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INFORMED CONSENT AND DISCLOSURE STATEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. I keep a record of the health care services that I provide to you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so.

You should be aware that, pursuant to HIPAA, I keep Protected Health Information (PHI) about you in your clinical record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports sent to your insurance carrier.

You have the right to refuse any treatment you do not want, and the responsibility to choose a mental health provider and treatment modality which best suits your needs. You also have the right to terminate your treatment at any time for any reason. The following information is provided to help you determine if what I offer as a mental health counselor meets your needs as a client. This document contains important information about my therapeutic approach, my education, my fees, and your rights as a client including your rights regarding your private health information (PHI). Please read this document carefully and ask any questions that help you fully understand the contents of this disclosure statement and agreement for services.

Course-of-Treatment

I am not able to propose an appropriate course of treatment for you until we have spent some time together. As soon as I am able to identify an appropriate course of treatment, however, I will discuss it with you. We will agree on a treatment plan at that point.

Limitations of Confidentiality/Mandated Reporting

Your participation in therapy, the content of our sessions, and any information you provide to me during our sessions is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

1. When it is required by federal, state, or local laws (i.e., when it is ordered by the court in judicial or administrative proceedings.) Although I will request your request to consent to release information, I can legally be obligated by court order to turn over my records in situations such as this. 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 in my record keeping, to protect your privacy.

2. When there is reasonable cause to believe that child, elder abuse/neglect, or otherwise abled abuse/neglect has occurred. I am required by law to report this to Children's Protective Services or adult's Protective Services, respectively.

3. When there is reasonable cause to believe that there is a clear and imminent danger to you/others or if you are no longer able to meet your basic needs. I can legally contact police or the county Mental Health Professional with such concerns.

4. When we see each other in public. If such a situation arises, I will do my best to safeguard your confidentiality by **NOT** acknowledging you, unless you choose to acknowledge me. However, there is the possibility that someone with you or me could identify the other without knowing of our relationship and risk exposure of that status.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44 and suspected abuse or neglect of vulnerable adults under the Regulatory Codes of Washington (RCW) 74.34, or as otherwise required in proceedings under RCW 71.05.

Questions on Confidentiality

If you have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let me know. I will be happy to discuss this with you further. For additional information regarding your confidentiality rights, please carefully review the attached HIPAA and Washington State Notice of Rights and Privacy Practices.

Insurance

Insurance companies and other third-party payers may require that I provide them with information regarding the services I provide to you. This information may include the type of service provided, the dates and times of service, your diagnosis, treatment plan, a description of impairment, progress of therapy, and case notes and summaries. If you do not want me to provide your confidential information to your insurance company, let me know so that we can discuss alternatives.

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have mental health insurance, I will provide you what assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is therefore critical that you find out exactly what mental health services your insurance policy does and does not cover.

Family, Couples, and Group Counseling

If you are seeking group, family, couples, or marriage counseling, it is important you understand that I will adhere to the ethical and legal requirements of confidentiality as stated above, however, I cannot ensure that you or the other participants in group, family, couples, or marriage counseling will maintain confidentiality about your therapeutic experience including content discussed within the counseling session. In addition, in

the case of group, family, couple, or marriage counseling the entire treatment record will be available to any and all participants in the group, family, couples, or marriage counseling and all participants must consent to any authorized third-party disclosure.

Consultation

I regularly seek confidential consultation from colleagues about my work with a particular client in order to gain further feedback and suggestions. I may disclose information about your counseling session in consultation with colleagues, in which case I will withhold your name and limit the information I disclose to the minimum necessary. When possible, I will inform you in advance of the names of my consultation colleagues, so that you can inform me of anyone that you do not want me to consult with in regard to our confidential work together.

Education, Training, and Experience

In addition to my state licensures, I hold an MA in Counseling Psychology from Lewis and Clark College in Portland, Oregon and graduated in May of 2015. I have been seeing clients since January of 2014, either in practicum, internship, community mental health, or private practice with over 1200 hours of individual counseling. I also hold a Mental Health Professional (MHP) designation with the State of Washington and a Sexual Minority Mental Health Specialist (SMMHS) designation with King County. I am certified as a National Certified Counselor (NCC) by the National Board of Certified. I have had and continue to have ongoing trainings on various counseling modalities, cultural competencies, suicidal assessment, and ethics, many of which include continuing education units as required by the Washington State Department of Health.

Therapeutic Orientation/Philosophy

My personal approach to therapy is integrative. This means I assimilate a range of modalities including Strength Based Therapy, Gestalt Therapy, Mindfulness, Cognitive Behavioral Therapy, and Adlerian Therapy. My work is guided by Attachment Theory, as I believe that the quality of our childhood is foundational to our psychological functioning as adults. I incorporate a multi-cultural perspective in my work as I embrace the notion that depending on who we are, physically, in this world, informs our level of societal power and privilege or lack thereof, in the form of oppression and discrimination. Sadly, we do not control these things and they do matter in how we are viewed and how we view others; I believe this is important to consider in therapy.

Each relationship is singular and unique to a therapist and the client. As a therapist, I believe that I am a helper or a co-thinker, if you will. Together a client and I learn together to offer support on the client's journey. With this in mind, the client and I work together to discover useful insights, explore the client's world, and find the courage to create a new and more positive way of being. Key to this work is our ability to build trust and rapport together, and through that, support the client's willingness to be painstakingly honest, engaged, and willing to work hard in therapy. Therapy is more often than not hard work if lasting and meaningful change is to occur; this is a critical part of the client's commitment. Therapy commonly feels frustrating and not infrequently makes life feel worse before it begins to feel better. My commitment is to meet the client where they are and do my utmost to support new and healthier ways of being.

Sessions, Fees, Cancellation and Billing Practices

I run my own therapy business and contract independently with Mindful Therapy Group (MTG) for billing and administrative support. MTG work with clients and myself to coordinate appointments and to process billing. Any questions or concerns should be directed to me as they only process my billing.

Sessions: Psychotherapy appointments are scheduled from 45-53 minutes each and are scheduled on a recurring weekly appointment, unless we decide together a schedule of greater or less frequency is warranted. I may be willing to conduct sessions over the phone per our conversation, your need, and my discretion. If you are late, the lost time will pare off of your scheduled time, it will not be added to the end of your scheduled time. If you are more than 10-minutes late for a scheduled appointment, you will need to reschedule. You will incur a late cancellation fee of \$150.00.

Fees: My standard fee for each 53-minute counseling session is \$150.00 or the amount your insurance provider stipulates. I reserve a limited amount of space for sliding scale sessions for those clients that qualify. The fee for service in these cases is based on a sliding scale that is determined by the client's ability to pay and is set by the provider. I reserve the right to bill my standard fee for case coordination, clinical and legal write-ups and phone consultations exceeding 5 minutes per week. There is no charge for routine telephone calls regarding scheduling, appointments and billing.

Cancellation Policy: In order for me to provide you with optimal care, your appointment time is specifically reserved for you. In return, I ask you provide me with a minimum of **48 hours** advance notice if you are unable to make it to your appointment. If you are unable to provide me with this notice, you will incur a missed appointment/late cancellation fee of \$150.00. This charge is irrespective of the reason for the cancellation/no show. Insurance does **NOT** cover this fee. I request you text (206) 450-6223 to cancel.

More than two cancellations in a month, even within the 48-hour time frame, will result in removal from my schedule, placement on my on-call list, or referral to another provider or other resources and termination.

Financial responsibility and Insurance Billing Process: Payment is due at the beginning of each session, including private pay amounts, copays, coinsurance and deductibles. You will be billed and are responsible for any remaining balance.

Vacations

Should I be out of town or on planned vacation, I will provide you with ample notice, to the best of my ability, and the contact information of the counselor covering my practice should you seek support in my absence should I not be available. I expect the same respect on your end, to be provided with ample notice should you have a planned upcoming vacation.

Termination of Service

Treatment termination is often a collaborative process between the licensed professional and the client. Under certain circumstances (safety concerns, conflict of interest, etc.), it may be necessary to terminate immediately and under discretion of the licensed professional. Whenever professional services are terminated, I will offer to help locate alternate sources of professional services or assistance if necessary. I have an obligation to terminate treatment when it would become clear to me that you no longer need my services, or you are not benefitting from or being harmed by my continued service.

Anticipation of Litigation

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for preparation of litigation or other legal action, I can help you find a referral to a forensic expert. I do not normally serve as an expert witness, however, for those cases, I do choose to participate in, my fee for appearing, as an expert witness at trial is \$600.00 per hour. For all other types of court appearances, my regular hourly rate applies.

Crisis Contact Information

If you are experiencing an emergency or crisis, please call 911 or the King County Crisis Line at (206) 461-3222, dial 211 or (877) 211-9274 (if outside Washington State). In such situations, you may also go to the nearest hospital Emergency Room. Outside King County, dial 911 and ask to be directed to their mental health crisis resources. You may call or text me at (206) 450-6223 if you have an urgent but non-crisis matter.

Washington Required Disclosures

The purpose of the law regulating Counselors, referred to as the Counselor Credentialing Act, is to provide protection for public health and safety and to empower the citizens of the State of Washington by providing a complaint process against those Counselors who would commit acts of unprofessional conduct.

Washington State Department of Health Complaint Process

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake
Post Office Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700
E-mail: HSQAComplaintIntake@doh.wa.gov

Referral List

I maintain a referral list of other Counselors with a range of specialties. I will provide you with a referral to another Counselor if I feel your needs are beyond the scope of my expertise, or if you request such referral information.

Cell Phone Use

In the regular conduct of my practice, I may make use of a cellular phone or other portable communication device to communicate with clients. In such cases, I will limit the information I store in any portable communication device to the least necessary. Please be aware that such forms of communication do have inherent risks to client confidentiality. If you would prefer that I do not store your name and telephone number in a portable communication device, or if you would prefer that I do not communicate with you via cellular phone, please inform me so that we can make alternative arrangements.

Email and Text Communication

In order to best protect your confidentiality, I typically will communicate with clients via email and/or text message for the purposes of scheduling or canceling appointments only. If you need to communicate with me via email or text for any other purpose, please discuss that with me in person.

Distance Counseling

At your request, for your convenience, and if therapeutically appropriate, I may make use of technology assisted distance counseling tools such as telephone communications and internet enabled video and/or audio services. It is important that you understand the benefits and limitations of such services:

1. If you are located outside of the State of Washington, the counseling services I am allowed to provide to you may be limited or prohibited. If you are located outside of the State of Washington, we will discuss what services I can provide to you.
2. Distance counseling services are not appropriate for all clients and all situations. If you or I determine that distance counseling services are not appropriate for you, I will assist you in obtaining face-to-face counseling.
3. Successful use of distance counseling services requires a reasonable level of access to computer hardware and software. If you do not have access to such resources, we can discuss available alternatives.
4. At times it may become necessary for me to allow access to my computer hardware and software for purposes of system maintenance, repair, upgrades, or other similar purposes. In such cases, I will make every effort to protect your confidential information.
5. Distance counseling services are often not reimbursed by insurance.
6. In case of hardware, software or other system failure, you may reach me by phone to coordinate our continued work together.

Social Media Policy

Professional ethics standards do not permit me to communicate with clients via personal social media.

Consent for Treatment

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you have received a copy of your HIPAA and Washington State Notice of Rights and Privacy Practices, have read and fully understand these rights, and have been given the opportunity to ask questions.

Signatures

By signing this document, you are attesting to your consent to participation in counseling services provided by Terry Basolo, MA, LMHC, CDPT.

_____	_____	_____
Printed Client Name	Client Signature	Date
_____	_____	_____
Terry Basolo, LMHC, CDPT	Date	