

Disclosure & Privacy Practices Notice

The State of Washington requires that counselors provide their new clients with the following information at the first session. Please feel free to ask me any questions you may have about this information or the treatment process.

Treatment philosophy:

I approach counseling from a belief that past relational failures significantly impact our present day style of relating. Utilizing a blend of psychodynamic, existential and cognitive behavioral perspectives, I ally with you to explore the root causes of today's presenting problems. Together, we will explore how your formative beliefs about self, life and God have shaped your style of relating. We will also discuss possible behavioral interventions. Our time together will be primarily conversational.

I believe every experience in life, whether enjoyable, unpleasant or somewhere in-between, presents us with an opportunity to mature. However, for various reasons, we may flee the experience and suppress all the feelings associated with it. We often learn at an early age that life works better when we either avoid or minimize emotions and thus we develop strategies for accomplishing this. Avoidance and dissociation leads to divisions between the heart (our feelings), mind (our intellect), physical body and spiritual self. Eventually these divisions create barriers to experiencing deep meaningful relationships with spouses, children, family, friends and co-workers.

At the start of our work, we will identify your specific goals for therapy. From time to time we will check in about your progress. I may encourage you to try other forms of creative expression such as writing, drawing, painting, etc. Certain problems can have a physical component. In such cases, medical consultation will be advised.

While counseling is often very helpful, no guarantees can be made as to its effectiveness or results. For example, if you are seeking marriage counseling, it cannot be guaranteed that your marriage will improve or stay intact. The counseling process can sometimes be disruptive as you deal with different aspects of your life, and it is possible that you might feel worse or symptoms might increase for a time. This can be a normal part of the process and is important to understand before you begin. Please ask me for clarification if you have questions regarding this.

It is important that the counseling office be a safe environment. During the course of therapy, deeply repressed emotions may surface as they are being worked through. To better ensure a safe environment for everyone, all concealed or unconcealed weapons (firearms, knives, etc.) are not allowed in the waiting room or the counseling office.

Education, Training & Experience:

I earned my Bachelor of Science in Environmental Engineering from Michigan Technological University in 1994 and a Master of Arts in Counseling and Master of Divinity from Mars Hill Graduate School in 2004. I am a member of the American Counseling Association and the Society for the Advancement of Sexual Health. In June 2005, I completed the work necessary to become a Certified Sex Addiction Therapist under the study of Dr. Patrick Carnes.

I completed a nine-month internship and worked for an additional year at an outpatient clinic that specialized in treating compulsive sexual behaviors. In June 2004, I started my private practice. I work with individual adults, older adolescents, and couples and facilitate ongoing sexual addiction therapy groups. I also co-lead spiritual retreats and speak on issues related to sexual addiction recovery and understanding healthy intimacy.

Fees, Insurance and Scheduling:

My counseling fees are as follows:

Initial diagnostic interview (50 mins.)	\$150	Individual outpatient psychotherapy (80 mins.)	\$150
Individual outpatient psychotherapy (25 mins.)	\$75	Conjoint/family Psychotherapy (50 mins.)	\$100
Individual outpatient psychotherapy (50 mins.)	\$100	Group Psychotherapy (90 mins.)	\$45-50

Payment is due at the time of each session in the form of cash or check only; I do not accept credit or debit cards. In the event that you are unable to keep your scheduled appointment, you need to provide at least 24 hours advance notice or you will be billed the full session fee. Exceptions will be made for cancellations due to dangerous weather conditions and extreme medical illness.

Extended telephone and email consultations and emergency counsel will be billed at the standard hourly session fee per event. Letters and documents requiring more than 15-minutes for preparation, reading or creation are billed at \$100 per hour. Court appearances are billed at \$200 per hour; travel time is charged at \$50 per hour. Billing rates for these services are all prorated at fifteen-minute intervals. The fee for photocopies of medical records is \$0.25 per page. Returned checks will result in an extra \$45 charge per instance.

I offer a limited number of pro bono counseling hours for clients who are unable to financially afford the standard fee. Verification of household income may be required to qualify. See the pro bono policy form for more information.

Occasionally, I find it necessary to increase my fees. If this occurs during the course of your therapy, you will be given one-month notice prior to the increase.

In order to use any insurance benefit, you will be required to provide written authorization allowing me to communicate with your insurance company with regard to our work together. With this authorization given, your insurance company has the right to ask for whatever documentation and information it deems necessary to determine the legitimacy of the claim.

For insurance companies for which I am a contracted provider: If your insurance plan has a mental health benefit then our sessions may be covered under your health insurance plan. You will be responsible for paying your co-pay at time of service for the services covered by your plan. You are responsible for coinsurance payments and all services not covered by your plan (i.e. couples counseling), which require full payment at time of service.

For insurance companies for which I am not a participating provider: If your insurance plan has an out-of-network mental health benefit then our sessions may be covered under your health insurance plan. I ask that full payment be made at the time of service. If you wish, I will provide you with a receipt for services after each session, which you may submit directly to your insurance company for reimbursement. Under no circumstances do I guarantee insurance reimbursement.

You may leave me a confidential message at (425) 344-8422. I check my messages on a regular basis and will return your call, as I am able. Please limit your phone conversation needs to appointment scheduling, billing questions and emergencies. I generally limit email contact for scheduling purposes only. Please be aware that email is not a secure form of communication. I make attempts at maintaining security on my computer by using encryption software; however email transmission and storage in computer networks other than those owned by Redeeming Stories Inc. involves confidentiality risks beyond my control. To better ensure confidentiality, I recommend not sending sensitive or detailed confidential information via email or other electronic means.

Appointments are generally made on a regular, weekly basis. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of each session.

Emergencies:

If you are experiencing a life threatening emergency or crisis dial 911 immediately for help. If you are in need of crisis counsel and cannot immediately reach me, then call the 24-hour local crisis line at (800) 584-3578 or (425) 258-4357.

Legal Rights & Confidentiality:

You have the right to choose a counselor who best suits your needs and purposes and you have the right to refuse and/or end therapy at any time.

There is legal privilege in this state protecting the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

There are legal exceptions to confidentiality. The following are situations that may require or allow me to break confidentiality and share information with others:

- a) You provide written authorization for me to share confidential information with a specific person or persons. You have the right to revoke this authorization by providing a written statement of revocation;
- b) Where there is reason to suspect the occurrence of abuse or neglect of a child, dependent adult, or a developmentally disabled person (RCW 26.44, Washington State's mandatory child abuse reporting law);
- c) Where there is a clear threat to do serious bodily harm to yourself or others;

- d) In response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint;
- e) If you are involved in some legal action, it is possible that a court order might require that I provide the court with evidence relating to your sessions. If this should occur, I would prefer to work with you to prevent or limit such action.
- f) If you brings charges against the counselor.

For a more detailed explanation of these items please consult the Washington Department of Health, Health Professions Quality Assurance Office, <http://www.doh.wa.gov/hsqa/> or (360) 236-4700. When it is possible, we will discuss any exceptions to confidentiality as they arise.

As an ongoing part of my clinical development and to provide you with the best care, I occasionally consult with other counseling professionals. These consultations are conducted in such a way that confidentiality is maintained. I will not share your name or other details that could be used to identify you. If you have questions or concerns about this, please let me know.

In the unlikely event that I am unable to provide ongoing services due to death or incapacitation, Matthew Tiemeyer, LMHC will provide those services or will refer you to the appropriate resource. He will maintain your records for a period of 5 years. Matthew Tiemeyer, LMHC maybe contacted at (425) 275-2198.

Privacy practices:

As part of my service, I maintain a confidential record of dates of service, fees charged and paid, and concise progress notes. I try to be cautious in creating such notes due to their potential vulnerability to legal intrusion. State and federal law protects such information by limiting its uses and disclosures. The Health Information Portability & Accountability Act (HIPAA) provides you with certain rights.

- a) You have the right to review and/or request a copy of your record if you desire. I may charge a reasonable, cost-based fee for copies.
- b) You have the right to ask me to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record at your request.
- c) You have the right to request restrictions on certain uses or disclosures of your healthcare information. As a treating clinician, I am not obligated to agree to your request for restriction. If I believe sharing this information is required for your safety or optimum care, I would prefer for us to make a mutual decision with regards of how to proceed.
- d) You have the right to request confidential communications regarding your healthcare information, including the fact that you are my client. You may request that I contact you only through a specific phone number, address or email address. I am required to meet reasonable requests.
- e) You have the right to request a written accounting of disclosures I may have made of your healthcare information. The law allows many exceptions to this accounting, but my preference and practice is for you to know of any disclosures before they occur.
- f) You have a right to have a written copy of this *Disclosure and Privacy Practices Notice*.
- g) You have the right to file a complaint in writing with me and/or with the Secretary of the Department of Health and Human Services if you believe that I have violated your privacy rights. I will not retaliate against you for filing such a complaint.

I may use information from your healthcare record to create billing statements that I mail. In addition, with your written consent, I may disclosure your healthcare information to third party payers (i.e. insurance company) to obtain information concerning eligibility, coverage, and remaining availability as well as to submit claims for payment and medically necessity and utilization reviews. There are several uses and disclosures options that do not require your authorization or opportunity to object. These include:

- a) Medical emergencies - I may use or disclosure your healthcare information in a medical emergency situation to emergency response personnel only.
- b) Child abuse or neglect - I may disclosure your healthcare information to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- c) Criminal activity on premises and/or criminal activity against counselor - I may disclose your healthcare information to law enforcement officials if you have committed a crime on the counseling office premises or against any program staff or personnel or you have made a threat to commit such crimes. Such disclosure is limited to circumstances of the incident, including name, address, status as a patient, and last know whereabouts.
- d) Court order - I may disclose your healthcare information if a court of competent jurisdiction issues an appropriate order.

I am required by law to abide by the terms of this document, though I am also legally allowed to change the terms, and to make the provisions of any modified version effective for all private healthcare information in my care. You may request that a copy of a modified version be given or sent to you or you may access the most current version on my website, www.redeemingstories.com/forms.htm.

If you have questions about this Notice of Privacy Practices, please contact: Phil Prothero, MA, MDIV, LMHC, Redeeming Stories Inc., 2722 Colby Ave., Suite 721, Everett, WA 98201. Phone (425) 344-8422.

Treatment contract:

This document (Disclosure and Privacy Practices Notice) is your treatment contract. The contract becomes effective once you have read through it, had opportunity to ask me whatever questions you have about the contract and proposed treatment, and when signed by all parties.

By signing below, I acknowledge that I have read and understand the information presented in this disclosure and privacy practices notice and have been given opportunity to discuss my questions with the counselor, Phil Prothero, MA, MDIV, LMHC.

Client 1 signature

Date

Client 2 Signature

Date

Client 1 printed name

Client 2 printed name

Counselor signature

Date

Phil Prothero, LMHC

Counselor printed name