

Accountability Counseling Services

Geri Magee M.A., CSA, CEP

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253-439-0130

DISCLOSURE OF INFORMATION, POLICIES, AND CLIENT AGREEMENT

PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGEMENT OF ITS RECEIPT ARE REQUIRED BY WASHINGTON STATE LAW. PLEASE READ IT CAREFULLY. I WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.

Counselors must be registered with the Department of Health for the protection of public health and safety. Licensing of an individual with the department does not necessarily imply the effectiveness of any treatment.

Your Rights as a Client in Counseling

As a client in counseling, you have certain rights that are important for you to know about. There are also certain limitations to those rights of which you should be aware.

As a client of a psychologist licensed by the State of Washington, you have privileged communications under state law. With the exception of the situations listed below, you have the right to have information you share with me held in strict confidence; that information includes the fact that you are seeing me. The privilege is yours, not mine, and cannot be waived without your consent. I will always act to maximize your privacy even when you waive your right to confidentiality.

The following situations are exceptions to your right of confidentiality:

1. If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
2. If you reveal that you have committed or are contemplating the commission of a crime, I may report that to appropriate authorities.
3. If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this to Children's Protective Services, a state agency.
4. If you are currently in litigation, or become involved in litigation during the treatment process or file a complaint against someone for malpractice, you may be asked to disclose information regarding your therapy as part of that process. Although I will request your consent to release information, I can be legally obligated by subpoena or court order to turn over my records and testify. Nevertheless, please inform me as soon as you know that you are likely to be in such a legal situation, so that I can exercise due caution so as to protect your privacy.

5. If you submit claims to your insurance company, they will likely require some information regarding your treatment with me. Most insurance companies only require basic information, often including a psychiatric diagnosis. You have the right to know the diagnosis that I use in any communication with your insurance company or other third-party payer or agency. All of the diagnoses that I use come from the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, DSM IV). A copy of this book is available in my library and you are free to look at it.

Should you attempt to use your medical insurance to cover my services, there are a few things you should know. Most insurance companies will partially or, in a few cases, fully cover my services. Please check with your insurance company regarding your eligibility for benefits and discuss with me the policies and procedures I use concerning medical insurance or other third party coverage. You are responsible to pay the full fee or your portion of the full fee at the conclusion of each session. **Checks should be made out to "Geri Magee."** Your portion of the full fee is based on the specifics of your medical benefits. In all cases, you are responsible for fees not reimbursed by medical insurance.

6. If you have been referred to me by an Employee Assistance Program (EAP) for evaluation, I may be required to disclose basic information about the evaluation such as a description of the problem, diagnosis, and treatment recommendations. I will share with you all information I will be sending to the EAP representative at your request. You are free to get a second opinion, although the financial obligations you incur in obtaining one must be settled between you and your EAP.

7. If you are seeing me in couples or family therapy, and you, your partner or another family member should happen to see me in an individual session, information shared with me in that meeting may be shared by me in a couple or family session if I believe it to be in the best interest of the work we are doing together. I will discuss this matter with you before sharing that information.

If our therapeutic relationship involves more than one person (e.g. spouse, parent, partner) I will not release any information to a third party (court, attorney, etc.) without the signed permission of all parties involved in our therapeutic work together, except as required by law. Your signature on this disclosure statement represents agreement to this requirement. If this concerns you, please bring it up the next time we meet together.

In some cases it will be useful to the therapy for me to discuss your situation with others such as your physician, your former therapist, your attorney, etc. In such cases, I will seek your written permission for this exchange of information.

I do consult with colleagues regarding my work with clients to gain feedback and suggestions about treatment. My work with you may be discussed in formal or informal sessions with my colleagues or staff here, or with other professionals. During these consultations, neither your last name nor other unique identifying information will be used. All discussions of this type with other professionals are subject to the same provisions of confidentiality discussed above.

If you have been directly referred to me by someone else, I may, as a good business practice, acknowledge to them that you have contracted with me for services and I will thank them for the referral. I will not discuss your situation with them unless I have your written permission.

You always have the right to request a change in the treatment process or refuse treatment. It is important that what we do together meets your needs. If you believe you are not being helped, please tell me so that we can work through the difficulty together. If we are unable to do so, I will assist you in finding another therapist.

My Voice Mail number is (253) 439-0130 I check my mail box at regular intervals throughout the day. If you are unable to reach me and are not responded to by one of my colleagues and are urgently in need of help, call

the **Pierce County Crisis Clinic at (253)798-4333** (if outside of this area, you may need to contact another local area crisis line) or call 911 for immediate help.

Although you are free to terminate therapy at any time, it is my request that you discuss your decision and reasons for termination at the beginning of a regularly scheduled session. I consider it of therapeutic value to you that the counseling relationship be closed in a straight forward manner, ensuring that all counseling issues have been dealt with to the best of your and my ability. In any case, notice of termination will result in my scheduling other clients into your regularly scheduled time slot. If you cancel an appointment or miss an appointment without leaving notice of rescheduling with my answering service or secretary, notice of termination will be assumed and your time slot will be given to the next available client.

Appointments and Fees

Appointments are usually scheduled once per week or once every other week. The session lasts for 50 minutes unless we arrange in advance to meet for a longer time. The scheduled time for your session is set aside for you. **If you miss a session without canceling or if you cancel with less than 24-hours notice, I will bill you in full for that time**. Insurance or other third-party payers will not compensate you under such circumstances. If you are late for a session, you will be seen for the remainder of your scheduled time and charged the full rate.

My standard fee is \$100 per session. This fee is standard regardless of the number of people attending the session. My policy is that the first session fee be paid in full at the time of service. Subsequent session fees must be made at the conclusion of each session for your portion of the full fee which is determined on the basis of your medical coverage, unless we specifically agree on another method of payment. I accept checks or cash, A \$25.00 fee will be charged for returned checks.

If I am doing work related to your treatment that is outside the bounds of our scheduled counseling, I will bill you on an hourly basis for all the time I spend on your case, including travel time to another location (such as the hospital, your home, an attorney's office, or another setting), meeting with other professionals regarding your case, writing reports, preparation time, etc. My fee for this type of work is \$100 per hour.

Following the completion of our work together, your complete financial and clinical records will be stored and available for review. After three years a **clinical summary** and full financial record will be maintained for an additional four years. After seven years all records will be deleted from our computer systems, as well as the physical files shredded.

My Training and Approach to Therapy

I have a Masters in Behavioral Health from Bastyr University, Kenmore, Washington. (Approved by the American Psychological Association). During the completion of this degree, I have consulted with social service agencies, attorneys, physicians and clergy. Prior to my training in psychology, I received a Bachelors Degree from The Evergreen State College in Olympia, Washington.

My overall treatment orientation is systemic. That is, regardless of who I see or how many people attend the session, in a systems orientation to assessment and treatment I carefully consider the biological, individual, family, school and work, and other community systems that are relevant to an individual's couple's, or family's

functioning and health. I may want to include other family members at some point during the course of treatment.

I regard both current issues as well as historical information, especially family-of-origin history, as important in assessment and treatment planning. I assume a problem-solving approach in working with clients; identifying problems, specifying goals, and working together toward solutions. I work with thoughts, feelings, and behaviors in doing this work. Relationship issues (with partners, children, parents, siblings, friends, teachers, employers, employees) are given primary attention. We may focus on different dimensions of time -- past, present, and future -- in working toward solutions. I take an active role in psychotherapy as a "coach" or "consultant" -- sharing observations, giving feedback, supporting, challenging behaviors or ideas, offering suggestions, assigning homework and reading when I believe it will be useful.

Each course of treatment is unique to those who participate in it. Thus, your experience in psychotherapy is a blend of what you and I do together. I have never worked in exactly the same manner. Each person is unique. Each story is different, though there may be many similarities between people. Together we are responsible for developing and implementing a course of treatment that will most effectively help you reach your goals. I value being in partnership with clients, and I welcome feedback and suggestions as a part of this partnership. Whether or not counseling is successful may depend on a number of factors such as a willingness to change, the nature of the desired change, the level of trust between the client and counselor, the "fit" between the client and counselor, and outside influences.

I ascribe and adhere to the Code of Ethics of the American Psychological Association.

Quality of Service

If you feel I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved. If you feel that this does not resolve the issue, you may contact the following agency:

The Department of Health
P. O. Box 47890
Olympia, WA 98504-7890
(360) 236-4501

Client Consent to Treatment

I have read or have had satisfactorily explained to me Geri Magee's, M.A. Disclosure of Information, Policies, and Client Agreement and understand it. I have asked any questions that I had about this statement, and about statements regarding fees and payment policies. (For clients under the age of 13, consent must be given and this form must be signed by a parent or legal guardian.) I understand and agree to the description of confidentiality and its exceptions as stated above. I consent to counseling under the terms described above with Geri Magee, M.A. and understand that I have the right to terminate counseling at any time. I also understand that Geri Magee, M.A. requests notice of termination at the beginning of a regularly scheduled session so that the reasons for termination may be discussed. My signature below indicates that I have received a copy of this agreement.

_____/_____
Client Name Date
_____/_____
Client Name Date
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Client Name Date

_____/_____
Geri Magee M.A., CSA, CEP Date
_____/_____
Client Name Date
_____/_____
Client Name Date

