

Steel Counseling, PLLC
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Bellevue WA 98004
206.707.1683 LMHC#: LH60352590

Disclosure Statement and Agreement for Services

Welcome. Choosing to work with a counselor can be exciting yet anxiety-provoking. You have the right to refuse any treatment, 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 what I offer as a mental health counselor meets your needs as a client. This document contains important information about my therapeutic approach, my education, my 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 our sessions, and any information you provide to me during our sessions is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give me written consent to have the information released to another party;
- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- 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 I reasonably believe 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 individual;
- 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;
- If the contemplation of a crime or other harmful act is revealed;
- If I have any other legal duty, obligation, or right to report.

I may also be required by law to disclose certain confidential information including suspected abuse of children under RCW 26.44, suspected abuse 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 me know. I 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 I provide them with information regarding the services I provide 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 me to provide your confidential information to your insurance company, let me know so that we can discuss alternatives.

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Group Family, Couples and Marriage Counseling

If you are seeking group, family, couples, or marriage counseling, it is important you understand that I will adhere to the ethical and legal requirements of confidentiality as stated above, however, I cannot ensure that you or the other participants in group, family, couples, or marriage counseling will maintain the confidentiality of your therapeutic experience including content discussed within the counseling session.

In the case of family, couple, or marriage counseling the entire treatment record will be available to any and all participants in the group, family, couples, or marriage counseling and all participants must consent to any authorized third party disclosure.

It is important that you understand that I provide counseling services to the identified client only. I usually recommend that you obtain services from a separate mental health professional to provide direct care to children or other family members.

If you have any questions about the limitations to confidentiality, or about the access to treatment records, for group, family, couple or marriage therapy, please let me know. I will be happy to discuss this further.

Consultation

I seek ongoing consultation from colleagues in order to provide you with the best services possible. I may disclose information about your counseling session in consultation with colleagues, in which case I will withhold your name and limit the information I disclose to the minimum amount necessary. I have an agreement with Ellen Krumm MA to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Ellen Krumm MA accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

My Education, Training, and Experience

I am a Mental Health Counselor (LMHC) Licensed by the State of Washington (License # LH60352590). I have earned a Master's Degree in Counseling Psychology from Argosy University, Seattle. I am also certified by the National Board of Certified Counselors. In addition to my private practice, I have worked at reSTART Internet Addiction Recovery Program in Fall City, Washington.

I also have an MD degree, and while I believe my experience as a physician is invaluable to my counseling practice; in my relationship with you I am not able to provide you with medical advice, treatment, or diagnosis of any kind. I am acting solely as a mental health practitioner and will refer you to your primary care provider for any medical advice, treatment, or diagnosis.

Therapeutic Philosophy

I am typically not able to propose an appropriate course of treatment for you until we have spent some time together. As soon as I am able to identify an appropriate course of treatment, however, I will discuss it with you.

A variety of therapeutic methods can be beneficial to clients and treatment will be unique for each individual. I primarily use cognitive and behavioral therapy with the goal of short-term work. We may discuss specific strategies for problem-solving or goal-setting and I may recommend work or reading outside of our sessions. Much of my work with parents involves education and coaching. You have the right to participate in ongoing counseling plans and I believe the greater a client's involvement in therapy, the greater the benefits. It is important that you feel comfortable with me and my methods; at any time you may ask to discuss my treatment approach. You have the right to request a change of counselor or to refuse treatment, and the length of time you spend in counseling is up to you. However, if in my judgment I am not able to help you, I will provide you with appropriate referrals. I ask that you do not begin individual therapy with another therapist while still receiving treatment from me. It is in your best interest to keep our relationship strictly professional in nature and our contact will be limited to the paid sessions we have together.

Financial Requirements

Introductory 15 minute consultations are free. An individual, couple or family session of 60 minutes is \$150 and a 90 minute session is \$225. I occasionally find it necessary to raise my fees but I will provide you with 30 days advance notice of any such increase. Fees may be charged for emergency calls and consultation with you, reports and consultation with attorneys, doctors and other professionals in proportion to a charge of \$125 per hour. A sliding fee scale is available and arranged individually. Fees are due at the end of each session. I currently take check, cash, or credit card and do not bill insurance. Some insurance companies may reimburse my services as an out-of-network provider and I can provide you with a billing statement if you request. **Signing this agreement authorizes the release of your medical or other information requested by insurance companies or other 3rd party payers to facilitate claims processing.** Under Washington State Law, you are not liable for any fees or charges for services rendered prior to receipt of this disclosure statement.

If you are late to a session we will still need to end on time and full payment is due. If I am late I will make that time up to you. If you are unable to keep your scheduled appointments for any reason, please give me at least 24 hours notice or you may be charged the full fee.

Electronic Communications

In the regular conduct of my practice, I may make use of a cellular phone or other portable communication device to communicate with clients. In such cases, I will limit the information I store 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 cellular phone, please inform me so that we can make alternative arrangements.

In order to best protect your confidentiality, I typically will communicate with clients via email for the purposes of scheduling or canceling appointments only. If you need to communicate with me via email for any other purpose, please discuss that with me in person. Professional ethics standards do not permit me to communicate with clients via text message or via social media.

At your request, and for your convenience, I may make use of technology assisted distance counseling tools such as telephone communications and internet enabled video and/or audio services. It is important that you understand the benefits and limitations of such services.

- If you are located outside of the State of Washington, the counseling services I am allowed to provide to you may be limited or prohibited. If you are located outside of the State of Washington, we will discuss what services I can provide to you.
- Distance counseling services are not appropriate for all clients and all situations. If you or I determine that distance counseling services are not appropriate for you, I will assist you in obtaining face-to-face counseling.
- Successful use of distance counseling services requires a reasonable level of access to computer hardware and software. If you do not have access to such resources, we can discuss available alternatives.
- At times it may become necessary for me to allow access to my computer hardware and software for purposes of system maintenance, repair, upgrades, or other similar purposes. In such cases, I will make every effort to protect your confidential information.
- Distance counseling services are often not reimbursed by insurance.
- In case of hardware, software or other system failure, you may reach me by phone to coordinate our continued work together.

Emergencies

I will return phone calls Monday through Friday. If you are experiencing an emergency or crisis, please call 911 or the Crisis Line at (206) 461-3222 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.

You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want. You have the right to choose a Counselor who best suits your needs and purposes. 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 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

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

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, and that you are consenting to participation in counseling services provided by Ann Steel, MD, MA, LMHC.

Client Signature

Date

Print Name

Client Signature

Date

Print Name

Client Signature

Date

Print Name

Ann Steel, MD, MA, LMHC

Date