

## DISCLOSURE STATEMENT AND CONSENT FOR SERVICES

You have the right to choose a counselor who best suits your needs and purposes. With that in mind, please read carefully the following disclosure information and agreement for counseling services, as you will need to agree to the described terms and conditions regarding treatment, appointments, payment and insurance matters.

**Credentials:** I am licensed in the State of Washington as a Licensed Independent Social Worker (#LW 00004485). I received my Master's Degree in Social Work (MSW) in 1985 from Saint Louis University and my Bachelor Degree in Social Work (BSW) in 1983 from the University of Missouri/Columbia. I am also a member of the Academy of Certified Social Workers since 1987 and have been a member of the National Association of Social Workers since 1981. My identification number is #881662965.

My emphasis in college studies was family systems. I have had further training in specific childhood disorders, trauma work and other common disorders. I work with children and adults in individual and family counseling. I have worked in a hospital setting as well as outpatient.

**Approach to Treatment:** I see people in terms of the systems in which they live and work as well as in the experiences they have along the way. This includes one's family of origin and the influence which one carries forward from this system. The healing process takes place in the presence of a relationship of trust and support. I am mindful of a person's body, mind and spirit and use these when appropriate to help facilitate healing. I employ several orientations, some being mindfulness-based, psychodynamic and behavioral.

The initial consultation will be information gathering for the purpose of creating a treatment plan and to decide if we are a good match. I will actively work to help you identify your goals which we will collaborate on. While I cannot guarantee that specific changes will occur out of our work together, I will show up authentically and bring forth my skills and tools. You always have the right to refuse treatment.

Should it become apparent that I am not able to meet your counseling needs, I will readily provide you with a referral to other therapists.

**Appointments:** Appointments are between 45-60 minutes in length and begin at the scheduled time. Included in this time frame is the time needed to re-schedule and pay for the session. Please have your check/cash ready in advance. Your payment is expected at each session. If you are 30 minutes late for an in office or virtual session it will be considered a no show and you will be charged the no-show fee.

I require 24 hours' **email or phone** notification to be given if you need to cancel. **YOU WILL BE BILLED A NO SHOW CHARGE OF \$100.00 if 24 HOURS NOTICE IS NOT GIVEN. YOUR INSURANCE COMPANY WILL NOT COVER ANY PORTION OF THIS CHARGE.**

**Fees/Payment:** My fee is \$150.00 for the initial session, \$130.00 for individual sessions lasting 55-60 minutes, \$100 for individual sessions lasting 45-50 minute sessions and \$140.00 for family sessions. From time to time I may need to raise my fees in recognition of increased operating costs. Should this occur, I would provide you with advance notice. The fees I charge you may be different *if* your insurance company and I have signed an agreement for me to accept a contracted rate. You will be charged in ¼ hour increments for telephone calls from you to discuss issues or concerns between sessions, for my telephone interactions with physicians and others on your behalf, and for reports/letters you request me to write on your behalf. If you need me to be involved in any legal issues you will be billed at \$150 an hour. You will be billed in ¼ hour increments. Should you need me to attend a school conference on behalf of your child my fee is \$130. Health insurance companies will not pay for missed sessions, nor will they pay for telephone calls, reports, letters, or telephone calls to attorneys. You are fully responsible for when those fees are incurred. Should you have a credit once all fees have been collected, I will write a check to you for that amount.

The fees (deductible, co-pay/co-insurance) you are responsible for will be included on the separate Fee Agreement Page, which we will fill out, and sign together when we meet. Since you will be responsible for payments even if your insurance company declines, you should confirm your eligibility with them.

A \$40.00 fee will be charged for any check returned unpaid. If I incur any fees from my bank, those will also be charged to you. Accounts over 60 days past due will accrue interest at the rate of 1% per month on unpaid private balances (12% annually). Past private balances must be paid in full within ninety (90) days. If you leave therapy with an outstanding balance you will no longer be eligible to return as a Patient of mine.

**Confidentiality:** Your participation in clinical services, 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.

Please note that when you use a check to pay your fees, you expose the information that you are in counseling. It is advisable to not write in the memo line on your check that it is for counseling if you wish to ensure maximum confidentiality.

Also be aware that if you are using your smart phone in the waiting room and you have the location service enabled, it can be discovered that you have come to this location every week. You may or may not want that information to be known, so make a wise choice given your situation.

**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.

**Treatment of Minors:** If you are the parent or guardian of a minor who is seeking treatment, please know that under Washington State law, any child age 13 or older can independently consent to mental health treatment without your permission. In addition, parents or guardians may not generally access the treatment record of a client aged 13 or older without that client's written permission. If you are 13 years of age or older, you have the legal right to seek mental health treatment without obtaining permission from a parent or guardian. Under certain circumstances, the parent of an adolescent may consent, on behalf of the adolescent, to a mental health or substance use assessment and limited treatment.

I am not able to provide a recommendation, evaluation, or opinion, in any legal forum relating to separation, divorce, child custody, visitation, or parenting plans. For children under age 13, I will need to be provided with a copy of any parenting plan, custody orders, or any other similar documents, including any changes or revisions made during the course of treatment. It is generally necessary that both parents or legal guardians consent to treatment of their minor child.

**Email/Texting/Social Media:** For administrative convenience, such as scheduling appointments, you and I may decide to use email from time to time. However, I do not communicate about therapy issues using any electronic means. My email is encrypted but it is advised to use at your own risk. I generally check my email everyday so you can cancel your appointment using this means of communication as well as by phone. I do not interact with clients via **any** form of social media.

You should also know that any emails I receive from you and any responses that I send to you become a part of your clinical record.

It is NOT a regular part of my practice to search for patients on Google or Facebook or other search engines. Extremely rare exceptions *may* be made during times of crises. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we meet next.

You may find my practice listed on sites such as Yelp, Healthgrades, Yahoo Local, Bing or other places which list businesses. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. Some of these sites include forums in which users rate their providers and add reviews. I cannot respond to any of these reviews, positive or negative due to confidentiality. You should be aware that when you use these sites you may compromise your confidentiality. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If you want to voice concerns about our work together, I encourage you to bring your feelings and reactions directly into the therapy process. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my patient, but you are more than welcome to tell anyone you wish that I am your therapist or how you feel about the treatment I provide to you in any forum of your choosing.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection. Should you want to do a review on me, there is that option on my website. These policies will be updated as technology changes.

**Insurance Billing:** There are advantages and disadvantages to utilizing insurance benefits for mental health services. You need to be aware of what it means to participate in insurance-monitored health care. Insurance companies, managed care plans and Employee Assistance Programs (EAP's) often require information about your treatment to justify or limit your coverage. This sharing of information can compromise your confidentiality. They require a clinical diagnosis, and sometimes additional information such as treatment plans or summaries and only rarely, copies of your entire Clinical Record. I will attempt to release only minimum information about you that is necessary for the purpose requested. The insurance company puts your information into a file, most likely on a computer. Though all insurances companies are required to keep such information confidential, I have no control over what they do with it once it is in their hands. This information becomes a permanent part of your medical record. When this information goes to your physician it can mean that your health care is more comprehensive. It can also mean that you may have difficulty qualifying for disability or life insurance at a later date.

In most cases, I will fill out the necessary insurance forms needed to access your mental health benefits, however you will be responsible for any payments your insurance company does not cover (co-pays, co-insurance, deductibles, due to non-coverage). Should we agree to a service your insurance company does not cover, we will have a separate written agreement for payment of those services. I do not fill out forms for secondary coverage.

Once we understand the information about your mental health coverage, we can discuss how this might impinge on what you wish to accomplish. Should you be denied further sessions by your insurance company and you feel you are not ready to end your sessions, it is important to remember that you always have the right to pay for my services yourself (unless prohibited by contracts).

**Your Chart:** Your Chart: I am required by law and by all of my insurance contracts, to keep a record of our work together. Under WA State law, treatment records are required to be kept for 5 years. I will maintain your record 10 years beyond the end of therapy to be in compliance with all third-party payer contracts.

You have the right to request that I not keep any clinical notes. Please let me know if this is your wish.

**Consultation and Access to Records:** I seek ongoing supervision and consultation from colleagues in order to provide you with the best services possible. I may disclose information about you in consultation with colleagues, in which case I will limit the information I disclose to the minimum amount necessary. I have an agreement with Nancy Adler Jones, MSW 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 Nancy Adler Jones, MSW accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

**Treatment Ending:** Treatment ends when you have completed your goals, you are referred out, other circumstances change (i.e. insurance coverage) or when there has been no contact for 4 months. Our counseling relationship will then be considered concluded.

**My Website:** I host a website, along with my office colleague, for the purpose of informing potential patients about our services. I also use it for patients to download my forms. I have a "Resource" section in which I have posted interesting articles and sayings. My website address is [www.snohomishcounselors.com](http://www.snohomishcounselors.com). I also have a listing on Psychology Today.

**Sole Practitioner:** I am a sole practitioner and am independent of my office colleague with whom I share limited common facilities at 1002 Tenth Str. Snohomish, WA 98291

**Emergencies:** If it is an emergency and you need immediate help, take the following measures; call the Snohomish County Crises Line at (425)258-4357 or 1-800-584-3578 (King County (206)461-3222), the National Crisis line at (800) 273-8255, call 911, go to your nearest emergency room and/or call a family member or friend.

**Phone Communications:** You may reach me by leaving a message with my voice message service (425) 953-4360. I generally check for messages every other day on weekdays and I will return your call as soon as I am able.

In order to help me return calls promptly I use an electronic phone system. Though this system usually means that I am more accessible, occasionally the electronics fail or are updated, (when this happens it is usually for a very short period of time). Therefore, if you do not get through, or if you have not heard from me within 24 hours, please call again.

**Ethics and Accountability:** I am credentialed in the State of Washington as a Licensed Clinical Social Worker. I am accountable for my work with you (RCW 18.130.180). If you have concerns about the course of treatment, please discuss them with me. If your concerns are not able to be resolved or you feel that I have been unethical or unprofessional you can contact the Department of Licensing, Health Professions Quality Assurance, Counselor Section, P.O. Box 47869, Olympia, WA 98504, phone (360) 236-4700.

I am committed to the highest standard of professional practice and ascribe and adhere to the National Social Work Code of Ethics.

Ethical guidelines prohibit a social or business relationship between us.

**Acknowledgement and Agreement:** By signing this document, you are attesting that you have received, read and fully understand and consent to the disclosures, terms and conditions above, that you have received or been given an opportunity to review a copy of the HIPPA Notice of Rights and 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 by Judy Volmert, MSW LICSW

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_____	_____	_____	_____
Patient Signature	Date	Judy Volmert, MSW LCSW	Date

If signing on behalf of a minor child under 13 years of age, do you have legal authority to consent to services on behalf of your child? \_\_\_\_yes                      \_\_\_\_no