

Tolman Counseling, PLLC

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Counselor Disclosure Statement and Treatment Consent

Greetings, and welcome to Tolman Counseling, PLLC. The purpose of this disclosure statement is to provide you with information about my qualifications, treatment approaches, your rights as a client, and office policies/procedures. You have taken a very positive step by deciding to seek therapy and I appreciate you giving me the opportunity to be of help to you.

Qualifications

I am a licensed independent clinical social worker (LICSW) with the State of Washington.
Washington State Social Worker Independent Clinical License # LW60826213

I am also recognized by the State of Washington as a Mental Health Professional (MHP). As a MHP and LICSW I am qualified to assess, diagnose and treat mental health issues.

Education and Experience

I earned my Bachelor of Science in Psychology from Washington State University in 2007 and my Master of Social Work (MSW) degree from the University of Wisconsin in 2012. I have experience providing case management and counseling services to teens, adults, and seniors. I specialize in providing individual counseling to adults age 19 and older who are dealing with anxiety disorders, depressive disorders, trauma/stressor related disorders (especially posttraumatic stress disorder {PTSD} due to physical/sexual abuse/assault), insomnia, domestic violence, relationship/communication issues, and problems related to other psychosocial, personal and environmental circumstances.

Approach to Treatment

My style is collaborative and holistic. I see us as a team working side by side to assess and address the symptoms and issues that are bothering you. We will do this by clearly defining the problem we are working on, setting measurable/achievable goals, and implementing agreed upon interventions/treatments to resolve the problem/accomplish your goals.

I utilize a variety of therapeutic methods/treatment modalities in order to help my clients successfully address the concerns that brought them to my office. I work with each of my clients to develop a personalized treatment plan that is tailored to meet their specific needs.

The majority of the work done to make progress in therapy takes place outside of therapy sessions. During our sessions we will work together to build upon your

skills/strengths/resources and develop homework assignments designed to help you practice/implement the skills/techniques learned in therapy sessions. Your commitment to completing therapy homework assignments will support you in making progress towards your goals as quickly as possible. The more you put into your treatment, the more you will get out of your treatment.

I implement treatments that have been researched and proven to be effective including: Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), Motivational Interviewing (MI), Prolonged Exposure Therapy (PE), Eye Movement Desensitization and Reprocessing (EMDR), and Solution Focused Brief Therapy (SFBT).

As a clinical social worker, I take a person-in-environment approach to treatment meaning that together we will explore how your experiences/relationship with your environment (people/places/circumstances, etc.) have impacted/currently affect you. We will work together to identify what changes can be made to overcome any barriers you may be facing and build upon your strengths/supports/resources in order to accomplish your goals.

I provide a warm, nonjudgmental, safe and supportive environment where my clients can explore and address their thoughts, feelings, behaviors and experiences. I value you and your time. If at any time, you feel that you are not getting what you need/want out of our counseling sessions, I encourage you to let me know. Each person is unique and has their own individual style/preferences. I am flexible and strive to accommodate your preferences in our work together. Therapy is a process that includes regularly reviewing progress made towards treatment goals and making changes to the treatment plan as needed. I encourage and welcome your questions, comments, concerns, and feedback.

Sessions, Fees, Billing and Payments

The initial diagnostic session (first session) and subsequent (follow up) therapy **sessions are 50 minutes** long.

My fee is **\$150 for the first session** and **\$130 for follow up sessions**. Session fees are subject to change at any time. In the event that session fees change, you will be given advance notice with an updated copy of this disclosure statement that includes the new session fees.

Payment is due at the beginning of each session.

I am currently in the process of applying to be covered by the following insurance carriers:

- Premera/Blue Cross
- First Choice Health
- Regence
- Cigna
- Reliant Behavioral Health
- Aetna
- Magellan
- Optum
- Medicare
- Tricare
- GEHA
- Various Employee Assistance Programs (EAPs)
- Medicaid/Apple Health (AMG, CHPW, CCW, MHW, UHC)

I anticipate being covered by insurance beginning May 1, 2019. Once I am covered by insurance, I will bill your insurance for services provided and collect your co-pay for services at the beginning of each session. In the meantime, I am collecting my full session fee at each session. You may be able to receive reimbursement from your insurance carrier for seeing me as an “out of network” provider by sending them verification of your services received and payments made. I will provide this verification form (superbill) to you upon request. You will need to contact your insurance carrier to find out if this is an option that is available to you.

If you do not have insurance or if your insurance does not cover counseling/therapy services, I offer a sliding scale according to your household size and income. We will discuss and come to an agreement on the counseling fee that you can afford. A payment contract will be signed and payments are expected at the time of service.

I accept cash, personal check, and major credit cards. I reserve the right to stop services if payment has not been made for two consecutive therapy sessions. I will discuss this with you in advance. *Please discuss any financial situations that may impact your ability to pay for services with me as soon as possible so that, if needed, I can refer you to another therapist or make changes to our payment arrangement/agreement.*

It is your responsibility to get pre-authorization for mental health services if so required by your insurance carrier. If you do not get this and the insurance does not pay, you will be responsible for the bill.

If for any reason your insurance fails to provide payment, you will be responsible for the full cost of services rendered. If the client is under 18, the parents or legal guardian are/is responsible for the bill.

There is a \$50.00 service charge on all returned checks.

I will provide a fee schedule and charge accordingly for any other services that you may request, including but not limited to: phone conversations lasting over 15 minutes, writing reports, attending meetings with other people that you have requested and authorized, and preparation of requested records or treatment summaries.

Cancellation Policy

If you need to cancel an appointment, please call or text me at 360-605-0631 at least 24 hours before the scheduled appointment time. If you do not give at least 24 hours notice you will be responsible for paying the full session fee. Insurance will not pay for missed appointments.

Emergencies

In case of emergency, after hours, weekends, and when you cannot reach me, call the 24-hour Crisis Clinic at 360-479-3033, dial 911, or go to the hospital emergency room. If you think your current situation will involve a great need of crisis intervention or after-hours response, choosing another therapist may be more appropriate, as my availability is limited.

Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, 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. If you have questions about this, please bring them up when we meet and we can talk more about it.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing (by signing a "Release of Information" form) to have all or portions of such content released to a specifically named person/persons. This confidentiality has the following exceptions as provided by law:

1. In the event of a medical emergency, emergency personnel or services may be given necessary information.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
3. In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
4. If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
5. If you bring a complaint against me with the State of Washington, or Department of Health, information will be released.
6. If records are subpoenaed by an attorney in the State of Washington, they will be released unless you file a Protection Order within 14 days of the subpoena.
7. In the event of a client's death or disability, the information may be released if the patient's personal representative or the beneficiary of an insurance policy on the patient's life signs a release authorizing disclosure.
8. In the event the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriate authorities.
9. In the case of a minor client, information indicating that the client was the victim of a crime may be released to the proper authorities.

10. If the client chooses to use health insurance, the name and some information about diagnosis and treatment are usually required. Many managed health care policies will require regular progress reports to them and often to the primary care physician.

11. If the client does not pay for services rendered and the account is turned over to a collection agency, some identifying confidential information will be released.

12. The therapist may seek consultation or supervision with other mental health professionals, but the client's identity will not be revealed. The laws pertaining to confidentiality will also strictly bind any consultant or supervisor used.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Review of Records

I keep a record of health care services that I provide to you. You have a right to see and copy that record. You may also ask to correct the record. I may charge a fee for photocopying any portion of the record.

Notice to Clients

As required by RCW 18.130.080, this will inform clients of certified or registered counselors in the State of Washington that they may file a complaint with the Department of Health at any time they believe a counselor has demonstrated unprofessional conduct. Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of public health and safety. Registration of an individual with the Department does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

Questions or complaints may be directed to:

Department of Health Business & Professional Administration
P.O. Box 9012 Olympia, WA 98504-8001
(360) 753-1761

Social workers are required to provide to clients the following list of conduct, acts, or conditions which constitute "unprofessional conduct" for any license holder of applicant under the jurisdiction of RCW 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. Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed.

4. False, fraudulent, or misleading advertisement.

5. Continuing to practice when a certification or registration has been suspended, revoked, or restricted by the Director of the Department of Health.

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, the violation of any drug law, or prescribing controlled substances for oneself .

7. Violation of any state or federal status or administrative rule regulating the profession, including any statute or rule defining or establishing standards of patient care or professional conduct or practice.

8. Failure to cooperate with the Department of Health.

9. Failure to comply with an order issued by the Department of Health or an assurance of discontinuance entered into with the Department.

10. Aiding or abetting an unlicensed person to practice when a license is required.

11. Violation of rules established by any health agency.

12. Practice beyond the scope of practice as 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 conduct 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 or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the Department of Health.

20. The willful betrayal of a practitioner/patient privilege as recognized by law.

21. The violation of the rebating laws which includes payment for referral of clients.

22. Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the Department of Health or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action.

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 or medical or health-related products or services intended for patients.

Appointment Frequency and Termination

The frequency of appointments will be agreed upon based on client need/preferences and therapist availability. Most of my clients see me once a week for 3 to 4 months. After that, we may meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one more session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “break” from therapy to try it on your own, we should discuss this. We can often make such a “break” be more helpful.

Client Consent to Counseling

I have carefully read and understand this counselor disclosure statement and consent to treatment. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to participate in therapy with Lindsey Tolman. I may end therapy at any time and refuse any requests or suggestions made by Ms. Tolman. I have been provided with a copy of this statement. I have had the opportunity to ask questions and have received clarification as needed.

Client Signature: _____ Date: _____

Client Printed Name: _____

Therapist Signature: _____ Date: _____