



Paraclete Counseling Services, LLC
6 South 2nd Street, Suite 316
Yakima, WA 98901

DISCLOSURE STATEMENT and INFORMED CONSENT PROFESSIONAL FEES

Payment for Paraclete Counseling Services (hereafter referred to as “PCS”) **is required at the beginning of each appointment; except for Employee Assistance Program (EAP) appointments.** My initials indicate I understand I will pay for my appointment when I arrive at PCS, before my appointment begins. I understand and agree that I will have to re-schedule my appointment if I am unable to pay for my appointment when I arrive. I also understand and agree that I will have to re-schedule my appointment if I am more than 10 minutes late:

Client(s) Initials: _____.

PRACTICE – LICENSURE - PROFESSIONAL AFFILIATIONS

PCS counselors are Licensed Independent Clinical Social Workers (LICSW) in the State of Washington. Professional affiliations include the National Association of Social Workers (NASW) and the American Association of Christian Counselors (AACC). PCS practice integrates clinical theory and methodology with Christian faith and Biblical principles in the counseling experience. This may include the use of the Bible, scripture verses and other resources. We respect that each client has unique world views and beliefs based on their experiences.

COLLABORATION and “FIT”

PCS offers collaborative counseling to support the client as the client works toward their goal(s). There are risks and benefits when participating in counseling, and there is no guarantee as to results. In working through unpleasant memories and/or events, clients may experience unpleasant emotions. However, counseling has proven beneficial overall. Counseling may help to reduce feelings of distress, improve relationships and help the client to resolve specific life issues / problems.

PCS recognizes the importance of “goodness of fit” for both the client and the counselor. Therefore, the client and/or the counselor each have the right to terminate the counseling relationship at any time. If your PCS counselor decides to terminate the counseling relationship, your PCS counselor may explain this to you either in person, or in writing. If you decide you want to terminate the counseling relationship, please feel free to discuss this with your counselor, as there can be a variety of reasons for desiring to work with another counselor.

As a part of PCS’ practice your counselor may consult with other counselors / therapists. PCS is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding protected health information (PHI), which protect client’s privacy. Please feel free to discuss questions regarding consultation with your PCS counselor.

LEGAL PROCEEDINGS - MANDATED SITUATIONS - COURT INVOLVEMENT

PCS does not participate in legal proceedings (e.g., Criminal and/or Civil [e.g., -Divorce or Separation -Child Custody]) that may involve any current and/or former client(s). PCS may not provide services for mandated clients (e.g., employer’s referrals, fitness for duty evaluations, etc ...), or for Family Medical Leave Act (FMLA). PCS does not provide services for Worker’s Compensation, and/or for Labor and Industry cases. Notify your PCS counselor immediately if you are involved in or become involved in a mandated (e.g., *Criminal or Civil *FMLA *Employer requiring you to complete counseling), and/or Worker’s Compensation / Labor and Industry situation. PCS will discuss the specific situation and/or circumstances with you to determine if it will be feasible for PCS to provide or continue to provide services. I agree not to involve PCS and/or PCS

counselors in any court and/or legal proceeding. I will immediately provide information and discuss any employer mandated, FMLA, Worker's Compensation / Labor and Industry, and/or evaluation process to PCS:
Client(s) Initials: _____.

CLIENT RIGHTS

Client information / records provided to PCS and/or PCS counselors, and/or resulting from participating in counseling with PCS counselors are confidential and are protected by State and Federal laws (HIPAA). Clients may release their information to others by completing a PCS Release of Protected Health Information (ROI). Clients also have the right to revoke (via written revocation) their ROI. However, a revocation is not valid to the extent that PCS and/or PCS counselors acted in accordance with the prior valid ROI.

You have the right to view your counseling records upon proper request. If you would like a copy of your counseling records, or a portion thereof, please be advised that you will be charged a clerical fee of \$26.00, plus \$1.17 per page for up 30 pages. If more than 30 pages are provided, you will be charged \$0.88 per page after the first 30 pages (per Washington Administrative Code [WAC] 246-08-400). You will be solely responsible for paying these fees.

MANDATORY REPORTING REQUIREMENTS

Issues discussed in counseling are confidential, are protected by State and Federal laws, and are ordinarily not released without the client's written permission. However, PCS counselors are mandatory reporters, mandated by law to report to the appropriate agencies if they have a reasonable belief that any of the following have occurred, or may occur:

- *Abuse and/or neglect of children, persons with a disability, vulnerable adults or elderly persons.
- *If you are a danger to yourself, or to others.
- *If required by law to disclose this information (e.g., subpoena, court order).

PERSONS IN SESSION – CONFIDENTIALITY - CELL PHONE and - SOCIAL MEDIA POLICY

A PCS ROI may be required to be signed by client for any persons who will be accompanying client in counseling session(s).

Client is required to arrange for off-site childcare prior to each session. Childcare is not available. Children and/or infants are not allowed in session, unless client is working on parenting skills, or the child is the client.

For the protection of the confidentiality of the counseling session(s), the use of any audio / video recording and/or transmitting device without the counselor's express permission is strictly prohibited. Your PCS counselor will explain the limitation(s) of cell phone use. **Unless otherwise approved, clients are required to turn off their cell phone(s) before the counseling session begins. Client's cell phone(s) is to remain off for the duration of the counseling session.** I will not use a device or cell phone without the permission of my PCS counselor: Client(s) Initials: _____.

PCS hereby notifies clients that although email and/or cell phone use may be convenient, neither are a secure means of communication, as email and cell phone communications can be compromised. PCS counselors may use email and/or the cell phone "text" function to communicate with clients regarding appointments. Although there is a risk for confidentiality regarding your PHI in participating in Telemental Health Counseling (TMHC) via cell phone, PCS may consider providing TMHC via cell phone, and will evaluate the possibility on a case-by-case basis.

PCS offers secure video TMHC via Doxy.me, a HIPAA and HITECH compliant secure video conferencing program. There is no additional charge to the client for a TMHC secure video session. My initials indicate that PCS has advised me of the risk to my PHI in participating in TMHC. My initials indicate that I understand and accept the risk regarding my PHI in my participating in TMHC, and I will not hold PCS or my PCS counselor liable in the event that a breach of confidentiality occurs in the course of my TMHC session(s):

Client Initials: _____.

For the protection of clients' privacy, PCS counselors will not communicate with clients via other forms of social media (e.g., Facebook, Skype, Twitter, Instagram and/or other social media platforms, etc ...). Your initials here indicate you understand that you may receive an email and/or a phone call and/or text message to the phone number you have provided to PCS to remind you and/or notify you of your scheduled appointment: Client(s) Initials: _____.

DISCLOSURE to INSURANCE COMPANIES and/or EMPLOYEE ASSISTANCE PROGRAMS (EAP)

Insurance and EAP companies require certain information from your counselor to process your claim(s). This information routinely includes dates of service and/or diagnosis codes. Insurance and EAP companies may also require updates of your progress, and at times other more specific information. Please feel free to discuss your insurance or EAP company's requirements with your PCS counselor. Your PCS counselor may ask you to complete, sign and date a PCS ROI.

SERVICES - OFFICE HOURS – EMERGENCIES - PROFESSIONAL FEES – OTHER

Individual, couples and family counseling are available. Office hours are by appointment only. Appointments are not available on Saturday, Sunday, and/or on a holiday. All appointments must be arranged in advance of each session. PCS follows generally accepted health care provider industry business practice standards regarding: *reminder phone calls and/or reminder cell phone text messaging 1 to 2 days in advance of client's scheduled appointment(s) *rescheduling of appointments, cancellations, client no-shows, extended time sessions, and between session phone calls / consultations. Clients will have to reschedule their session if the client is more than 10 minutes late.

The client may be held financially responsible for any damage they, or the person(s) who accompany them to counseling may cause to PCS or the counseling office property. The restrooms in the building are locked. Please ask your counselor for a key to use the restroom. The building's outer doors lock automatically at 5:30pm. If necessary, your PCS counselor will explain how to enter and/or exit the building.

EMERGENCIES

Emergencies: PCS is not set up to respond to urgent or emergency situations. If you have an urgent, emergency or immediate medical and/or mental health need call "911", or go to a hospital Emergency Room, or call your local mental health Crisis Line. In Yakima County call Comprehensive Healthcare (509) 575-4200.

PROFESSIONAL FEES

Additional fees may be incurred when a session extends more than 10 minutes beyond the specified length of time per session. Extensions are 30 minutes and may be charged at \$50.00 for each extension. You may also be charged the full session rate for a "no-show", and/or for a late cancellation.

PCS requires at least 24-hour notice to reschedule or cancel an appointment. To call or "text" Starla 509-834-1294. To call or "text" Anthony 509-834-1259. If you call and we are unable to answer, please leave a voice message with your name, phone number, and a brief message indicating the best day and time to call you back.

*If you need to call your PCS counselor in-between sessions, you may be charged in 30-minute increments at your hourly session rate for calls that last more than 10 minutes.

***Insurance companies will not pay for late cancellations, no-show appointments, or for in-between session phone calls. Also, insurance companies may not pay for extended appointment time. Additional fees may be incurred when an appointment extends more than 10 minutes beyond the specified length of time. Extensions are for 30 minutes, and you may be charged \$50.00 for each extension. The client will be fully responsible. Fees are subject to change.**

***CANCELLATIONS WITH LESS THAN 24-HOUR NOTICE MAY BE CHARGED AT 50% OF THE SESSION RATE. "NO-SHOW" / MISSED APPOINTMENTS MAY BE CHARGED AT THE FULL SESSION RATE.**

Your initials here indicate you understand, agree and accept that you are financially responsible for fees charged for late cancellations, missed appointments, extended appointments, and for in-between session phone calls that are more than 10 minutes in length:

Client(s) Initials: _____.

CONSENT for TREATMENT and ASSIGNMENT OF BENEFITS

My signature below confirms that PCS has provided me a copy of the PCS' Consent for Treatment and Assignment of Benefits (CTAB), and has provided me the opportunity to read, discuss and ask any questions I may have regarding the CTAB. I confirm that I have read and understand the information contained in the CTAB. My signature below confirms that I agree to abide by PCS' policies, procedures and practices. My signature below confirms I hereby give my consent and authorization for PCS to provide counseling services for myself, and/or my spouse / partner, and/or my children who are 17 years old or younger, of whom I am the parent or legally constituted guardian. I hereby agree to pay for each counseling session at the beginning of each session, unless other arrangements have been made in advance. I understand that I may be charged for missed appointments, and/or for any appointments cancelled with less than 24-hour notice. I understand my insurance will not pay for any portion of missed appointments and/or for appointments cancelled with less than 24-hour notice. I hereby give my consent and authorization for PCS to release and/or exchange information regarding myself, and/or my covered dependents with my medical insurance company, and/or other entities who may be involved with my claims billing, in order to process claims. I hereby assign all medical benefits to which I am entitled to, to be paid directly to PCS. A photocopy of this assignment is to be considered as the original.

Client Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Relationship to Subscriber: _____

Client Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Relationship to Subscriber: _____

(If Client is 17 years old or younger)

Parent / Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____ Date of Birth: _____

Relationship to Client: _____

Counselor: _____ Date: _____