

Counselor Disclosure Statement and Agreement for Services

Pamela Helberg, LMHC

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360-303-0671

Welcome to my practice! Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy and methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, here is some basic information about me and my therapy practice. Please read this information carefully and ask me to explain anything that you don't understand. This statement, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it after reading it and before we begin our therapy together.

Education:

2017 MA, Clinical Mental Health Counseling, Antioch University, Seattle

1987 MA, English/Creative Writing, Western Washington University, Bellingham

1985 BA, English, Western Washington University, Bellingham

Counseling Services

All counseling services I provide are voluntary counseling services, and you can choose to end your participation at any time. 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. If you need services outside of those I offer, you will be provided with a referral to an appropriate provider.

Counselors typically will not be able to propose an appropriate course of treatment for clients until they have spent some time together. As soon as I am able to identify an appropriate course of treatment, we will discuss it and decide upon a course of therapy.

MY APPROACH TO COUNSELING: I firmly believe we all need someone in our corner, someone who will listen, ask the hard questions, provide unwavering support during crises, and help us find our way forward. I use multiple techniques to move clients toward self-awareness and growth. I work best with people who are committed to the process of healing and believe that effective therapy requires establishing a working alliance based on mutual respect, understanding, and confidentiality.

I work from a variety of therapeutic approaches, matching my approach with the needs of individual clients. I believe that a person's physical, emotional, intellectual, and spiritual well-being are all interrelated, and I approach therapy from a holistic perspective.

I encourage clients to move, to run or walk and I am happy to join in during sessions. Getting out in nature, in the wind, the rain, the sunshine, helps to heal our souls. Ask me about running or walking together as a therapeutic option.

I will collaborate with any medical providers involved in a client's treatment as seen necessary, and with a client's consent. We will evaluate our progress towards treatment goals to allow for adjustments to the

therapy process and/or individual goals. My intent is to provide a respectful, holistic and relationship-based approach to therapy, rather than one that is narrowly focused and/or impersonal.

Confidentiality

Your participation in counseling, the content of your sessions, and any information you provide during your sessions is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which your counselor may choose to, or be required to, disclose this information:

- If you give written consent to have the information released to another party;
- In the case of your death or disability, your counselor may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against your counselor;
- In response to a valid subpoena from a court or from the Washington State Department of Health for records related to a complaint, report, or investigation;
- If your counselor reasonably believes 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 your counselor has any other legal duty, obligation, or right to report.

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, if you intend to seriously harm yourself or someone else, and to consult with my confidential clinical team regarding my counseling work.

If you have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let me know so we can address them.

I will keep all information about you confidential, including the fact that you are my client. With teens age 13 and over: I will keep your individual information confidential, even from your parents/guardians. I may need to communicate with your parents regarding appointment scheduling and payment, or if I am worried that your life is in danger. When I am required to release information: If I suspect that a child or dependent person is being abused; if you intend to seriously harm yourself or someone else; to consult with my confidential clinical team regarding my counseling work; or if a judge subpoenas my records.

I have been provided a copy of the required disclosure information the "Notice of Practices Regarding Protected Health Information" and read and understand the information provided. Initial here to acknowledge receipt _____

Financial Requirements and Client Responsibilities

Therapy requires a commitment of time, energy, and financial expense. Although committing to your healing process can feel scary, this approach gives you the most value for your investment.

You are responsible to pay for your session. **My fee is \$150/for the first intake session and \$125 after that (\$150 for couples).** You are responsible for meeting me at the agreed upon time and location for our session.

Insurance: Some insurance plans do cover our work together, depending upon your insurance company. I may ask you to pay me at each session and will provide you with the necessary paperwork for you to submit to your insurance company for reimbursement. In some situations, my contract with the insurance company requires me to collect only your portion of the payment (i.e. copay) and bill them directly for the balance. If I am a contracted, preferred provider with your insurance company, I will honor the rate of reimbursement that they set.

In either case, you are responsible for paying my fee should the insurance company fail to cover the charges. It is your responsibility to acquire pre-authorization if it is needed for insurance payment. I will be happy to assist you with questions about how your insurance works, and we can discuss how the billing will be handled either prior to or during the first session. In cases where I have attempted to resolve billing problems with your insurance company and failed to receive payment, you will be expected to pay in full for all unpaid sessions.

If you have not already done so, it is wise to call your insurance company to verify coverage. Ask about mental health benefits and provide them with my name and licensure (LMHC).

Sessions last for 50 minutes. If you are late, the session will still end on time. If you need to reschedule or cancel your appointment, please contact your counselor directly at least 24 hours in advance of your scheduled appointment time. **Failure to cancel more than 24 hours ahead of time may result in your being charged the full fee for your session.**

APPOINTMENTS: Your appointment times are reserved for you alone. I try very hard to begin and end on time, out of respect to both of our schedules. If you need to cancel an appointment, please notify me by voice mail at least 24 hours in advance. If you do not cancel with 24 hours' notice, you will be charged at your full regular session rate. (There will be no fee if you have to cancel due to an emergency.) If you are a Molina client, you will be dropped from my practice after three no-shows/late cancellations.

Electronic Communications and Social Media Policy

In the regular conduct of practice, I may use a cell phone, or other electronic device, to communicate with you. In such cases, I will limit the information stored in any portable communication device to the least 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 cell phone, please inform me so that we can make alternative arrangements.

In order to best protect your confidentiality, I will typically not communicate with you via email or text except for scheduling purposes. I cannot guarantee the security or confidentiality of information sent via email or text. If you need to communicate with me via email for any purpose, please discuss that with me in advance and in person.

Professional ethics standards do not permit me to communicate with you via personal social media. For this reason, I cannot accept any client requests to connect on Facebook, or other similar social media platforms.

Emergencies

If you are experiencing an emergency or crisis, please call 911 or the Crisis Line at 1-800-584-3578. In such situations, you may also go to the nearest hospital Emergency Room.

Quality of Services

If you are unsatisfied at any time with the quality of the services I provide, you are encouraged to

1. Talk with me directly. If the problem goes unresolved,
2. You always have the right to contact the Washington Department of Health Department Customer Service Center for assistance with any grievances or complaints.

State of Washington Disclosures

The State of Washington requires that I provide you with the following information.

Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety. Credentialing of an individual with the department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

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

TREATMENT CONSENT: I have been informed of the type of counseling I will receive from PAMELA HELBERG, MA, LMHC, the methods and techniques used, her education, training and experience and the cost of counseling services. Furthermore, I have received this information in writing.

I have read and understood these policies, have received my own copy of this Disclosure, and consent for treatment with PAMELA HELBERG, MA, LMHC:

Client Signature	Printed Name	Date
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Provider Signature	Printed Name	Date
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