

Disclosure Statement

Welcome to my practice! I am so pleased that we can work together.

This document contains valuable information about my services and business policies. A disclosure statement serves to provide you with informed consent. This is a requirement of Washington State Law, to make certain that clients have the necessary information regarding the counseling process to make an informed decision, understand their rights and responsibilities, and agree to the services they will receive through the counseling relationship. Please read this handout carefully and bring any questions you may have to our next meeting so that we can discuss them.

Approach to Therapy

My goal is to help you reach your therapeutic goals in a supportive, nonjudgmental atmosphere. I value the relationship between client and therapist and believe that a strong therapeutic alliance is an important foundation for growth.

I provide mental health counseling to pre-teens, adolescents, adults, and families. I work primarily from a Humanistic perspective. I often incorporate Cognitive-Behavioral techniques, Acceptance and Commitment Therapy, and Emotion Coaching, as indicated. I collaborate with clients to define goals and to create a treatment plan that is individualized, in order to accommodate the needs of the individuals involved.

My work typically focuses on resolving or coping with issues that contribute to stress, depression, anxiety, trauma, parenting decisions, unresolved grief issues, and difficult life changes. Some of the work I do focuses on behavioral and emotional challenges including anxiety, depression, loss and grief, unhelpful behavior, social relationships, and trauma.

With families, in addition to a Humanistic approach, I use a Family Systems theoretical framework with a focus is on adjustment to life changes, exploring roles and patterns (within the current family, intergenerational, gender, cultural, etc.), improving the functioning of the family as a unit, and the functioning of individuals in the family.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, anger, or anxiety. Therapy can often involve talking about unpleasant aspects of a person's history and behavior. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, and better relationships and problem solving, but there are no guarantees. You are encouraged to ask questions to make certain that you are comfortable with the direction we are taking.

Stefanie Robbins, LMHC

Madrona Plaza 1421 34th Avenue, Suite 207, Seattle, WA

98122

425.522.3597

stefanierobbinscounseling@gmail.com



Education, Experience, and Licensure

I graduated from Antioch University in Seattle in 2007, with a master's degree in Counseling Psychology, specializing in Child, Couple, and Family Therapy. I have been working with individuals, children, and families for over 15 years in a variety of settings. I am a Clinical Member of the American Mental Health Counselors Association.

I have been a licensed mental health counselor since 2014 (License #60507675). Mental health counseling licensure provides that therapists have passed a written examination and have completed extensive academic and clinical training.

Client Rights

- Clients have the right to choose a counselor who best suits their needs and purposes.
- Clients have a right to ask questions concerning their treatment, and the right to raise questions about the therapist, the treatment approach, and progress made at any time.
- Clients may choose to terminate therapy at any time.
- Clients have the right to change therapists or receive a referral to another therapist.

The Washington State licensure law provides complaint and discipline recourse procedures for clients. Inquiries about a Licensed Mental Health Counselor's professional qualifications and/or treatment may be directed to the Examining Board of Psychology, Division of Professional Licensing, P.O. Box 9649, Olympia, WA 98504 or by calling 360-236-4700.

Confidentiality

You have the right to confidentiality, including the fact that you are or have been a client, except as explained below. All information that you discuss with me is confidential and will not be revealed to any other person or agency without your written permission. There are certain situations in which I am required by law to reveal information without your permission:

- Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a developmentally disabled person.
- Where there is a clear threat to do serious bodily harm to yourself or others.
- In response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint.

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Harm to Self:

If a client threatens to harm him or herself, I may be required to seek hospitalization for the client or contact family members or others who can provide protection. I will make every effort to fully discuss this with you before taking action.

Harm to Others:

If I believe that a client is threatening serious bodily harm to another, I am required by law to take protective action, which may include notifying the potential victim, notifying the police, or seeking the appropriate hospital treatment. If I suspect a child, elderly person, or a disabled person is being abused, I must file a report with the appropriate agency.

Information for minors ages 13 and older

If you are 13 years of age or older, please be aware that Washington State law provides you with the authority to decide who can see your treatment records. I will request an agreement from you to consent to share some of your HIPPA protected information such as scheduling appointments. I will explain the HIPPA privacy rights to you, will explore what information you do and do not want me to share with your parents from your therapy treatment, and will request an agreement from you that states your wishes.

It is my opinion that it is helpful to have some transparency with parents/guardians about the general direction of how the treatment is proceeding. I will not coerce you into disclosing information with your parents if you do not feel comfortable doing so and I will encourage parents to do the same. As part of our work together, we may explore the risks and benefits are to sharing more information with your parents and ways to reduce your concerns.

If I feel there is high risk that you will seriously harm yourself or others, I will notify your parent/guardian of my concern. Before giving this information to parents/guardians, I will discuss the matter with you and will do the best that I can to resolve any objections that you might have about the information I am about to discuss.

Information for parent/guardian of a minor in counseling

If your child is my client and is age 13 or older, please be aware that Washington State law provides your child with the authority to decide who can see their treatment records. I will request an agreement from your child that they consent to share some of their HIPPA protected information such as scheduling appointments. I will explain the HIPPA privacy rights to your child and will explore what information they do and do not want me to share with you from their therapy treatment.

It is my opinion that it is helpful to have some transparency with parents about the general direction of how the treatment is proceeding. I will not coerce my clients into disclosing information with their parents if they do not feel comfortable doing so and I encourage parents to do the same.

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If I feel there is high risk that your child will seriously harm themselves or others, I will notify you of my concern. Before giving this information to parents, I will discuss the matter with my client (the minor) and will do the best that I can to resolve any objections that they might have about the information I am about to discuss.

Parents who are going through a separation or divorce often seek therapy for their children to help the child to deal with the stress/loss and adjust to the changes involved. It is my policy that both parents of the child must consent in writing to treatment for their child and to payment before the child is seen.

Please be aware that I function as the child's therapist only, and do not perform custody recommendations. In addition, it is essential for the child's privacy to be respected and for their therapy not to be entangled in legal issues. Therefore, you will be asked to sign an agreement to protect your child's confidentiality in court matters. If you do not feel comfortable with this policy, I will be happy to refer you to another therapist.

Crises

If you ever feel that you are in a crisis and cannot reach me due to the time or nature of the crisis, you can call Crisis Connections, a 24 hour crisis line, at (866)427-4747. If your crisis is life-threatening, call 911, and admit yourself to the emergency room of the nearest hospital.

Appointments

Appointments are generally 50 minutes in length unless discussed by the client and therapist beforehand to extend or shorten a session. The initial intake appointment will last approximately 75-90 minutes. Your appointment begins at the stated time, not when you arrive. The time we are scheduled to meet is reserved for you.

Cancellation and Missed Session Policy

While I appreciate the need to cancel or change appointments, to sustain my therapy practice, I have the following policies:

- If you cancel your appointment with 48-hour notice, you will not be charged a fee.
- If you cancel within 48 hours or 2 days of your session, you will be charged a \$75 fee.
- If you do not show up for your appointment and have not cancelled through a phone call or email within the 48-hour window, you will be charged the full amount of the session fee.

To help avoid this outcome, you can set up a reminder by email or text on the Therapy Appointment portal that will alert you to the scheduled appointment 2 days in advance.

If possible, we can avoid a late cancellation fee by having our scheduled appointment through a simple, confidential telehealth platform.

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Pausing or Ending Therapy or “Termination”

There are times when you may choose to take a break from therapy for any number of reasons. If you do not make an appointment or check in with me at an agreed upon date, I will not hold a spot for you. If you choose to return to therapy with me, we will renegotiate our scheduling based on my current availability.

Most therapists refer to the end of therapy as termination. At some point, we will explore the end of the therapy relationship. Ending any relationship for most of us is not something that comes easily or is second nature. This can be a difficult phase of therapy and, for this reason, I like to discuss it at the start. Most often, therapy relationships end mutually. My preference is that we discuss termination to allow for deeper learning, to provide referrals if needed, and to support the process of a “good” goodbye.

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Fees and Payment

I can accept payment by cash, check, debit, or credit card. In case of minor children, the parent who brings in the child for treatment is responsible for payment.

Fees

- \$150 for initial intake appointment
- \$140/session for individuals
- \$160/session for families and couples

A typical therapy session is 50-60 minutes. In addition to scheduled appointments, it is my practice to charge my hourly amount on a pro-rated basis for telephone conversations which last longer than 15 minutes.

In unusual circumstances, you may become involved in court actions such as litigation which may require my participation. You will be expected to pay for the professional time required even if I am compelled to testify by another party. Due to the complexity involved and difficulty of legal involvement, I charge \$300.00 an hour for preparation and attendance at legal proceedings.

In circumstances of unusual financial hardship, I may be willing to negotiate a sliding scale fee or an installment plan.

Insurance

It is your responsibility to confirm your benefits with your insurance company for mental/behavioral health services, co-pays, and deductibles.

I am currently an "in-network" provider for Premiera, Cigna, Regence, First Choice and Kaiser Permanente PPO plans. I am open to accepting other insurance plans as an "out of network" provider if you have this benefit and would like to use it. I am happy to submit insurance claims on your behalf; however, you are ultimately responsible for any outstanding and remaining payments. As a Licensed Mental Health Counselor (LMHC), many insurance companies will reimburse for a portion of my services.

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Communication

Phone Calls

Phone messages can be left on my confidential voice mail 24 hours of the day (425-522-3597). I will make every effort to return your call within 24 hours except for Saturdays, Sundays and holidays. If you have an emergency and feel that you cannot wait until my return call, please call the Crisis Line at 206-461-3222 or go to your nearest hospital emergency room and ask for the psychologist or psychiatrist on call.

Mobile Phone Communication

Please note that if we communicate via my mobile phone by voice or text, your phone number will be stored in the phone's memory for a period of time and therefore if my mobile phone is lost or stolen, it is theoretically possible that your contact information might be accessed. Note that my mobile phone is itself password protected providing one line of defense against such a breach.

Social Media

I do not accept friend requests from current or former clients on social networking sites nor will I communicate with clients via any interactive or social media websites. This is to protect both your privacy and mine.

Email Communication

If you elect to communicate with me by email, please be aware that email is not completely confidential. All emails are retained in the logs of your and/or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be considered part of your treatment record.

Therapy Appointment

Therapy Appointment (www.therapyappointment.com) is medical software system that I use in my practice. This is a HIPPA compliant tool that securely stores electronic medical records. There is a patient portal component that, if you choose to set up, would allow us to communicate through a secure email and would also provide appointment reminders.

By signing below, you are giving consent for communications via email, phone, and via the Therapy Appointment® web service. If you are uncomfortable using any of these forms of communication, please indicate this before we begin treatment or let me know of a change in preference with sufficient notice for me to update my records.

Client Name (printed) _____

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Client (signature) _____ Date _____

Client Name 2 (printed, if applicable) _____

Client (signature) _____ Date _____

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Health Insurance Portability and Accountability Act (HIPAA)

This refers to a federal law that provides protection and patient rights with regards to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of Protected Health Information (PHI) for treatment, payment, and health care operations. The law requires that I obtain your signed signature acknowledging that I have provided you these disclosures at the end of this session. A description of the circumstances in which I may disclose information is provided for you. Please review it carefully so you understand fully what confidentiality does and does not mean in therapy. I am happy to discuss any of these rights with you.

Notice of Privacy Practices

With your signature on a separate ROI Authorization form that I provide, I may disclose information in the following situations:

- Consultation with other health and mental health professionals
- Disclosures required by health insurers
- Disclosures required in collecting overdue fees. If your account has not been paid for more than 90 days and arrangements have not been agreed upon, I have the option of using legal means (small claims court) to secure payment. This requires me to disclose otherwise confidential information. If legal action is necessary, costs are included in the claim.
- Court Proceedings (discussed elsewhere in this Agreement)
- Government Agency requests for information in health oversight activities
- Patient-initiated complaint or lawsuit against me. (I may disclose relevant information regarding that patient to defend myself.)
- Patient-initiated worker's compensation claim and the services I am providing that are relevant to the injury for which the claim was made. I must, upon request, provide a copy of the patient's record to the patient's employer and the Department of Labor and Industries.

The following are situations where no ROI Authorization is needed for me to disclose your protected health information:

- If I have reasonable cause to believe a child has suffered abuse or neglect.
- If I have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- If I reasonably believe there is imminent danger to the health or safety of the patient or any individual.

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Expanded Clinical Records Rights

HIPAA provides you with several new or expanded rights with regards to your clinical records and disclosures of protected health information. These rights include:

- Requesting restrictions on what information from your clinical records is disclosed to others
- Requesting an accounting of most disclosures of protected health information that you have neither consented nor authorized
- Determining the location to which protected information disclosures are sent.
- Having any complaints you make about my policies and procedures recorded in your records.
- The right to a paper copy of your signed Agreement, the attached Notice form, and my privacy policies and procedures.

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Consent for Services and Financial Agreement

To be signed by clients 13 years of age and above.

I, the undersigned, have read this document, and/or have had it explained to me to my satisfaction. By signing this, I agree to receive mental health counseling from Stefanie Robbins, M.A., L.M.H.C., according to the terms described. I understand my rights as a client, and I agree to pay the per session fee of \$130.00/\$150.00. I understand that I may terminate this relationship at any time, and/or request a referral to another practitioner.

Acknowledgement Signature

Your signature below indicates that you have read this Disclosure Statement and Financial Agreement document and understand this agreement fully. It also services as acknowledgement that you have received the HIPAA notice form. Once you have signed this page, your signature signifies that you understand your rights and responsibilities in therapy, and it constitutes your agreement to the terms described in this document.

Client/s:

Client Name (printed) _____

Client (signature) _____ Date _____

Provider:

Stefanie Robbins, MA, LMHC (signature) _____ Date _____

Washington Licensed Mental Health Counselor

License # 60507675

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