



Practice Policies & Disclosure Statement

Education, Training, Affiliations & My Approach

I am a licensed Independent Clinical Social Worker, License #LW60907579, with over 10 years of post-graduate experience in providing supportive mental health care to a diverse group of people. My experience includes providing crisis intervention and mental health support within a hospital, providing mental health counseling to hospice patients and their families, and providing mental health and case management services to women and children experiencing homelessness. I have my BA in English and Women Studies from the University of Washington, and a Master's in Social Work from Eastern Washington University. I welcome all adults looking for individual therapy. My counseling style is tailored to meet each unique person, although I am consistently compassionate, calm, understanding and focused on your internal and cultural strengths. In our sessions we will explore many aspects of your life from early childhood to today. This includes the exploration of:

Current issues/problems you are experiencing

Patterns of behavior and coping during difficult situations

Emotions/feelings/symptoms (such as anxiety and depression) and thought patterns that contribute to emotional pain

Existing coping skills and you will also learn new tools to help decrease unfavorable symptoms

Environmental impacts

As a therapist, there are many therapeutic frameworks that shape my practice such as Psychodynamic, Systems, Strengths, & Feminist Theories. I utilize a variety of counseling techniques and styles tailored to each person. Because no one counseling technique fits everyone, we will find the most appropriate approach based upon your own uniqueness. The models I incorporate include:

Cognitive Behavioral Therapy (CBT)

Acceptance and Commitment Therapy (ACT)

Prolonged Grief Disorder Therapy (PGDT)

Solution-Focused Therapy

Narrative Therapy

Length of Services

You have the freedom to make decisions about your experience in therapy. Length of service depends on numerous factors and it is difficult to predict the exact number of sessions someone may need. We will work together to define the predicted length of treatment.

Billing and Credit Card Information

The fee for counseling is \$130 per 55-minute session for individual counseling. The initial assessment appointment fee is \$160 per 60-minute session. I am contracted with Regence Blue Cross Blue Shield, First Choice, United Health Care (not the community plan), Premera, HMA, Community Health Plan of Washington (CHPW), Lyra Health, and Medicare. If you have an insurance carrier outside of these providers, I would be considered an out-of-network provider. Please check with your insurance company to confirm if out-of-network mental health benefits are available. If they are, you would be responsible for paying out-of-pocket for counseling and then can submit requests to your insurance for reimbursement. Please check with your insurance company directly about your benefits for counseling services, clarify what they will reimburse and ask what you are responsible for paying.

If your insurance changes, please notify me immediately. You are financially responsible for any claims returned or if there is a lapse in insurance coverage. If you have a deductible, you are responsible for paying for services until your deductible is met.

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.

I accept cash, check, and/or debit/credit card. If you choose to pay with a debit/credit card you will need to upload your card information into the client portal and charges will be automatically applied after your session. By inputting your card information, you are authorizing me to bill for all services, including for no-show appointments per my cancellation policy. If an account is past due by more than 90 days, I may pursue legal action. There will be a \$25 service fee for all canceled checks. You are not liable for any services rendered prior to the receipt and signing of this disclosure statement.

Cancellations and no-shows

Life is busy and things often come up that impact our ability to meet. With that in mind, **the first time you fail to notify me you'd like to cancel, within 24 hours of our scheduled time, you will not be charged.** We will discuss a time to reschedule, and I will remind you of my cancellation policy. **All subsequent cancellations or no-shows that happen within 24 hours of our scheduled session, will be charged a fee of \$105.** Fees are subject to change, and are based on the average insurance reimbursement rate/clinical hour. Any changes will occur with a two-week advance notice, ensuring the opportunity to discuss such changes in session.

Any case management and/or documentation that you ask me to create for you will be free up to 15 minutes. \$50 for 15-30 minutes and \$130 per hour after that. If you request my appearance in court or to participate in litigation on your behalf, my standard rate would apply (\$130 per hour).

Therapeutic Boundaries and Social Media

The therapeutic relationship between counselor and client is unique and founded on trust. Due to the deep emotional nature of most counseling sessions, it is important that client and therapist honor the boundaries of the therapeutic relationship. Content addressed in counseling sessions must remain within the scheduled session times. If we happen to run into each other outside of our counseling session, I will maintain your confidentiality. If you approach me and say hello, I am happy to also say hello but I cannot initiate contact. In addition, any requests for social media connections from client to counselor must be denied, to protect the integrity of the therapeutic relationship and to support confidentiality.

Telehealth

If it is therapeutically appropriate, I may make use of technology assisted telehealth tools such as telephone communications and internet enabled video and/or audio services as an adjunct to our in-person work together. It is important that you understand the benefits and limitations of such services.

- Since in-person interaction is generally more clinically effective than telehealth, preference will be given for in-person services unless individual or environmental factors indicate telehealth as a preferable alternative.
- Telehealth services may only be initiated after completion of initial in-person sessions sufficient to facilitate an adequate preliminary assessment and diagnosis. This generally will require at least one full clinical session. This requirement may be waived under extraordinary circumstances.
- Telehealth services may improve your access to counseling, may reduce your costs associated with counseling, and may support more effective use of in-person counseling.

- If you are located outside of the State of Washington, the counseling services I am allowed to provide to you may be limited or prohibited. If you are located outside of the State of Washington, we will discuss what services I may be able to provide to you.
- Telehealth services are not appropriate for all clients and all situations. If you or I determine that telehealth services are not appropriate for you, I will assist you in obtaining appropriate alternative services.
- Successful use of telehealth services requires a reasonable level of access to computer hardware and software. If you do not have access to such resources, we can discuss available alternatives.
- At times it may become necessary for me to allow access to my computer hardware and software for purposes of system maintenance, repair, upgrades, or other similar purposes. In such cases, I will make reasonable efforts to protect your confidential information.
- Telehealth services are often not reimbursed by insurance. In such cases, payment for telehealth services remains your sole responsibility.
- In case of hardware, software or other system failure, you may reach me by phone to coordinate our continued work together.

At the beginning of each session I will ask you to provide me with the following information:

- Your physical location and address.
- A phone number I can use to contact you in case of technology failure or other loss of internet connection during our telehealth session.
- An email address I can use to contact you as an alternative if we cannot connect via phone.

At the initiation of our therapeutic relationship I will ask you to provide me to the following contact information if you and I are in different geographic locations:

- Your local hospital emergency room phone number.
- Your local crisis line phone number.
- The phone number of a local clinician who can provide you with appropriate alternative services in case you or I determine that my telehealth services are no longer appropriate for you.

Scheduling Appointments & Contact Outside of Sessions

Appointments are generally made on a *regular, weekly or bi-weekly basis*. On-going appointments are scheduled between you and me either in-person during session, by email at marcisweet@watertoncounseling.com, or by phone call or text at 425-298-5543. Please note that digital communications through cell phone and/or email may not be secure transmissions. In addition, note that all phone conversations, voice mails and emails that contain therapeutic content will be placed on your medical record and will be part of your record.

In between sessions, you can use the online patient portal, or you may call or text me at 425-298-5543 or email me at marcisweet@watertoncounseling.com. While I check these messages on a regular basis and will generally get back to you via phone or email within 24

hours, at times there may be an extended delay in my ability to respond. For phone calls over 15 minutes, my standard hourly rates would apply.

Emergencies

If you are experiencing an emergency or crisis, please call 911 or the Crisis Connection at (206) 461-3222, (800) 244-5767, or the National crisis line at (800) 273-8255. In such situations, you may also go to the nearest hospital Emergency Room.

Confidentiality

Your participation in therapy, 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.
- 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.

When it is possible, we will discuss any exceptions to confidentiality as they arise. Please ask me if you have any questions about confidentiality and the limits to confidentiality. I cannot ensure the confidentiality of any form of communication through electronic media, including email or text messages. If you prefer to communicate through email or text messaging, I will do so and will generally respond within 24 hours. I ask that you avoid using email or text messaging to communicate or discuss therapeutic content or in emergency situations.

Peer Consultation

I regularly consult with other professionals regarding therapeutic topics and clients. This allows me to gain other perspectives and ideas as to how to best help you reach your goals.

Termination

The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing it with you. If therapy is terminated for any reason, or you request another therapist, I will provide you with a list of qualified therapists to treat you. You may also choose someone on your own.

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 in person.

Unprofessional Conduct

As an individual, you have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits your needs. 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

By signing, you are agreeing to the practice policies and details within this document and give your consent to receive treatment by Marci Sweet with Waterton Counseling PLLC. You are agreeing that you were offered a printed copy of this document along with information about your Notice of Privacy Practices and HIPAA.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.