



## OFFICE POLICIES & DISCLOSURE STATEMENT

Welcome to my practice. I appreciate your interest in my services.

Washington State Law requires that all counselors provide clients with written information about their qualifications, treatment philosophy and methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, this document reviews basic information about counseling, summarizes my background and my therapeutic approach, and provides details about my office policies. Please read this information carefully and ask me to explain anything that you don't understand. This document, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it before we begin our therapy together.

This document addresses the following topics:

- My therapeutic approach
- My education, licensure, and business entity
- Fees and payment policies
- Cancellations
- Emergency contact information
- About confidentiality
- The risks and benefits of therapy
- Referrals to other providers
- My statement of principles and complaint procedures

### MY THERAPEUTIC APPROACH

My therapeutic orientation is relational and emotion-focused, and I am informed by research in neurobiology, trauma, and mindfulness. I assume a strengths-based perspective, and value curiosity, openness, and acceptance. In therapy, we will often work directly with what you are experiencing in the present moment - in terms of emotion, physical sensation, thoughts, and your experience of the therapeutic relationship.

I have specialization in the areas of eating disorders, childhood trauma, attachment and mindfulness, sensorimotor psychotherapy, and Lifespan Integration.

Sessions are scheduled as frequently as needed. Most commonly, I recommend weekly appointments initially. As you feel you are reaching your goals, it is common to space sessions farther apart. I am able to accommodate multiple sessions per week for individuals requiring intensive treatment.

In counseling, it is important that you feel like we are a good fit. If you ever get the feeling that I might not be the therapist for you, please do not hesitate to let me know. I always encourage clients to trust themselves in finding someone that they feel they can be comfortable around and grow with. You are free to terminate therapy at any time. If you decide to end counseling, I recommend that we meet for at least one more session to review our work together, to gain closure on any issues that may have arisen, and to discuss any recommendations or referrals.

## MY EDUCATION, LICENSURE & BUSINESS ENTITY

Clarissa Pearce, MS, LMHC

M. S. in Mental Health Counseling, Western Washington University, 2013

B. A. in Psychology, Western Washington University, 2009

Licensed Mental Health Counselor in Washington State, 2015, LH60576825

Child Mental Health Specialist, 2014

My business name is Clarissa I. Pearce, LMHC, LCC. LLC stands for Limited Liability Company. Please make any checks out to: Clarissa I. Pearce, LMHC, LLC. On all of our financial interactions such as billing records, charges, and receipts, you will see this designation: Clarissa I. Pearce, LMHC.

## FEES & PAYMENT POLICIES

My fee is \$160 for the initial intake evaluation, and \$130 per 55 minute individual session thereafter. Fees are collected in full at the end of each session. Cash, credit/debit cards, or personal checks are acceptable for payment, and a receipt will be provided to you at your request. I have a small number of sliding scale slots to offer to those experiencing financial hardship. Sliding scale fees are determined by your annual income and family size. Sliding scale fees will be set for 6 months, at which point, we will review our financial contract together. Sliding scale fees cannot be charged if you are submitting claims to your insurance company.

Accounts that are delinquent for more than 90 days may be referred to an outside collection agency. Surcharges may apply for outstanding bills. A fee of \$35 is charged for returned checks.

Extended sessions: Occasionally we may schedule longer sessions, important when we decide to use the Lifespan Integration approach, or perhaps, if we invite a family member to join in our session. On a rare occasion, we may decide to extend a session, rather than stop or postpone work on a particular issue. When the extension is more than 10 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

Insurance: If you plan to use insurance to pay for our sessions, I encourage you to educate yourself about what your particular plan covers (and what it does not cover) so that you are not surprised by unexpected bills. You are responsible for all co-pays, co-insurance and meeting your deductible. Any estimate of coverage by insurance is only an estimate, and cannot be guaranteed until the claim is processed. The insurance companies I am contracted with are listed on my website. If I am not a preferred provider in your insurance network, you can explore whether your insurance plan offers out-of-network benefits that would cover a percentage of my fee. If you find that you have out-of-network benefits, I ask that you pay me directly, and I will provide you with a receipt to submit to your insurance company for reimbursement. Many of my clients choose to pay privately because it offers them more control and privacy. When mental health services are billed to an insurance company, the provider is required to submit a diagnosis, which then becomes part of your medical record.

## EMERGENCY CONTACT INFORMATION

In the event of an urgent life threatening situation, please contact the Crisis Care Line at 1-800-584-3578 (24 hours a day, 365 days a year, toll free), or St. Joseph Hospital at 360-734-5400 (ask for the Mental Health Unit), or go directly to the emergency room.

## CANCELLATIONS

If you need to cancel an appointment, please notify me by voice mail at least 24 hours in advance. If you do not show for an appointment, you will be charged a "No Show Fee" at the full regular session rate. If you cancel with less than 24 hour notice, you will only be charged a "Late Cancellation Fee" at half the regular rate. I will also do my best to give you at least 24 hours notice in the rare event that I need to change or cancel your appointment. Note: **Insurance companies will not pay for missed sessions, so these fees will be out-of-pocket.** If someone else will be responsible for your bill (for example, a parent), please discuss my no show and late cancellation policy with them so that you are both clear who will be responsible for these fees.

## ABOUT CONFIDENTIALITY

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-records" form before I can talk about you or send my records about you to anyone else. However, I may disclose confidential information if I reasonably believe that disclosure would prevent an imminent threat of harm to you or someone else. Exceptions to confidentiality include, but are not limited to: situations where you pose a threat of serious harm to yourself or someone else; cases involving suspected child, elder, or dependent adult abuse; cases in which I am court-ordered to testify or produce records; or as outlined in the "Notice of Privacy Practices" (copies available on my website).

**Email and Text:** Voicemail and phone are the only secure methods of communication that are HIPAA compliant. Email and texts can be intercepted or viewed by third parties. Additionally, if you use your work email address, your employer could have access to it. Some clients prefer the convenience of email communication and texting despite their lack of security. I am asking you to determine your own preference for security versus convenience in communication.

**Social Media:** Current ethics standards do not permit communication with clients via social media sites such as Facebook, Twitter, Snapchat, Instagram, Tumblr.

**Professional Consultation:** Professional consultation is an important component of a healthy counseling practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you or your situation.

**Records and Record Keeping:** I may take notes about our session. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are the sole property of the therapist. Should you request a copy of my records, such a request must be made in writing. I typically maintain records for ten years following termination of therapy. After ten years, your records may be destroyed in a manner that preserves your confidentiality.

**FLOURISH FOOD AND BODY** is owned by Sarah Voth. Although we collaborate on client care (with informed consent), our practices are separate, and each is solely and entirely responsible for any liabilities resulting from that practice.

## THE BENEFITS AND RISKS OF THERAPY

Therapy is a process in which we will discuss a myriad of issues, experiences and memories for the purpose of creating positive change. It provides an opportunity to better and more deeply understand yourself, as well as any problems or difficulties you may be experiencing. Participating in therapy may result in a number of benefits to you, including, but not limited to: reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, school and family sessions, increased capacity for intimacy, and increased self-confidence and self-expression. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to examine feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Risks: Therapy may also involve some discomfort, including remembering and discussing unpleasant feelings and experiences. The process may evoke strong feelings such as sadness, anger, or fear. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Sometimes a decision that is positive for one family member is viewed quite differently by another. You should be aware that any decision on the status of your personal relationships is your sole responsibility. If your symptoms worsen, it is often a sign that we are going "too fast" in therapy, so please let me know so we can adjust our work accordingly. Finally, even with our best efforts, there is a risk that therapy may not work out as you had hoped.

## REFERRALS TO OTHER PROVIDERS

I do not work with clients that I do not think I can help. If you could benefit from a treatment I cannot provide, I will help you with a referral. Based on what I learn from you, I may recommend you seek a medical consultation, a referral to a dietician, or other resource. If I do this, I will discuss my reasons with you, so that you can decide what is best. If for some reason therapy is not going well, I might suggest you see another therapist or another professional. As a responsible person and ethical counselor, I cannot continue to treat you if my treatment is not working for you.

## MY STATEMENT OF PRINCIPLES & COMPLAINT PROCEDURES

It is my intention to fully abide by all the rules of the American Counseling Association (ACA), the National Board of Certified Counselors (NBCC), by Federal laws, and by those of Washington State. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please share your concerns with me. Our work together will be slower and harder if your concerns with me are not addressed. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I have treated you unfairly or have even broken a professional rule, please tell me. If I am not able to resolve your concerns, you may report your written complaints to the Secretary of the U.S. Department of Health and Human Services, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504, or call (360) 236-4902.

## THANK YOU

Thank you for your patience in carefully reading the Office Policies and Disclosure Statement. If, after reading this form, you decide against entering a therapeutic relationship with me, please contact me no later than 48 hours prior to our scheduled appointment time. If you have any questions prior to our first appointment, don't hesitate to call.