

Heart Healing Counseling Corporation
Deanne Carter, LMHC, NCC
Disclosure

Why do I need a Disclosure?

Thank you for choosing me as your professional counselor. You have the right to choose a health care provider who best suits your needs and purposes. The following disclosure information is meant to inform you and guide you through this journey to be an active participant. At any time, you have the right to refuse treatment.

Treatment Philosophy

My belief is that most change occurs when the past and present are explored with a focus on developing healthier boundaries, improved communication, gaining greater clarity of one's emotional intelligence, and an increase in body awareness, to support release of built up mental constructs and emotional holdings.

My role as your therapist is to work with you as a team. Your internal guidance (mental, emotional, physical, spiritual) will set the direction of your goals in therapy. I will be actively engaged with observations, ideas for activities and new skills, along with offering modalities to release old pain and patterns of thinking and behaving.

My style of therapy is influenced most by Mindfulness-Based Cognitive Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Brainspotting, Somatic Experience, Interpersonal Skill Building, Integral Counseling, Ego State Therapy, Gottman couples therapy, Emotionally Focused Couples Therapy, Gestalt, Bioenergetics, Play and Psycho-Spiritual Therapies. The length of your therapy will be determined by your experiences and goals.

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Education and Training

I earned a Masters of Education in Counseling from the University of Puget Sound. I specialize in anxiety, communication, conflict resolution, identity and boundary issues, relationship changes, depression, divorce, grief and loss, abuse and neglect, impulsivity, role changes, social adjustment, spiritual resourcing, and strengthening parenting strategies for individuals and couples. I am an ESA Certified Counselor, a Licensed Mental Health Counselor with the State of Washington (LH60095901), and a National Certified Counselor (287465). I have completed Level Two of EMDR training, several advanced trainings in EMDR, the Vibrational Health Institute program, a nine month Restorative Touch program, a yearlong practicum for Integral Psychotherapy, Bodywork and Psychotherapy, and many other additional trainings. I do not work with individuals experiencing chemical dependency as their primary problem. I do not work with couples experiencing domestic violence. If I determine that your needs are outside of the scope of my practice, I will provide you with resources to find another provider.

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Risks and Benefits

Counseling 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, counseling often leads to better relationships, it can provide solutions to specific problems, and there is often a significant reduction in feelings of emotional distress. Feeling uncomfortable is usually temporary as you deepen your capacity to be fully present to your experience and improve your self-care. You are encouraged to ask questions.

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Legal Rights, Including Privacy and Confidentiality

1. You have the right to no charge for the first 15 minutes of service if we decide not to continue a therapeutic relationship.
2. Your right to privacy means I will not acknowledge you should we run into each other in public.
3. You have the right to participate in planning our course of action to support your goals.
4. You have the right to refuse treatment, and to determine the frequency and duration of our work together. Please mention that you anticipate ending your therapy so that we may create a support plan for you.
6. I keep records of the service provided. I take security precautions to protect confidentiality. You have the right to review your records by making an appointment for that purpose. You may also ask me to change or amend this record.
7. In addition to this document, you received my Notice of Privacy Practices, which described how I might use and disclose your health information. Examples of when I may disclose information about you is: -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, and if required by court order or other compulsory process.

- If you sign a written authorization for me to release information to another person or agency, such as your physician.
- Payment by check permits bank employees to view names of my clients, because my name will appear on the check.
- 8. If you are being seen with another person present, I can make a request that each person respect the other's right to privacy, but I cannot guarantee the other person's actions will honor this request.
- 9. To enhance my clinical knowledge, I regularly consult with professional peers. If I discuss aspects of our work together, your name or other personal identifying information will not be shared.
- 10. It is not therapeutic in couples counseling to withhold information (ex. ongoing affair). I will encourage and support you to share secrets with your partner. If you do not wish to share or work on preparing yourself to share, I will not be able to continue working with you since secrets undermine the process of relationship change.
- 11. I do not accept requests on social media. There is a Heart Healing Counseling Corporation Facebook resource page, however, it is not a means of communication. Texting about scheduling will be the best way to reach me. Please do not text about other content. I typically check email first thing and late in the day Monday-Thursday.

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Rates, Insurance, Scheduling, and Phone Calls

Rates

- Payment/co-payment is due at each session unless other arrangements have been made prior to your appointment.
- If you do not have, or you choose not to use insurance, you may pre-pay a package or use the sliding-scale. The sliding scale depends on your pre-tax monthly income (or the amount you live off of per month).
- Payment needs to be current to continue sessions. Please inquire about your specific rate so you may plan for the ongoing cost of your therapy process.
- Pre-paid and sliding scale rates do not meet insurance or HSA/HRA/FRA requirements for reimbursement.
- Unless you have pre-paid, a credit card on file is required to hold appointment times. If you use your credit or debit card, please note that for your privacy, "ProfessionalCharges" is all that will appear on your statement. If you contest the charge and a chargeback occurs, you will be responsible for the chargeback penalty and any other costs incurred.
- Situations like forgetting your payment happen. You may pay by credit card or mail in payment within 7 days, or, pay within 30 days with a \$15 fee. An additional \$15 fee on your total balance is due each 14 days thereafter.
- Bounced check fee: \$25 which must be paid in cash, along with your original check amount. Clients will be asked to pay cash or money order for the next three sessions after two bounced checks and receipts for payment will be provided.
- Disability, state assistance, accident, records, or court related services are billable at \$350 per hour for all activities including file reviews, documentation, telephone consults, depositions, record producing for auto insurance, attorneys, or other entities, court appearances, travel time and wait time. A deposit is required and payment is due weekly.
- When I periodically increase my rates, you will be notified and your current rate will remain in effect for 30 days.

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Insurance

I will do my best to help you understand your insurance plan and choices. Prior to your first appointment, you are responsible for inquiring about your mental/behavioral health services your policy covers, if I am an in-network provider on your plan, and if pre-authorization is required. Insurance companies will not guarantee payment of mental health services, rather, will make a final decision after the claim is received. I am not able to bill Medicare.

If you have out of network health insurance, payment is due at the time of service. There is usually some reimbursement and I will submit a reimbursement request to your primary insurance, for most companies. You will need to submit an Explanation of Benefits from your primary insurance, receipt that I provide, and claim form to your secondary insurance.

If you have First Choice, Kaiser with First Choice for your behavioral health benefits, I am an in-network provider. This means that after your yearly deductible is met, you will only pay your coinsurance and/or your copayment, which is due at the time of service. Insurance does not cover extended/intensive sessions.

In or Out of Network:

- Insurance will not cover or reimburse for missed sessions. When you are 3 or more minutes late, insurance will not cover or reimburse the full session. This can be \$42-\$60 for 3-15 minutes.
- Unless you have prepaid a package, a credit card on file is required to reserve appointments.
- Your insurance company may require: session content, length of time and date you attended, goals, interventions, homework completed, and progress toward your goals, to consider your claim. If you would like to know what is reported about your medical history: Medical Information Board at 866-692-6901 or POB 105, Essex Station, Boston, MA, 02112.

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Scheduling

- I will need to end your session on time, regardless of whether you are present to begin your session on time.
- If you are paying cash, writing a check, or updating your information, please do this at the beginning of your session.
- I commit to hold your scheduled time for you since keeping a regular schedule of appointments enhances your therapy experience. In the event that an appointment cannot be kept, please provide notification at least 24 hours in advance to avoid paying the \$75 cancellation fee. This policy is 'regardless of reason' since it is unethical for me to discriminate by waiving one person's reason over another. It is not expected that you will not become ill, get called into work, or have other life events you choose to attend. If I can reschedule you in the same week, there is no cancellation charge. The exception is if you do not feel safe driving the day of your appointment (including impending weather conditions).
- Insurance will not cover or reimburse for missed sessions. When you are 3 or more minutes late, insurance will not cover or reimburse the full session. This can be \$42-\$60 for 3-15 minutes.
- If you are 15 minutes late, and I have not received a call or text, I may leave the office.
- If you cancel, reschedule, and/or miss three out of ten appointments (30% or more) with or without notice, you will be asked to schedule appointments the same week to increase the chance of continuity of your process.
- I offer extended sessions (5 hours) for individuals or couples. These are reserved with a non-refundable \$500 deposit. (With 48 hours confirmed notice: 50% can be used to reschedule within 7 days) See specific details in separate handout.
- The office space is not equipped to have unsupervised children under the age of 13 in the waiting room. Please arrange child care and consider having a backup plan to support you during any unforeseen circumstances.
- Please do not bring children, unless you have a family counseling session scheduled, as the content of our session is not appropriate for children.
- A copy of a parenting plan to confirm your authority to seek non-emergent, outpatient care, will be needed prior to requesting the scheduling for a child under 13 years old.

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Telephone Calls

I do not charge for brief telephone conversations, when they are possible. Especially if you need clarification of homework/resourcing. If your matter is urgent, please call the **Pierce County Crisis Line at 1-800-576-7764 or 253-798-4333**. I typically take vacation the last week of the year, and long weekends in the Spring and Summer, without reception. If you believe that your situation requires a therapist who offers more availability, or 24-hour support, please let me know so we can find a local facility who has that capacity.

Initial

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, if you want a second opinion or guidance to find another counselor. If you intend to discontinue therapy, please discuss it with me so we may have transition time.

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. (360) 236-4700

Acknowledgement and Agreement

By signing below, each of us confirms this disclosure document to represent the agreement between us, you confirm receiving and reading this, you confirm your understanding of the information provided.

Signature of Health Care Provider (Deanne Carter, LMHC)

Date

Signature of Client (or Parent or Legal Guardian*)

Date

*Parenting plan required for children under 13 years old