Sound Connections
COUNSELING & CONSULTING, LLC

PERSONAL DISCLOSURE STATEMENT & COUNSELING PROTOCOLS
INFORMED CONSENT & FINANCIAL AGREEMENT

Both State and Federal law require me to provide you with information that is designed to assist you in making informed choices as you begin your therapy process. You have the right to refuse any treatment you do not want, and the responsibility to choose a mental health provider and treatment modality which best suits your needs. You also have the right to terminate your treatment at any time for any reason. The following information is provided to help you determine if what I offer as a mental health counselor meets your needs as a client. This document contains important information about my therapeutic approach, my education, my fees, and your rights as a client including your rights regarding your private health information. Please read this document carefully and ask any questions that help you fully understand the contents of this disclosure statement and agreement for services.

Course-of-Treatment
Counseling usually involves individual sessions, although some clients also benefit from attending group sessions. Within the first few sessions, I will discuss a general plan with you/your child. This plan will include a discussion of the strategies and skills that will be taught during counseling.

The length of time counseling continues depends on the individual client's needs. I will work with you/your child to determine when counseling goals have been achieved or when we have accomplished what is possible given developmental stage. Prior to concluding counseling, we will discuss any further recommendations.
I am not able to propose an appropriate course of treatment for you until we have spent some time together. As soon as I am able to identify an appropriate course of treatment, however, I will discuss it with you.

Limitations of Confidentiality
Your participation in therapy, the content of our sessions, and any information you provide to me during our sessions 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:

- Actual or suspected abuse of a child or elder - I am bound by law and ethics to report any suspected abuse or neglect; my policy is to inform you of these disclosures before they occur,
- Belief that the client may harm him or herself or someone else,
- Necessity to take legal proceedings to settle your account. In this case, some identifying information would be released to an attorney, collection agency, or small claims court as defined by law.

Mandated Reporting
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 and suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05. If you have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let me know. I will be happy to discuss this with you further.

For additional information regarding your confidentiality rights, please carefully review the attached HIPAA and Washington State Notice of Rights and Privacy Practices.

Insurance

Insurance companies and other third-party payers may require that I provide them with information regarding the services I provide to you. This information may include the type of service provided, the dates and times of service, your diagnosis, treatment plan, a description of impairment, progress of therapy, and case notes and summaries. If you do not want me to provide your confidential information to your insurance company, let me know so that we can discuss alternatives.

Insurance **may** cover part of the cost of counseling depending upon the diagnosis and insurance policy. Check with your insurance company to determine outpatient mental health benefits and if pre-authorization is required. While I am happy to bill your insurance for you, you are financially responsible for your bill, including any co-pay or co-insurance payment, and the balance remaining after insurance has made payment**.** ***I am not "in-network" or a "preferred provider" for any insurance carriers at this time***. ***I am not a Medicaid/Medicare provider and cannot bill them for services***. *Please be aware that many insurance plans do not cover out-of-network mental health services or may reimburse for these services at different rates than for "in-network" providers.* I will not be able to provide you with information regarding the services that may or may not be reimbursed by your insurance plan. Any questions about your specific coverage should be directed to your insurance provider.

Group Counseling

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

Supervision and Consultation

I seek ongoing supervision and consultation from colleagues in order to provide you with the best services possible. I may disclose information about your counseling session in consultation with colleagues, in which case I will withhold your name and limit the information I disclose to the minimum necessary. I also have an agreement with Erik Sirs to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Erik Sirs accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

Education, Training, and Experience

I received my Doctor of Social Work (DSW) from the University of Tennessee, Knoxville. I received my bachelor's and master's degrees in Social Work from Boise State University. I have been licensed as a clinical social worker since 2008 and hold current licenses in both Washington and Idaho. Over the course of my career, I have worked as Lead Counselor at a private, nonprofit learning center, overseeing the counseling department and staff. During this course of my employment there, I also provided field instruction to social work students at both the bachelor's and master's levels and am a registered clinical supervisor who provides formal supervision for social workers seeking clinical licensure. I have completed a professional mentorship at Michelle Garcia-Winner's Center for Social Thinking, and continue to attend professional trainings and workshops that are relevant to areas of my professional practice. I have also presented at local, state, national, and international conferences on topics of professional interest and expertise, which include: ADHD, autism

spectrum disorders, executive functioning, social competencies, learning disabilities, and use of movement in therapy.

Therapeutic Orientation/Philosophy
My approach to counseling addresses the unique social and/or emotional needs of my clients by first identifying specific concerns or problems, and teaching skills to change behavior and develop coping strategies. I use primarily a cognitive behavioral approach, which is based on the idea that if we can change the way we think or perceive things, we will change (improve) our emotional state and/or behavior. I also incorporate elements of education to help my clients better understand their thinking and perception of the world, and to understand nuances of social communication. Use of mindfulness and movement modalities round out my treatment approach, which is collaborative in nature.

For Parents: Regular communication with parents of younger children is an important part of counseling. The last 5 or 10 minutes of each weekly session is saved for parents. Aside from general discussion about the skills being taught, the work done during counseling is considered confidential information. To encourage and maintain the trust of young clients, counselors typically do not share with parents the exact details, feelings, or events talked about during a child's session without the child's permission.

Anticipated results of the proposed treatment
I cannot make any guarantees regarding specific outcomes or results of the treatment I provide to you. However, I will discuss with you my observations, and your evaluation, of the treatment I provide to you in order to best monitor the progress and results. Sometimes difficult issues arise in counseling; if changes in mood or behavior are noticed, it is important to mention this to me.

Recognized possible alternative forms of treatment
There are alternatives to the modality and treatment I provide. You have the right to choose alternative treatments, including no treatment at all. I will be happy to provide you with a referral to a different treatment provider if you so request. There are possible risks of alternative forms of treatment, including non-treatment. These risks can include aggravation or an increase in severity of your underlying mental and/or physical condition or symptoms.

Risks of Treatment
There are recognized possible risks of treatment. For example, you may experience some reactions to psychotherapy including uncomfortable feelings, emotions, and personal experiences or the temporary worsening of some symptoms. You may find some of these experiences to be difficult or troubling. If you experience any negative feelings, emotions, or experiences, please inform me as soon as possible.

Financial Requirements
Payment is due at the beginning of each session, unless other arrangements have been made. Contact me at (208) 250-5133 to schedule, reschedule, or cancel an appointment. When calling after hours, please be sure to include in your voice message your name and the name of your child, if applicable. If you are unable to keep your appointment (except in an emergency), you must give me 24-hours advance notice or you will be charged for the session. Under Washington State Law, you are not liable for any fees or charges for services rendered prior to receipt of this disclosure statement.

Anticipation of Litigation:

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 can help you find a referral to a forensic expert. I do not normally serve as an expert witness, however, for those cases I do chose to participate in, my fee for appearing as an expert witness at trial is $500 per hour. For all other types of court appearances, my fee is $250 per hour.

Crisis Contact Information
If you are experiencing an emergency or crisis, please call 911 or the Crisis Line at (360) 586-2800 (Thurston County), (800) 576-7764 (Pierce County) or (800) 244-5767 (King County). In such situations, you may also go to the nearest hospital Emergency Room.

Washington Department of Health Complaint Process
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

Referral List
I maintain a referral list of other Counselors with a wide range of specialties. I will provide you with a referral to another Counselor if I feel your needs are beyond the scope of my expertise, or if you request such referral information.

Social Media Policy
Professional ethics standards do not permit me to communicate with clients via personal social media.
As such, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

Cell Phone Use
In the regular conduct of my practice, I may make use of a cellular phone or other portable communication device to communicate with clients. In such cases, I will limit the information I store in any portable communication device to the least amount necessary. Please be aware that such forms of communication do have inherent risks to client confidentiality. If you would prefer that I do not store your name and telephone number in a portable communication device, or if you would prefer that I do not communicate with you via cellular phone, please inform me so that we can make alternative arrangements.

Email and Text Communication
In order to best protect your confidentiality, I typically will communicate with clients via email and/or text message for the purposes of scheduling or canceling appointments only. If you need to communicate with me via email or text for any other purpose, please discuss that with me in person.

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 and Washington State Notice of Rights and Privacy Practices, have read and fully understand these rights, and have been given the opportunity to ask questions.

Signatures

By signing this document, you are attesting to your consent to participation in counseling services provided by Lori A. Sirs, DSW, LICSW.

_____ _____

Client Signature (if 13 or older) or parent/guardian if underage Relationship to client

_____ _____

Printed name (Or parent/guardian of underage client) Date

If the client is a child or adolescent under 18 years of age:

_____ I am consenting to have my child undergo counseling.

_____ I have custodial rights for this child and can provide the necessary documentation if required.

_____ I accept the responsibility for informing/not informing any non-participating parent.

_____

Printed name of client

_____ _____

Signature of client Date

_____ _____

Clinician Signature Date

Washington License#: LW-607-11928

NPI#: 1811062243

Tax ID#: 81-0689326

Financial Agreement

I accept full financial responsibility for the cost of counseling, whether or not charges are submitted to my insurance company, and **regardless of the amount my insurance carrier may reimburse me for services received**. (Check all that apply)

- ❑ I authorize Sound Connections Counseling & Consulting to submit claims to my insurance carrier (you will need to provide a copy of your insurance card).
- ❑ I intend to pay at the time of service.
- ❑ I intend to set up a payment plan.
- ❑ Other: _____

Fees & Payment information (CPT codes are provided for your reference when checking insurance coverage):

- The fee for the initial diagnostic interview prior to starting counseling or receiving an assessment is $150 (CPT code: 90791).
- Regular fees for individual counseling are $120 per session hour, which is based on a 50-minute counseling session (CPT code: 90837). Half hour sessions are $60 (CPT code 90832).
- Regular fees for group counseling are $65 per hour (CPT code: 90853).
- Parent-only sessions are billed as individual counseling without the client present (CPT code: 90846).
- The fee for administration, scoring, and interpretation of assessment measures, including report-writing, are $120 per hour (CPT code: 96102).
- Teletherapy (via a HIPAA-compliant videoconferencing platform) fees are $100. Check with your insurance carrier for information about reimbursement.
- I am happy to coordinate care with other service providers (physicians, psychologists, counselors, school personnel) to discuss your/your child's needs. Lengthy conversations (greater than 10 minutes) are billed at a consultation rate of $100 per hour (not billable to insurance).
- Any cancellations without sufficient notice (minimum 4 hours) or missed appointments will be charged a $25 cancellation fee (not billable to insurance).
- Unless you have made other arrangements, payment is expected at the time of service. If you fail to make regular payments, I cannot continue to schedule appointments.