

Terms of Counseling and Disclosure Statement

Washington State Licensed Mental Health Counselor Credential Number: LH60116873

My Background and Training:

I am a Licensed Counselor in the State of Washington which means that I have completed accredited graduate training programs in psychology as well as the 3000 post-graduate clock hours required by the state including passing the NCMHCE exam and continuing education coursework. I received a BA in Family Sciences at Northeast Missouri State University in 1990, a BA in Social Sciences from Puget Sound Christian College in 2005, and an MA in Counseling Psychology from Northwest University in 2007. I am also a member of the Washington Mental Health Counselors Association.

Psychological Services and Counseling Approach:

Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, it is recommended that you work on things we talk about both during our sessions and at home. Therapy is a process of examining the feelings, thoughts, beliefs, behaviors, and relationships that trouble you with the goal of helping you evaluate and perhaps change them. The specific goals of therapy – what you want to change or achieve – are up to you. Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

I utilize a blend of narrative therapy and emotion-focused therapy techniques with psycho-education and solution-based counseling approaches. These approaches focus on the belief systems and constructions of meaning that relate to the thoughts, beliefs, emotions, and behaviors that contribute to the emotional pain you may be experiencing. I also utilize a family systems perspective which may involve exploring how you handle difficulties in current or past situations and relationships. At times I may suggest some activities outside counseling sessions to assist you in achieving your counseling goals such as reading books, journaling, attending a support group, or going to a physician or naturopath. It is important to me that you feel comfortable with the techniques and methods utilized in counseling. At any time you may ask me to discuss her treatment approach or recommendations. You have the right to ignore my recommendations, request to have another counselor, or request to stop therapy. The length of time you participate in counseling is up to you.

Billing and Insurance Information:

The fee for counseling is _____ per 50-minute individual session and _____ for groups. Couples sessions are 50 minutes and _____. The initial intake session is 60-90 minutes and _____. Payment in cash, check, or bankcard is made at the beginning of each session. Please make checks payable to: Karla Campbell. In the event of a returned check you may be charged a \$25.00 fee. If checks are used, confidentiality regarding your obtaining my services cannot be absolutely guaranteed.

All fees are subject to change. You will be charged for a missed appointment if you have failed to notify me within 24 hours of our scheduled time (legitimate illness and emergencies are exceptions). I currently accept insurance and will bill your provider whether I am in-network or out-of-network at your request. A sliding fee schedule is available upon request for those who are uninsured.

Scheduling and Treatment:

Appointments are generally made on a weekly basis and are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of the session. The length of treatment depends upon your goals, motivation, personal effort, and the nature of your problem(s). We will discuss the length of treatment after we have determined your goals.

Contacting Me:

Due to my schedule, I am often not immediately available by phone. When I am unavailable, my voice mail is monitored frequently everyday during the work week. I will make every effort to return your call on the same day, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when and any alternative numbers where you will be available. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician, 911, or the Care Crisis Line (425-258-4357). You may also go to the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. Because I use a cell phone, email, and fax as a method of client contact, confidentiality cannot be absolutely guaranteed with these forms of technology.

Limits to Confidentiality

The law attempts to protect the privacy of all communications between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or HIPAA. With your signature on a proper Authorization form, I may disclose information in the following situations:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. If I consult with a professional who is not involved in your treatment, I will make every effort to avoid revealing your identity. These professionals are legally bound to keep such information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Therapist Policies and Practices to Protect the Privacy of Your Health Information).
- If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, such information may be protected. I will seek your written authorization prior to disclosing any information. To prevent the disclosure of information, you must work with your attorney to secure a protective order against my compliance with a subpoena that has been properly served to me and of which you have been notified in a timely manner. However, I must comply with a court order requiring disclosure. If you are involved in or contemplating litigation, you should consult with your attorney about likely required court disclosures.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer and the Department of Labor and Industries.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have reasonable cause to believe that a child has suffered abuse or neglect. The law requires that I file a report with the appropriate government 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 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 government agency, usually the Department of Social and Health Services. Once a report is filed, I may be required to provide additional information.
- If I reasonably believe that there is an imminent danger to the health or safety of the patient or any other individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can help provide protection.
If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

Although this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, I keep Protected Health Information (PHI) about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problems impact 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 to your insurance carrier. Except in the unusual circumstance that I conclude disclosure could reasonably be expected to cause danger to the life or safety of the patient or any other individual or the person who provided information to me in confidence under circumstances where confidentiality is appropriate, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, I am allowed to charge a copying fee of \$1.02 cents per page for the first 30 pages and 78 cents per page after that, and a \$23 clerical search and handling fee (clerical fee not charged to clients, only third parties). I may withhold your Record until the fees are paid. The exceptions to this policy are contained in the Notice Form. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request. Should a client request or should I be court ordered by subpoena to testify in court, give a deposition, conduct in person interviews, or conduct phone calls in excess of 15 minutes to any involved parties, clients shall be charged my hourly rate from the time of my arrival to such non-clinical venues or for time elapsed past the initial 15 minutes of a phone conversation.

In addition, there are also times when I keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. Although the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they affect your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. Although insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Psychotherapy Notes unless I determine that knowledge of the health care information would be injurious to your health or the health of another person, or could reasonably be expected to lead to your identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate, or contain information that was compiled and is

used solely for litigation, quality assurance, peer review, or administrative purposes, or is otherwise prohibited by law.

Patient Rights

HIPAA provides you with several new or expanded rights concerning your Clinical Records and disclosures of protected health information. These rights include: requesting that I amend your record; requesting restrictions on what information from you Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to 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 and the right to a paper copy of this Agreement, the Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

Minors and Parents:

Parents of patients under the age of 18 have the right to examine their child's treatment records. Patients age 18 and above have the same rights of confidentiality as an adult. Since privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is usually my policy to request an agreement from the parents that they consent to give up access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT, AGREE TO ITS TERMS AND CONSENT TO TREATMENT. IT ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Client Signature Date

Client Address Phone Number

Parent/Guardian Signature Date

Therapist Signature Date

**Counselors practicing counseling for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. Should a client have a complaint, they are to first directly contact Karla to attempt to resolve the matter. If the matter cannot be resolved through such avenues, then clients are to contact the DEPARTMENT OF HEALTH COUNSELORS PROGRAM, 1300 South East Quince Street, PO Box 47869, Olympia, WA 98504-7869. Phone: (360)664-9098.

Mill Creek Counseling Services

Karla Campbell, MA, LMHC (LH60116873)

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information (“Protected Health Information” or “PHI”). I must follow the privacy practices that are described in this Notice (which may be amended from time to time).

For more information about my privacy practices, or for additional copies of this Notice, please contact me using the information listed in Section II G of this notice.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures Without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. **Treatment:** I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment.
2. **Payment:** I may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, I may disclose PHI to permit your health insurance plan to take certain actions before it approves or pays for treatment services.
3. **Health Care Operations:** I may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation certification, licensing or credentialing activities.
4. **Required or Permitted by Law:** I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonable believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosure for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security

agencies, coroners, medical examiners, and correctional institutions or otherwise authorized by law.

B. Uses and Disclosures Requiring Your Written Authorization

1. **Psychotherapy Notes:** Notes recorded by your clinician documenting the contents of a counseling session with you (“Psychotherapy Notes”) will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.
2. **Marketing Communications:** I will not use your health information for marketing communications without your written authorization.
3. **Other uses and Disclosures:** Uses and disclosures other than those described in Section 1.A. above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

- A. **Right to Inspect and Copy.** You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. [Note: State law may regulate such charges.] If you are a parent or legal guardian of a minor, please note that certain portions of the minor’s medical record will not be accessible to you.
- B. **Right to Alternative Communications.** You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.
- C. **Right to Request Restrictions.** You have the right to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. I am not required to agree to any such restriction you may request.
- D. **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after July 1, 2007. This right applies to disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
- E. **Right to Request Amendment.** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.
- F. **Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Officer at any time.
- G. **Questions and Complaints.** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or myself.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- A. **Effective Date.** This Notice is effective on July 1, 2007.

Changes to this Notice. I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will post the revised notice in the waiting area of my office. You may also obtain any revised notice by contacting the Privacy Officer.