENT

Welcome to my practice. The information in this document is important in helping you to make informed decisions regarding my services. Your rights as a client are important ethically and legally and state law requires that you receive this information, and that to establish care we both sign the acknowledgment. You have the right to choose a health care provider who best suits your needs and purposes. With that in mind, please read carefully and ask me about anything that needs clarifying or is of concern to you. You also have the right to refuse treatment.

Counselor's Treatment Approach and Philosophy

My approach to counseling is to assist in the exploration of emotions, thoughts, and behavior in an environment of safety and deeply held respect for each individual's experience. I believe that change can occur through a trusting and safe therapeutic relationship and that within that relationship one can challenge old ways of relating to self and others, develop new skills, find alternatives to unwanted behaviors and move beyond old pain.

I believe that while we cannot change certain events, we can gain the tools and self-knowledge that enable us to navigate difficulties in healthy ways. To assist this process, an essential aspect of my counseling is to facilitate increased self-awareness. When we know ourselves well, we can help ourselves heal better, both physically and emotionally.

My counseling style is grounded in Existential theory which focuses attention on the 'here and now' of one's experience in order to enhance one's ability to make choices, find meaning, and understand oneself more fully. I work with clients to help nourish self-compassion, and to cultivate *mindfulness*—awareness in the present moment. I utilize cognitive-behavioral techniques, Radically Open Dialectical Behavior Therapy, stress management methods in my work and other evidence-based, mainstream methods.

Risks and Benefits

There are both benefits and risks of counseling. The benefits experienced may include relief from distressing symptoms, improved emotional health, new approaches to decision making, more satisfying personal relationships and improved physical health. The risks involved may include times of increased anxiety due to changes clients experience, and/or times of increased emotional vulnerability, frustration, anger, and sadness. These reactions are generally temporary, and clients should expect mixed feelings as a part of the therapy process.

There is the possibility that a client may alter personal values, and feelings or behavior in relationships to others as a result of therapy. My commitment is to facilitate a client in achieving her/his/their goals and to inform a client of the potential impact on one's life that reaching those goals may have.

Credentials and Professional Background

I hold a Master of Arts degree in Psychology with a concentration in *Mental Health Counseling* from Antioch University (2003), Seattle, Washington. In the state of Washington, I am a Licensed Mental Health Counselor (License #LH60488602). After my graduate coursework, I completed a year's internship at a mental health clinic, during which I counseled adults, adolescents and children. I focus my practice counseling individuals aged 19 and older living with depression and mood disorders, trauma-related disorders, anxiety disorders, chronic illness, medical conditions, and grief and life transitions. I am a member of the American Counseling

Association (ACA), their state chapter the Washington Counseling Association (WCA), and a member of the Washington Mental Health Counselors Association (WMHCA). I have been active with patient support, advocacy, and healthcare professional engagement efforts in various capacities with the Crohn's Colitis Foundation for many years.

Length of Treatment and Right to Terminate

Our initial contacts will include a discussion of your concerns—problem areas you would like to address through the help of counseling—and the history behind those concerns. We will clarify your goals for therapy and will periodically review these goals as we progress. The length of treatment time cannot be known early on. The termination of services may be initiated by either of us and I request that ideally, we both participate in this process. You have the right to terminate counseling at any time. Stopping early may result in the return or worsening of the initial problems and symptoms. I encourage you to talk with me directly if you are dissatisfied with my services or if you would like a referral to another counselor.

I am committed to the highest standards of ethical practice. You have the right to be treated with dignity, consideration, and respect at all times. If at any time you have questions or concerns about any aspect of our professional relationship, please discuss them with me. If you determine that I cannot help you, you may seek out another therapist or I will be happy to help you find one.

If you feel I have violated your privacy rights, you may file a complaint in writing with me, and /or with the Department of Health, Health Professions Quality Assurance, PO Box 47865, Olympia WA 98504, (360) 236 – 4700. Attached is a copy of the Acts of Unprofessional Conduct in RCW 18.130.180.

Recordkeeping

I keep a confidential paper record of the services I provide you and you have certain rights pertaining to this protected healthcare information (PHI) as described in my Notice of Privacy Practices. The law requires that I keep your records for 5 years from the date of our last session, or a length of time dictated by your insurance provider, after which time your records will be destroyed in a manner that maintains confidentiality.

Minors

If you are a client under 19 years of age and not emancipated, your parents have the right to examine your treatment records. Any minor 13 years or older may request and receive counseling without the consent of their parent(s). At this time, I am not seeing clients under 19 years of age.

Appointments and Payment

All appointments are scheduled by me. You can reach me by calling **206-769-6584**. I offer a no-charge consultation as an initial session. My standard fee is \$160 per each individual counseling session after our initial one. Over time I find it necessary to increase my hourly rate, in which case I will give you at least 30 days advance notice of any such increase. Sessions vary between 53-60 minutes long from the time they are scheduled and cannot be extended if you arrive late. If I am late in the beginning of the session, I will make up the time for you. If you are self-pay, paying for out-of-network, or your in-network coverage requires a co-pay per session, full payment is due at each session; accepted forms of payment are: cash, check, VISA, Mastercard, American Express and Discover cards, health savings account and flexible spending cards (all card and contactless payments are handled via Square). I ask that you have your payment ready at the start of session (payment Card ready or check made out in advance-payable to Shira Wilson). Insurance companies will not pay for missed sessions nor can FSA cards be charged for missed sessions. *You will sign a separate fee agreement/Good Faith Estimate (GFE) and be given a copy.* **Email: If you contacted me initially via email, please be aware that beyond our first contact, due to privacy concerns I do not correspond via email with clients.** *Texting to my phone is an alternative to calling if you prefer that means for scheduling.*

Cancellations

I reserve your appointment time exclusively for you. If you are unable to keep your appointment for any reason, I ask that you call or text (not email) me at least 24 hours in advance to cancel the appointment and you will not be charged. I will always confirm back by phone or text that I received your cancellation; if you don't hear back close to the time of your session, please send me another notification in case there was a technical glitch.

Except for certain emergencies, your regular fee will be charged for missed or cancelled appointments unless 24-hour notice is given. Please see your *fee agreement* document for cancellations in classes or groups.

Insurance

You are responsible for payment of all treatment fees and other costs. If using your healthcare insurance, I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you may be entitled if not billing directly to payors for which I am a preferred provider. It is important that you verify what mental health services your insurance policy covers as I may not be able to verify insurance coverage. Your health insurance company and/or a third-party payer requires a diagnosis and may require that I provide it with information about your diagnosis, treatment plan, and your attendance at therapy sessions. It is not common, but they may require a copy of your entire treatment record. If you are using insurance and/or a third-party payer, you acknowledge this and you agree to allow these disclosures.

Phone Calls and Emergencies

Phone messages can be left on my voice mail 24 hours a day at **206-769-6584**. When leaving a message, please be specific about the nature of your call and indicate when you can be reached. I make every effort to return your call as soon as possible; I will make every effort that if you leave a message prior to 5pm that I will return your call that day, unless my voice mail indicates otherwise. I check messages regularly throughout the day **Monday-Friday (9am-5pm)** and often till 7pm in the evenings. I also check voice mail frequently on the weekends, unless my voice mail indicates otherwise. **If you experience a crisis and I am not immediately available, please call the 24-hour crisis hotline at 988, national suicide prevention line at 1-800-273-8255, call 9-1-1 or go to your nearest hospital emergency room.**

Telehealth Guidelines & Informed Consent

To assure that the needs of my clients and I are met when conducting telehealth services please read the following and let me know if you have any questions or concerns.

SUPPORTING DATA Telehealth includes the provision of mental health and substance abuse services from a distance. Shira Wilson (dba Seattle Wellness Counseling) uses the Doxy.me and Zoom Healthcare online platforms; advanced Internet-based and HIPAA-compliant video conferencing technologies.

LICENSING REQUIREMENTS It is commonly accepted that when a provider uses telehealth to conduct treatment they are "traveling through cyberspace" to the residence of their patient. *Whether we can have a telehealth session is determined by where you, my client is physically located (or a resident), where I am physically located, and where I am licensed.* I need to know where my client is physically located during a session and abide by the laws of a state any other than WA state as I am licensed only in WA state. If you are going to be out of state at the time of a session with me, please inform me in advance and we will discuss whether we can legally conduct that session. *Most of the time, I am not able to provide sessions if you are out of state, at this time.*

APPROPRIATE PATIENT Any provider-referred patient, new or established, for whom a psychiatric and or behavioral health consultation is indicated and agreed to by the provider. Some insurance companies require one or more in-person sessions per calendar year when engaging in telehealth sessions and I may ask you to ask your insurance to provide this information to you.

INSTRUCTIONS FOR CONDUCTING ONLINE SESSIONS Instructions vary per telehealth platform and you will be provided with detailed instructions on how to utilize the platform we are using.

EQUIPMENT REQUIRED A computer, a camera and microphone, and an adequate internet connection. An audio headset improves audio quality for both of us, but I've found it's not necessary so far and haven't had any problems so far when not used.

PAYMENT: I utilize square to save your payment method and process your fees.

PRIOR TO SESSION We will schedule sessions via talking or via text or via Whatsapp. I'll only use Zoom healthcare or Doxy for our sessions, not for scheduling. Please plan to have your sessions during a time that you have complete privacy, access to required equipment, and no distractions.

DURING SESSION Prepare your room for telehealth session by turning on your device (computer, tablet, or phone). Place microphone in the appropriate place and test audio level, a light source located in front of you is best, vs behind you. Assure relevant paperwork/homework is present. Consider using a fan or white noise producing item outside the room you're located in for privacy.

WHAT HAPPENS IF A SESSION IS TERMINATED DUE TO TECHNICAL PROBLEMS? The same policies are in place if you forget or double book your session regarding missed session fees if your equipment fails. Please try out your equipment prior to your session so any glitches can be figured out beforehand. If there's a problem and our video session cannot quickly be restored, I will call you. **Please have your phone nearby you in case I need to text or call you and we will finish our session via audio only.**

ELECTRONIC COMMUNICATION AND TELEMEDICINE CONSENT While I do my best using encrypted devices and services and HIPAA compliant practices, I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If we use information technology for some or all of your treatment, you need to understand that there are both benefits and risks of this form of counseling. Benefits include ease of access to my service and since the pandemic the majority of my practice has preferred to continue with telehealth services, so I have transitioned my in-person therapy practice to mostly telehealth, with only one day a week available for in-person sessions. When using information technology in therapy services potential risks include, but are not limited to, my inability to make visual observations of therapeutically potentially relevant issues; therefore, I may not be aware of what I would consider important information which you may not recognize as significant to present verbally to me.

Communication by Mail/Fax/Business Location

P.O. Box 15532, Seattle WA 98115 is an alternate mailing address for my practice. *Seattle Wellness Counseling* is an independently operated private therapy practice of Shira Wilson. Faxes can be sent to the number: 208-728-9259 (note the number is not a 206-area code).

Confidentiality

You have the right to confidentiality, and I hold confidentiality as an essential aspect of our work together. In addition to this document, you received my Notice of Privacy Practices, which described how I might use and disclose your health information.

When I may disclose information about you without your consent:

Under my Mandatory Reporting Duties there are two categories:

- *to report suspected abuse of a child or a vulnerable adult when reasonable cause to believe this has occurred.* Please note that as a WA state licensed master's level healthcare provider, my mandatory reporting duties differ from some other mandated reporters, in that my duties cannot be discharged by another reporter. This means, if you have reported suspected abuse of a child or a vulnerable adult yourself or to another provider and disclose this suspected abuse to me, *I still need to report this abuse or neglect.*

Abuse or neglect of a vulnerable adult is reported immediately to the WA Dept of Social and Health Services (APS). Sexual assault or physical assault of a vulnerable adult or an act that has caused fear of

imminent harm is reported immediately to the appropriate law enforcement agency *and* to the APS. Child abuse or neglect is reported to law enforcement *or* to the WA department of Children, Youth and Families (CPS) within 24 hours. If an adult reports to me abuse or neglect which occurred when an adult was a child, I am mandated to report this historical abuse or neglect if there is reasonable cause to believe other children are or may be at risk of abuse or neglect by the accused.

Other exceptions allow for the disclosure of information in these cases:

- to interrupt potential suicidal behavior;
- to intervene against threatened harm to another;
- and if required by court order or other compulsory process.
- Disclosures may also be made if you sign a written authorization for me to release information to another person or agency, such as your physician.
- If you file a complaint with the Department of Health, the minimally necessary disclosures will be made to present the Department with the full picture.
- Payment by check permits bank employees to view names of my clients, because my name will appear on the check.
- I use a HIPAA compliant merchant services company for credit card transactions; your statement will show my name and 'Professional Services' as the type of transaction if you are paying my credit card.
- I regularly consult with colleagues to ensure the quality of my work and further clinical development. This is done under strictly professional and confidential circumstances. I do not share specific client identifying information during consultation.
- I may use your personal information to contact you in appointment scheduling matters.

Acknowledgment and Agreement

By signing below, each of us confirms this disclosure document to represent the agreement between us, you confirm receiving and reading a copy, and you confirm your understanding of the information provided, and agree to allow the disclosures of health information as described above.

Signature of Client (or Parent or Legal Guardian)

Date

Signature of Counselor (Health Care Provider)

Date