

Purposeful Counseling, PLLC
Lindsay Jaques, LPC, LMHC
750 Officers Row
Vancouver, WA 98661
503.319.0678

Acknowledgement

I/We have read this disclosure statement, were given the opportunity to ask questions, and understand the contents. Please **INITIAL** as indicated.

Client Signature: _____ **Date:** _____

Please **intitial** if you agree to the following:

I give my consent to be contacted by **text** regarding appointments, billing, basic check-ins: _____

I give my consent to be contacted by **email:** _____

I give my consent to be contacted by **phone** and voicemail: _____

I understand the payment policies including the late cancellation/ no-show fee: _____

Spouse/Partner/Family Member:

Client Signature: _____ **Date:** _____

Please **intitial** if you agree to the following:

I give my consent to be contacted by **text** regarding appointments, billing, basic check-ins: _____

I give my consent to be contacted by **email:** _____

I give my consent to be contacted by **phone** and voicemail: _____

I understand the payment policies including the late cancellation/ no-show fee: _____

Counselor Signature: _____ **Date:** _____

COUNSELING PHILOSOPHY AND APPROACH

My focus in counseling centers on the respect and empowerment of the client(s). It is my belief that each person has the capacity to make informed choices and to responsibly act in ways that will better the life of oneself and one's surrounding system (family, friends, work, community, etc.). The counseling environment is set up to be one of safety and support to better provide the individual and his or her system with the necessary tools to act and think in a more beneficial manner. My role as a therapist therefore is to facilitate growth, healing, insight, and the exploration of choices reflective of the responsibility and wisdom each individual has with respect to his or her situations. I hold a strong belief that the mental, emotional, relational, physical, and spiritual components of each person work together to make up how the individual perceives oneself and his or her surrounding world. I seek to integrate these aspects of the client to the extent that he or she is willing in order to best meet specified needs and desires.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. However, psychotherapy has also been shown to have great benefits for people who go through it. Therapy often leads to enhanced relationships, solutions to specific problems, and significant reductions in feelings of distress.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow to help meet these goals. Your participation in the entire therapeutic process is vital for therapy to be most effective. We will work collaboratively to form treatment goals and if, at any time, you have questions or concerns then it is your responsibility to share those with me so we can work together to make appropriate adjustments to our plan. If either you or I question whether I am the best fit for you and your circumstances then we will also address this issue directly and I will be more than happy to offer a referral to another mental health professional who may be more equipped in meeting your specific need.

EDUCATION, TRAINING, AND EXPERIENCE

I hold a Master's in counseling degree from George Fox University and am a licensed professional counselor in Oregon (#C2106) as well as a licensed mental health counselor in Washington (#LH60129940).

Presently I work in a private practice providing counseling services to individual adults and couples with a variety of concerns. Previous working history includes being employed by Caremark Behavioral Health Services as a psychiatric admissions coordinator for local hospitals. I have worked in the counseling field for 13 years post master's degree in addition to about three years prior to my graduate degree. Frequently addressed issues may include those of mood and anxiety disorders, relational struggles, past and current abuse experienced by clients, family of origin shame and dysfunctional patterns, codependent traits, enhancing self-esteem, life adjustments and major decisions, and numerous other verbalized concerns.

FEES FOR SERVICES

Insurance Clients

First session: \$180/ 45 minute session; Sessions thereafter: \$140/ 45 minute session or \$170/ 60 minute session.

Cash Pay Clients:

I do offer a discount for those clients who wish to pay in full at the time the session is held. *This discounted rate is \$125/ 50 minute session.*

I will be happy to bill your insurance provider for services, however you are responsible for any copay, coinsurance, and deductible at the time of your appointment(s). Failure to pay your portion of service fees will result in termination of counseling unless we have specifically worked out some other financial plan. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than or greater than 45 minutes. Other services include report writing, telephone conversations longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings

that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$150 per hour for preparation and attendance at any legal proceeding.

MEETINGS

I normally conduct an evaluation that will last from 1 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 45 minute session per week at a time we agree on, although this may be more or less frequent depending on the situation. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). A late cancellation or "no show" will be charged to you at the rate of \$100 per session.** If it is possible, I will try to find another time to reschedule the appointment. **Keep in mind that insurance will not reimburse you for services that you do not attend.**

I may maintain a credit card on file to bill as needed for missed appointments or unpaid session fees such as deductibles, copays, coinsurance, or full private pay sessions.

EMERGENCY SERVICES

If in need of emergency services and you cannot safely wait to hear back from me, you should call a crisis line: Clark County (360) 696-9560 or Multnomah County (503) 988-4888 or call 911. You can also go directly to an emergency room.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we have agreed upon some other arrangement. Payment schedules for other professional services will be agreed on when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment.

It is very important that you find out exactly what mental health services your insurance policy covers. In my intake forms, there are insurance forms that guide you in asking helpful questions to your insurance company. In addition, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit, if you request it.

You are responsible for any co-pays at the time of the session. Any balance not covered by insurance, including your deductible, will be your responsibility to pay as well.

Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid any complications.

CONTACTING ME

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by a confidential voicemail, that I check regularly. I will make every effort to return your call within 48 hours, with the exception of weekends and holidays. If you are unable to reach me and feel that you can't wait for me to return your call, contact the nearest emergency room or call the crisis lines for your county (Clark County: (360)-696-9560 or Multnomah County: (503) 988-4888). If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records for a minimum of 7 years. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my general policy to provide your parents/guardians only with general information about our work together, unless I feel there is a high risk that you are being harmed, will seriously harm yourself or will harm someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a mental health therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case.

During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

I use a cellular phone as my business phone. Though your voicemails are confidential, there are risks associated with cell phones (such as other people overhearing the signal or stealing my phone). Actual client contact numbers are stored in my phone in a coded way (i.e. no direct names listed) and there is a password to turn on the phone/access voicemail. If you are not comfortable with my returning phone calls via cell phone, please let me know and I will return your calls on a land line at times that I am actually in the office.

I also afford my clients the opportunity to check e-mail. I try to limit therapeutic information via email in case of a wireless breach. If you are not comfortable with e-mails, you are free not to utilize this option.

CONTINUING EDUCATION AND SUPERVISION

As a licensed professional counselor in Oregon and licensed mental health counselor in Washington, I have received excessive training and supervision. Furthering my education is a strong priority of mine and, as is required, I will complete a minimum of 40 clock hours of continuing education in counseling related topics every two years.

OREGON CLIENTS

If you are an Oregon practice client, the Board of Licensed Professional Counselors has asked that I provide this information to you. My license # is C2106.

Bill of Rights Every client receives the right...

- To expect that a licensee has met the minimal qualifications of training and experience required by state law.
- To examine public records maintained by the Board and confirm credentials.
- To obtain a copy of the Code of Ethics and report complaints to the Board.
- To be informed of the cost of professional services before receiving the services and to be assured of privacy and confidentiality while receiving services as defined by rule and law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against licensee.
- To be free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving services.
- You may contact the Board of Licensed professional Counselors and Therapists at 3218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499

WASHINGTON CLIENTS

My Licensed Mental Health Counselor's license # is LH 60129940. You may contact the State Department of Health to request a copy of the law relating to counselors, file a complaint, or check on credentialing: Health Professions Quality Assurance, Consumer Service Center, PO Box 47865, Olympia, WA 98504, (360)236-4700.

Bill of Rights: Every client receives the right...

- a. To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- b. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- c. To obtain a copy of the Code of Ethics;
- d. To report complaints to the Board;
- e. To be informed of the cost of professional services before receiving the services;
- f. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
 - 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by the client against the licensee.
- g. To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.