

DISCLOSURE AND INFORMED CONSENT FOR TREATMENT

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CLIENT-THERAPIST SERVICE AGREEMENT

Thank you for choosing to work with my practice. I truly value your willingness to trust and the bravery it takes to work toward recognizing your own strengths. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it's critical that you understand them. Additionally, when you sign this document, it represents an agreement between the client and the therapist. We can discuss any questions you have when you sign them or at any time in the future.

A healthy and effective therapeutic relationship between people works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described below.

GOALS FOR THERAPY

There can be many goals for the therapeutic relationship. Some of these will be long term goals such as improving your overall quality of life or learning to use mindfulness to improve self-actualization. Others may be more immediate goals, such as decreasing your anxiety and depression symptoms, developing healthy relationships, changing destructive behaviors, or addressing symptoms of addiction. Whatever the goals are for therapy, they will be set by (you) the client according to what you want to work on in session. As your therapist, I may make suggestions on how to reach that goal but ultimately, it's you who decides where you want to go.

RISKS/BENEFITS OF THERAPY

Therapy can often lead to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, and increased skills for managing stress and resolutions to specific problems. It is an intensely personal process which can often bring unpleasant or painful memories and emotions to the surface. It is important to understand that the therapeutic process is not linear. Clients can sometimes make improvements only to find themselves taking steps backwards after a time. Progress happens slowly. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

APPOINTMENTS

You can request appointments through the Simple Practice client portal. We can also agree on a set time to meet weekly/biweekly/monthly. Time duration of appointments will be 50 minutes, at mutually agreed upon time, although some sessions may be less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. All sessions will be held either in person or via Zoom, HIPAA compliant platform. If you need to cancel or reschedule a session, I ask that as a courtesy you provide me with 24 hours' notice via email. In addition, you are responsible for coming to your sessions on time, if you are late, your appointment will still need to end on time.

CONFIDENTIALITY

As your therapist, I will make every effort to ensure that your personal information is kept private and protected. Your confidentiality is legally protected, however there are some exceptions to this protection that you need to be aware of.

-If you provide written consent to have your information released to another party.

-In the case of your death or disability I may disclose personal 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.**

If you wish to have information released, you will be required to sign a consent form/release of information before such information will be released.

CONSULTATION

I will continue to utilize a clinical supervisor to discuss best practices and consult with on therapeutic methods and additional resources that will help me provide you with the best service I can. During these weekly supervision sessions, no identifying information such as your name would be disclosed. I have an agreement with my clinical supervisor, Lara Effland, LICSW to access my client files, in accordance with all applicable state and federal laws or rules, in order to make appropriate notifications or referrals in case I am temporarily or permanently incapacitated. If you do not consent to Lara Effland, LICSW accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

*Lara Effland, LICSW can be reached at 206-657-6902

CONFIDENTIALITY AND TECHNOLOGY

Some clients may choose to use technology in their sessions. This includes but is not limited to telehealth sessions via Zoom, phone calls, texts, emails or chat via client portal. Due to the nature of online therapy, there is always the possibility that unauthorized persons may attempt to obtain your personal information. I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions regarding authorized and unauthorized access to any technology used in therapy sessions. Be aware of any friends, family members, significant others, or co-workers who may have access to your computer, phone, or other technology used in your therapy sessions. All sessions offered virtually will follow national telehealth standards and regulations. Should a client have concerns about the safety of their email, I can arrange to encrypt email communication with you.

RECORD KEEPING

In alignment with best practices, I will be using a professional service for my record keeping of client forms, sessions, diagnoses, treatment plans, diagnostic screening tools, and any other clinical notes that I deem appropriate to client treatment. These records are kept to ensure a

direction to your sessions and continuity in service. They will not be shared except with respect to the limits of confidentiality discussed in the Confidentiality section.

FINANCIAL POLICY/FEES

This practice accepts private pay only and is not yet participating with any insurance companies. Payment may be made via Venmo (@BlackbirdBehavioralHealthPLLC, last digits of phone # 8201, cash or check (please make checks payable to Blackbird Behavioral Health PLLC). You are responsible for paying at the time of your session unless prior arrangements have been made. If a client refuses to pay their debt, I reserve the right to use an attorney or collection agency to secure payment.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for professional time required.

Fees are non-negotiable. To receive sliding scale fees, you must present proof of income through recent pay stubs or tax forms. Fees are subject to change at therapists' discretion and will be adjusted to meet changes to licensure.

Initial assessment- Free

(90791) Intake-psychiatric diagnostic evaluation 60 minutes - \$125

(90839) Psychotherapy session 60 minutes- \$125

SLIDING SCALE

For 60-minute individual sessions:

\$30,000 (Yearly) and below = \$40 per session

\$30,001 (Yearly) to \$50,000 = \$50 per session

\$50,001 (Yearly) to \$70,000= \$75 per session

\$70,001 (Yearly) to \$90,000= \$100 per session

\$90,001 and above= \$125 per session

TERMINATING TREATMENT/OTHER RIGHTS

My goal as your clinician is to walk alongside you as you strive for wellness and balance. If you are unhappy with what is happening in therapy, I encourage you to discuss this with me. Such

comments will be taken seriously and handled with care and respect. You have the right to terminate counseling at any time. Stopping counseling early may result in the return or worsening of initial problems and symptoms. I encourage you to talk with me directly if you intend to discontinue counseling, are dissatisfied with my services, or if you want a second opinion. You may also request that I refer you to another therapist. Additionally, cultural humility is a core value in my life and in my practice. If you feel you would be better suited to a therapist who has a better understanding or connection to your cultural background/life experiences, please let me know and I will work to get you connected with appropriate resources. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

COMPLAINT INTAKE INFORMATION

I strive to ensure that your care, experience, and safety are always a top priority. If at any time you have a concern or complaint about the care, services, or treatment that you have received, please reach out to the Washington Department of Health.

Washington State Department of Health

HSQA Complaint Intake

P.O. Box 47857 Olympia, WA 98504-7857

Phone: 360-236-4700 Toll Free: 800-633-6828 Fax: 360-236-2626

Email: <mailto:HSQAComplaintIntake@doh.wa.gov>

*A copy of the Washington Acts of Unprofessional Conduct can be found in RCW 18.130.180

MINORS

If you are a client under 13 years of age, and not emancipated, your parents have the right to examine your treatment records. Since privacy in counseling is often crucial to successful progress, particularly with teenagers, it is common that I request an agreement from the parents that they consent to give up access to their child's records. If they agree, I will provide them only with general information about your progress in treatment, and your attendance at scheduled sessions. Any other communication will generally require your authorization.

MY APPROACH AND TREATMENT METHODS

Pain and uncertainty in life is inevitable. Though it cannot be eliminated altogether, individual strengths combined with healthy behavioral skills can help to make painful emotions feel less overwhelming. In my work, I utilize several evidence-based practices to ensure the best

possible outcomes for my clients. My philosophy to treatment is to approach any person I meet with curiosity and compassion. The collaboration of treatment goals between client and therapist is key to ensuring a successful therapeutic experience, coupled with the use of behavioral methods and techniques that suit the individual. Therapeutic treatment approaches are never one size fits all, treatment must be tailored to the individuals' distinct needs. This is why I use several modalities in my work in order to meet you where you are. Some of these modalities include but are not limited to; Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Mindfulness, Motivational Interviewing, Acceptance and Commitment Therapy, Solution-Focus/Skills based approach, Psychoeducation, and Emotion-Focused Therapy.

EDUCATION/TRAINING

My experience working in behavioral health began as a volunteer at a substance use disorder treatment facility for mandated women. I fell in love with the work of watching people who are faced with unparalleled adversity, discover their strengths through a therapeutic environment. Over the past 7 years I have been fortunate to work with several inspiring clients in various mental health settings. I am currently credentialed as a Licensed Independent Clinical Social Worker Associate (#SC61264147). This means I have earned my master's degree in social work and am currently working towards earning my 3000 direct service hours required by WA state to become fully licensed. I have been and will continue to be under the advisement of a fully licensed clinical social worker. Additionally, I hold a certification as an alcohol and drug counselor (CADC 1), that I obtained before entering my master's program.

EMERGENCIES

I am often immediately available via email during business hours. You can always send secure messages through the Simple Practice client portal as well, and I will return the message as soon as possible. I am not able to offer crisis intervention services. If you are experiencing an emergency or are in crisis, please proceed to the nearest emergency room, or call one of the following numbers for help:

911 (General Emergencies)

(206) 461.3222 (King County Crisis Line)

(425) 258.4357 (Snohomish County Crisis Line)

EMAIL

Upon the beginning of our work together, I will request a client's email address. Clients reserve the right to refuse to divulge this. I may use email addresses periodically to check-in with clients who have ended therapy suddenly. I may also use email addresses to send newsletters or other valuable therapeutic information/homework. If you would like to receive correspondence through email, please provide your email address here:

If you would like to opt out of email correspondence, please check here _____

CONSENT TO THERAPY

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, and that you consent to participate in clinical services provided by Meg Wallis, LICSWA.

Printed Name of Client _____

Client Signature _____

Date _____

TELEHEALTH INFORMED CONSENT

This Informed Consent for Telehealth services contains important information focusing on receiving services using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Benefits and Risks of Telehealth

Telehealth refers to providing clinical services (including psychotherapy, intake-psychiatric diagnostic evaluation, and initial assessments) remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telehealth is that the client and clinician can engage in services without being in the same physical location. This can be helpful for ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits of telehealth, there are some differences between in-person services and telehealth services, as well as some risks. For example:

- Risks to confidentiality. Because telehealth sessions take place outside of the provider's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in telehealth services only while in a room or area where other people are not present and cannot overhear the conversation.

- Issues related to technology. There are many ways that technology issues might impact telehealth. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

- Crisis management and intervention. Usually, I will not engage in telehealth with clients who are currently in a crisis requiring high levels of support and intervention. Before engaging in telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during our telehealth work.

- Efficacy. Most research shows that telehealth is about as effective as in-person services. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal communication (facial expressions, hand gestures, body postures) when working remotely.

Electronic Communications

We will decide together which kind of telehealth service to use. You may need certain computer or cell phone systems to use telehealth services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telehealth.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are part of our telehealth. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telehealth sessions and having passwords to protect the device you use for telehealth). The extent of confidentiality and the exceptions to confidentiality that I outlined in my Informed Consent still apply in telehealth. Please let me know if you have any questions about exceptions to confidentiality.

Appropriateness of Telehealth

From time to time, we may schedule in-person sessions to check-in with one another face-to-face. I will let you know if I decide that telehealth is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

Emergencies and Technology

If a telehealth session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, or go to your nearest emergency room. Email me back after you have called or obtained emergency services. If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the telehealth platform on which we agreed to conduct therapy. If we are not able to reconnect via the telehealth platform, I will call you at the phone number that is on file for you. If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

Fees

The same fee rates will apply for telehealth as apply for in-person services.

Records

Our telehealth sessions will not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

Print Client Name_____

Client Signature_____

Date_____

20 supervision hours

130 total/16 individual/70 Lcsw

60 can be with anyone

Page 15 Jaime indiv sessions and tx team

1. Verify he is supervisor
2. My postgraduate experience
3. For 80 hours 1 hour of supervision
- d.