

Narrative Connections Professional Disclosure Statement

Jennifer Adams MA MHP LMHC

Narrative Connections

P. 425-903-3357

Professional Disclosure Statement^{SEP}: My counseling is holistic in application and focuses on realistic changes to perspective, cognition, and behaviors. I believe that the client has the power to change their thoughts, manage their emotions, and alter their unwanted behaviors. My mission is help clients realign and improve their overall health by choosing positive change. With a mix of practical skills, individualized treatment plans, and a sense of humor, I aid clients in exploring current concerns while considering past difficulties and negative patterns. I employ evidence-based therapies that include Eye-Movement Desensitization and Reprocessing (EMDR), Dialectic Behavioral Therapy (DBT), Rational-Emotive Behavioral Therapy (REBT), and Solution-Focused therapies. I am a licensed Mental Health Counselor and registered Mental Health Professional through Washington State and currently applying for licensure in the state of Michigan. I received my Master's in Counseling Psychology from City University of Seattle and have had additional training in trauma-focused modalities, including EMDR, Cognitive Processing Therapy (CPT) and Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT). I have experience working with adults, adolescents, couples, and families to address emotional, behavioral, cognitive, interpersonal, and traumatic issues.

This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Therapeutic Responsibility: Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections. Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of therapy often requires discussing the unpleasant aspects of your life. However, therapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. Should I be unable to provide effective counseling, I will refer you to one or more other counselors and/or services. While my recommendation is that we have an exit interview, at all times, clients maintain the right to end therapy at their discretion.

Confidentiality^[SEP]: Confidentiality extends to all members involved in therapy. This means I will not release to any third party any information prior to obtaining a signed Release of Information from each member. Additionally, I am not bound by confidentiality in joint sessions with information I have obtained in individual sessions. Thus, I reserve the right to discuss in joint sessions the information you share in the individual sessions, if I believe doing so will facilitate the identified outcomes and goals of therapy. Disclosures may also be made if (a) you sign a written authorization permitting disclosure; (b) you file a complaint against me; (c) you make payment by check, which permits bank employees to view names of my clients; (d) you have caller identification on your phone and my name appears on the monitor; and if (d) a contracted third-party agent contacts you by mail or phone to receive payment for a balance due that exceeds 90 days.

Telehealth Confidentiality and Services: ^[SEP] provide Telehealth counseling for clients who are unable to attend sessions in office. To ensure confidentiality and in accordance with HIPAA, I a HIPAA-compliant videoconferencing system, SimplePractice. During a Telehealth session, I ensure privacy to the best of my ability by using a private, reasonably soundproof room. For insurance and payments, please see the Insurance section below. For clients using SimplePractice, your credit card will be required and charged automatically with the appropriate copay/coinsurance charge. In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means. In emergency services, please contact me at 425-903-3357. If service should be disrupted, first try logging out of and back into the session. Should that not work, please contact me at the above number. For other, non-emergent communication, please email narrativeconnectionspllc@yahoo.com.

Appointments Times and Fees: Daytime and evening appointments are available. My fee for an initial visit is generally \$200 and \$180 for subsequent visits. For clients who pay out of pocket, the fee for a session is \$150. 24 hours notice is required when rescheduling appointments. Sessions missed with less than 24-hours (Monday through Friday) notice are billed at \$75. If clients are more than ten minutes late, the session is considered missed and a charge will be applied. If a court appearance or deposition is necessary, my fee is \$200 per hour, including travel and preparation time. Fees for court-related service must be paid in advance.

Insurance: I accept insurance though Narrative Connections, PLLC. It is your responsibility to provide current and accurate insurance coverage information to ensure your insurance company properly processes your claims. Once received, Narrative Connections PLLC will submit insurance claims on your behalf. If prior to your first appointment you have not authorized verification of your insurance eligibility, payment in full is required. Verification of your insurance determines your session payment amounts as follows:

- If I am an out-of-network provider: You are responsible for the dollar amount remaining after subtracting the insurance estimated portion, plus any co-pays and deductible amounts.
- If I am an in-network provider: Your insurance reimburses me their contracted allowable amount, and you pay any co-payments and deductible amounts.

Your insurance company and I are required by law to protect your healthcare information (see HIPAA Compliance & Notice of Privacy Practices) including systems and policies in place to insure your private information is protected. To this end, all insurance verification transferred electronically by Narrative Connections PLLC is encrypted. At a minimum I am required to provide to your insurance company a diagnosis. Your insurance company may require of me additional information i.e., your treatment plan, progress/session notes, or copies of your entire clinical record. In any case, I will submit to your

insurance company the minimum information necessary to conduct business on your behalf, and only in so far as your release of information authorizes.

Contacting Me: I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you choose to text me, please be aware that I cannot guarantee PHI protection. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact your local community mental health services (I can provide these numbers for you and they are listed online), 2) go to your local hospital emergency room, or 3) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

Client Rights: As a client in therapy, you have specific rights in addition to the right of confidentiality.

These rights include:

- The right to ask me questions about my qualifications and experience;
- The right to ask questions about any procedures I use in therapy with you;
- The right to refuse a particular treatment method or testing;
- The right to discuss your therapeutic progress and treatment goals;
- The right to refuse any psychological testing I recommend;
- The right to request referral to another therapist;
- The right to terminate or suspend therapy at any time without my permission or agreement;
- The right to file a complaint with the Washington State Department of Health if you believe I

have behaved in an unprofessional or unethical manner and decide that a resolution to the problem cannot be reached.

Terminating Treatment:

My goal is to assist you in obtaining your desired therapeutic outcomes. If you have any questions or concerns about any aspect of your therapy, please discuss them with me. If you elect to terminate or suspend treatment, please discuss your decision with me so that we can bring sufficient closure to our work together. In our final session we can discuss your progress thus far and explore ways in which you can continue to utilize the skills and knowledge you have gained through your therapy. We can also discuss any referrals that you may require at that time.

Client Rights According to Washington and Michigan States:

Washington State Responsibilities and Rights Statement for Counseling or Hypnotherapy Clients: Client and Counselor Responsibilities and Rights.

Counselors must provide disclosure information to each client in accordance with chapter 18.19 RCW prior to implementation of a treatment plan. The disclosure information must be specific to the type of counseling service offered; in language that can be easily understood by the client; and contain sufficient detail to enable the client to make an informed decision whether or not to accept treatment from the disclosing counselor. If you have concerns about being dependent upon your counselor or hypnotherapist, talk to him or her about it. Remember, you are going to that person to seek assistance that helps you learn how to control your own life. You can and should ask questions if you don't fully understand what your counselor or hypnotherapist is doing or plans to do. Requirement for Registration or Licensure. Your counselor or hypnotherapist must be either registered under chapter 18.19 RCW or

certified under chapter 18.25 through the Washington State Department of Health unless otherwise exempt. To be registered, a person fills out an application and pays a fee. To become licensed, a person fills out an application form and pays a fee, but he or she must also show proof of appropriate education and training. There are some people who do not need to be either registered or certified because they are exempt from the law. You should ask your counselor or hypnotherapist if he or she is registered or licensed and discuss his or her qualifications to be your counselor or hypnotherapist.

Definitions

Counseling means using therapeutic techniques to help another person deal with mental, emotional and behavioral problems or to develop human awareness and potential. A registered or certified counselor is a person who gets paid for providing counseling services.

Confidentiality

Your counselor or hypnotherapist cannot disclose any information you've told them during a counseling session except as authorized by RCW 18.19.180:

1. With the written consent of that person or, in the case of death or disability, the person's personal representative, other person authorized to sue, or the beneficiary or an insurance policy on the person's life, health, or physical condition;
2. That a person registered or certified under this chapter is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;
3. If the person is a minor, and the information acquired by the person registered or certified under this chapter indicates that the minor was the victim or subject of a crime, the person registered or certified may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry;
4. If the person waives the privilege by bringing charges against the person registered or certified under this chapter;
5. In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter 18.130 RCW; or
6. As required under chapter 26.44 RCW.

Assurance of Professional Conduct

Thousands of people in the counseling or hypnotherapy professions practice their skills with competence and treat their clients in a professional manner. If you and the counselor agree to the course of treatment and the counselor deviates from the agreed treatment, you have the right to question the change and to end the counseling if that seems appropriate to you.

We want you to know that there are acts that would be considered unprofessional conduct. If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number in this publication to find out how to file a complaint against the offending counselor or hypnotherapist. The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling or hypnotherapy services. The conduct, acts or conditions listed below give you a general idea of the kinds of behavior that could be considered a violation of law as defined in RCW 18.130.180.

1. The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in criminal proceeding is not a condition precedent to disciplinary action. Upon such a

conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilty of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purpose of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

2. Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
3. All advertising which is false, fraudulent or misleading;
4. Incompetence, negligence, or malpractice which results in injury to a patient, or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
5. Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
6. The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
7. Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
8. Failure to cooperate with the disciplining authority by:
 - (a) Not furnishing any papers or documents;
 - (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;
 - (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceedings;
 - (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
9. Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
10. Aiding or abetting an unlicensed person to practice when a license is required;
11. Violations of rules established by any health agency;
12. Practice beyond the scope of practice as defined by law or rule;
13. Misrepresentation or fraud in any aspect of the conduct of the business or profession;
14. Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
15. Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
16. Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
17. Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
18. The procuring, or aiding or abetting in procuring, a criminal abortion;

19. The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
20. The willful betrayal of a practitioner-patient privilege as recognized by law;
21. Violation of chapter 19.68 RCW;
22. Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
23. Current misuse of:
 - (a) Alcohol;
 - (b) Controlled substances; or
 - (c) Legend drugs
24. Abuse of a client or patient or sexual contact with a client or patient;
25. Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

This publication should not be considered as the final source of information. If you want more information about the law regulating counselors and hypnotherapists or want to file a complaint, please write to: Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, Washington 98405-7869.

If you want to contact someone by phone to discuss the law or talk about a possible complaint, call 360.236.4700, Monday through Friday, 8:00 a.m. to 5:00 p.m.

For Michigan Clients, your rights are outline in the following document:

<https://www.michigan.gov/-/media/Project/Websites/fyit/Site-Documents/RightsBooklet.pdf?rev=34c5ad96bdaf46c28c41ada082727ee2>

A printout will be provided upon request.

If you want to contact someone by phone to discuss the law or talk about a possible complaint:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing Investigations & Inspections Division
P.O. Box 30670
Lansing, MI 48909
(517)241-0205

By signing below, each of us confirms this document to represent the agreement between us, and that you have read, understood and received copies of this disclosure.

Name

Date