Foster Koth Counseling

6015 45th Avenue NE; Seattle, WA 98115
(206) 747-7434

Informed Consent & Disclosure Statement

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. You also have the right to terminate your treatment at any time for any reason. The following information is provided to help you determine if the services offered by Foster Koth Counseling Services meets your needs as a client. This document contains important information about your clinician's therapeutic approach, education, fees, and your rights as a client including your rights regarding your private health information. Please read this document carefully and ask any questions that help you fully understand the contents of this disclosure statement and agreement for services.

Confidentiality

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

- If you give your clinician written consent to have the information released to another party;
- In the case of your death or disability your clinician may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against your clinician;
- 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 your clinician 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, 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, your clinician is 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 have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let your clinician know. Your clinician will be happy to discuss this with you further.

For additional information regarding your confidentiality rights, please carefully review the attached HIPAA and Washington State Notice of Rights and Privacy Practices.

Insurance Providers

Insurance companies and other third-party payers may require that we provide them with information regarding the services provided 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 your confidential information provided to your insurance company, let your provider know so that you can discuss alternatives.

Financial Requirements

We offer an initial 30 minute "meet and greet" free of charge to determine appropriate fit for treatment. After that, the following fees apply.

The cost of each 53 minute counseling session is $120. Payment is due at the beginning of each session. If you are unable to keep your appointment, you must provide 24 hours advance notice or you will be charged for the session. If we are out of network with your insurance company or you elect not to bill insurance, we will be happy to provide you with a receipt for out-of-network billing, otherwise, we will bill in-network insurance providers directly. You should contact your individual insurance plan for specific coverage details.

Your provider may offer a limited number of reduced fee appointments based on client financial need. Your provider will be happy to discuss this with you further if you feel this might apply to your situation.

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Electronic Communications and Social Media Policy

In the regular conduct of practice, your clinician may make use of a cellular phone or other portable communication device to communicate with clients. In such cases, your clinician 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 your clinician does not store your name and telephone number in a portable communication device, or if you would prefer that your clinician does not communicate with you via cellular phone, please let us know so that we can make alternative arrangements.

In order to best protect your confidentiality, your clinician will typically communicate with clients via email or text for the purposes of scheduling or canceling appointments only. The security and confidentiality of information sent via email cannot be guaranteed. If you need to communicate via email for any other purpose, please discuss that with your clinician in person. Professional ethics standards do not permit your clinician to communicate with clients via personal social media. For this reason, your clinician cannot accept any client requests to connect on Facebook, or other similar social media platforms.

We will request written permission for electronic communication:

Client email:_____ Initials: _____

Emergencies

While we generally try to respond to client phone calls within 2 business days, at times there may be a longer response time. If you are experiencing an emergency or crisis, please call 911 or the Crisis Line at (206) 461-3222, (253) 396-5180, or (800) 244-5767. In such situations, you may also go to the nearest hospital Emergency Room.

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

We maintain a referral list of other clinicians with a wide range of specialties. I will provide you with a referral to another clinician if I feel your needs are beyond the scope of my expertise, or if you request such referral information.

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Consent for Treatment

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.

By signing this document, you are attesting that you have received the attached Individual Provider Addendum and you consent to participation in counseling services provided by that clinician.

_____ _____ Client
Signature Date

_____
Print Name

_____ _____
Clinician Signature Date

_____
Print Name