**OFFICE POLICY DISCLOSURE STATEMENT**

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Creative Psychotherapy

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This statement explains my fees, services, and therapeutic approach. It explains your rights as a client, and outlines my education, training, and experience. If you have any questions, please feel free to ask me. You will be provided a copy after you have read this and signed it.

You have the right to choose a health care provider who best suits your needs and purposes. With that in mind, please read carefully the following disclosure information for psychotherapy services. You have the right to refuse treatment.

**Credentials**

I am a Licensed Mental Health Counselor in the State of Washington and a Nationally Certified Counselor. My license number is LH 60160461. I received my Master of Arts degree in Counseling Psychology from Saint Martin’s University Lacey, WA in 2005. I have extensive additional training and experience in Integral Psychology and psycho-spiritual practices and I am a certified Spiritual Director. I am a solo practitioner in private practice working with individuals and couples.

I am a member of the National Certified Counselors Association, American Mental Health Counselors Association, Washington Mental Health Counselors Association and Spiritual Directors International.

**Counseling/Psychotherapeutic Approach**

I believe that we engage with life and respond to it optimally when we are “centered” in present awareness. Achieving and maintaining centered awareness is supported by an approach that considers the whole person, body-mind-spirit, within the context of their life. This holistic approach makes necessary a range of therapeutic approaches that are tailored to your specific needs.

In our work together I will be actively involved in providing you with information, guidance, and support. I respect your innate inner wisdom and I support your unique and authentic development on a meaningful life journey. The therapeutic approaches that I draw from to facilitate healing long term problems, old traumas, and help you discover a sense of your unique self include Mindfulness Therapy, EMDR (Eye Movement Desensitization & Reprocessing), Psychodrama, Art Therapy, Sand Tray therapy, a range of spiritual healing methods, centering techniques, and meditation.

Psychotherapy may involve helping you identify, develop, and implement more effective strategies for problem solving and making healthier decisions. At times I may ask you to do some specific activities outside our sessions, such as reading a book that I think would be helpful.

Psychotherapy is understood to be a choice you’ve made among available options. The length of time you would be in treatment cannot be known early-on. Other options to treatment include: Receiving therapy from another counselor, using other therapies, using support groups, seeking self-help resources, and other modes of treatment.

**Availability and Emergencies**

I am available by appointment. I check messages daily Monday – Friday unless I am out of town for a longer period. If an emergency arises and you don’t reach me, please call the Crisis Clinic at (360) 586-2800 and then leave me a message (360) 951-2691, if possible. Please call 911 if you are experiencing a life-threatening emergency.

**Risks and Benefits of Counseling**

Psychotherapy can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. It often leads to better relationships, it can provide solutions to specific problems, and there is often a significant reduction in feelings of emotional distress. Some clients need only a few sessions to achieve their goals, while others may benefit from long term counseling.

It is important for my clients to understand that I have no way of determining the truth of any memories that may come up in the course of therapy. My work in such instances will focus on the dynamics surrounding the emergence of such memories, rather than attempting to ascertain the truth of the memories themselves. I will work with my clients to help them deal with the emotional needs these memories represent, so that they may function more fully and effectively in their lives.

**Ending Psychotherapy**

Closure is important to the therapeutic process. I ask that my clients agree to a closure session to adequately honor the work you have done in therapy, to discuss further therapy work you may want to do in the future (with me or others), and to provide feedback for me as to your experience in therapy.

**Confidentiality**

The aim of therapy is to provide a safe environment for solving problems. Your confidence in our relationship is necessary if therapeutic trust is to occur. If questions or concerns arise during your treatment I may discuss your case with a professional colleague during clinical consultation. In such instances your name and personal information will not be disclosed. I consider confidentiality to be my highest obligation to you. I am willing to discuss questions of confidentiality at any time.

In addition to this document, you received my Notice of Privacy Practices, which described how I might use and disclose your health information; to report suspected abuse of a child, a developmentally disabled person, or a vulnerable adult; to interrupt potential suicidal behavior; to intervene against threatened harm to another, which may include knowledge that a patient is HIV positive and is unwilling to inform others with whom he/she is intimately involved; and if required by court order or other compulsory process.

Disclosures may also be made if you sign a written authorization for me to release information to another person or agency, such as your physician. If you file a complaint with the Department of Health, the minimally necessary disclosures will be made to present the Department with the full picture. Payment by check permits bank employees to view names of my patients, because my name will appear on the check.

**Minors**

If you are a patient under 18 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 require the your authorization, unless I feel that the you are in danger or is a danger to someone else, in which case I will notify your parents of my concern. Before giving parents any information, I will discuss the matter with you, if possible, and I will do my best to handle any objections you may have.

**Concerns about Treatment not working or Unprofessional behavior**

You have the right to terminate counseling at any time. Stopping therapy early may result in the return or worsening of the initial problems and symptoms.

I encourage you to talk with me directly if you are dissatisfied with my services or if you want a second opinion or referral to another counselor. If you intend to discontinue therapy, please discuss it with me first.

If you are concerned about my professional conduct, you may file a complaint with: Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. Their telephone number is (360) 236-4700.

**Appointments, Cancellations and Payment**

Psychotherapy is a therapeutic/business relationship. If the business part of what we do is not working well, then the therapy outcomes are directly compromised.

Please give 24 hours notice if you are unable to keep your appointment. Failure to give 24 hours notice or failure to show up for your appointment will require me to bill for my time just as if you were there. Insurance companies will not pay for a missed appointment. In this case, you will be solely responsible for the fee. Additionally, you need to arrive on time as your appointment will not be extended beyond the scheduled time.

Appointments are 50 minutes in length, and my fee per session is $100 per hour session. While I do my best to minimize rate changes, from time to time I do find it necessary to increase my hourly rate. If you are continuing in therapy with me at that time, I will provide you with thirty days advance notice of any such increase. I offer a sliding scale fee of $75 – $90 for uninsured or under-insured clients.

Unless we have made other arrangements, full payment is due at the start of each session. You will be charged in quarter-hour increments for telephone calls to me to discuss issues or concerns between sessions. The same will be true for my telephone interactions with attorneys, physicians, and others on your behalf, and for reports and letters you request me to write on your behalf. You are expected to pay these extra costs at our next session.

Any unpaid balance on your account bears interest at the rate of 12% per annum.

**Insurance overage and Co-Payments**

You are responsible for payment of all treatment fees and other costs. If you have health insurance and/or a third party payer, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you may be entitled. It is very important that you find out exactly what mental health services your insurance policy covers.

Your health insurance company and/or a third party payer may require that I provide it with information about your diagnosis, treatment plan, and your attendance at therapy sessions. It is rare, but they may require a copy of your entire treatment record. If you are using insurance and/or a third party payer, you acknowledge this and you agree to allow these disclosures.

If you choose to seek mental health benefits from your insurance company for therapy, you are responsible for: 1) obtaining prior authorization and referral for treatment from your insurance company; 2) knowing before our first visit what the co-pay and possible co-insurance amounts are; and 3) knowing, if you have an annual deductible, whether it has been previously satisfied.

If you do not have a required authorization in place, or have not met your insurance deductible when we meet, full payment will be necessary at the time of our visit. Insurance companies do not backdate referrals. I will bill your insurance company electronically. However, you are responsible for co-payments and co-insurance and deductibles as set by your benefit plan.

Some insurance companies require an inordinate amount of paper work and phone calls. Insurance does not pay for the time it takes to perform this extra work. Therefore, I do charge a proportional amount of my normal fee for my time in completing extraordinary insurance papers and communications.

**Acknowledgement and Agreement**

By signing below, each of us confirms this disclosure document to represent the agreement between us, and you confirm receiving and reading a copy, and you confirm your understanding of the information provided and agree to allow the disclosures of health information as described above.

Signed.

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Signature of Health Care Provider Date

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Signature of Patient (or Parent or Legal Guardian) Date

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Signature of Patient Date