

Burien Counseling

Drayton Lemert, MACP LMHC

Disclosure Statement & Office Policies

Disclosure Statement

I am a Licensed Mental Health Counselor (Lic# LH 60921208). I hold a Master of Arts in Counseling Psychology from The Seattle School of Theology & Psychology. I am a Mental Health Professional under WAC 388-865-0150, RCW 71.05.020(23), and RCW 71.34.020(14).

Therapeutic Orientation

I use a combination of Psychoanalytic Therapy, Narrative Therapy, Motivational Interviewing, Cognitive Behavioral Therapy (CBT), and Solution-Focused Therapy (SFT). Treatment is individualized as to client need. The client and therapist will work collaboratively to establish treatment goals.

I would ask that you be willing to participate and engage in the therapeutic process.

Active engagement includes attending regular sessions, being honest, willing to be challenged, and acknowledging you're responsibility for personal growth. I will commit to serving you with openness, honesty, compassion, and respect, as I value the client/therapist relationship.

Experience

- Providing individual and couples counseling within a private practice setting.
- Providing Functional Assessments and Behavior Support Plans for individuals within an agency based organization.
- Providing individuals in King County within an agency based organization, Behavioral Support Services and stabilization.
- Providing individual counseling and recovery for adults experiencing addiction to alcohol and substances.
- Intern Counselor to adult individuals experiencing addiction and chronic mental health issues

Non-Insurance Rates

- \$125 per 60mins for initial intake session
- \$110 per 60mins for individual session
- \$125 per 60mins for couples and families
- **One time each, individual sessions, for couples therapy is \$110.00 per 60 minutes.**
- \$130 per 90mins for individuals
- \$150 per 90mins for couples and families
- \$50 per 15mins or less phone consultation
- \$70 per 16-30mins phone consultation

I accept cash, check, debit or credit card. If you require a receipt for reimbursement to your insurance company my medical provider can send you one electronically at your request.

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.

The following Insurances are accepted by Drayton Lemert, MACP LMHC:

- Premera, Regence, Blue Cross Blue Shield, First Choice, Kaiser Permanente.

Other Professional Service Fees

School Visits/Observations: \$250

Legal proceedings: If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300.00 per hour for preparation and attendance at any legal proceedings.

Billing

Burien Counseling works with JS Billing services who provides medical billing. JS Billing services will receive patient information in order to streamline the submission of claims.

Family Therapy Billing

Providing counseling to a family often requires meeting with individuals of that family as well as the whole family unit over the course of a single hour. Insurance companies require me to bill based on the style and format of a counseling appointment, which can change the total cost of what is owed.

Cancellation Policy

I require a full 24-hours' notice for cancellations. If you are unable to cancel within 24 hours of your appointment you will be charged a \$75.00 late fee. If you do not show for your appointment with no cancellation notice you will be charged for the agreed upon full rate of the missed appointment fee that can be paid by cash, check debit or credit card. Payment plans are accepted if needed. For balances that go unpaid for 30 days or longer, accounts may be turned over to a third party collections agency.

Closing Client Account Policy

After 4 consecutive weeks of no communication from the client, I will accept this as notice that you no longer wish to continue therapy and our therapeutic relationship is terminated. If the client would like to continue therapy after those 4 consecutive weeks, the client file will be reopened with updated forms that will need to be discussed and then signed by the client.

Confidentiality

Any information you share with me, including the fact that you are or have been a therapy client, is protected under strict confidentiality regulations and guidelines. I will keep any information you share with me in our sessions confidential unless I have your written consent to disclose certain information to specific individuals or agencies. Please note that there are legal exceptions to this confidentiality. These exceptions are: 1) You tell me that you plan to commit suicide or otherwise cause serious harm to yourself. In this case I must take the appropriate steps to protect you from harming yourself, which will include contacting a parent, guardian, and/or relevant agency and informing them. 2) You tell me that you plan to inflict serious harm or death to someone else and this person can be identified. In such a situation, I must contact a parent or guardian, the person you intend to harm, and/or an appropriate agency to protect both you and the person who you intend to harm. 3) You tell me that you are being neglected or abused (this includes physical, sexual, and emotional abuse) or that you have been in the past. In this case, I am legally required to contact Child Protective Services and report the abuse. 4) You tell me that you are doing things that could potentially cause serious harm to yourself or someone else. In such a circumstance, I will need to use my professional judgment to decide whether or not someone should be informed. 5) A request is made by a court of law for information about your therapy. Should this happen, I will not disclose any information without your written consent unless I am legally required to do so. If I am legally required to disclose information, I will keep you informed. Please be assured that I will do all I can to protect your confidentiality to the fullest extent possible.

Communication Policy

I understand that Drayton Lemert, MACP LMHC will use reasonable means to protect the security and confidentiality of email sent and received. However, there are known and unknown risks communicate. These risks include, but are not limited to:

- Email can be forwarded, printed, and stored in numerous paper and electronic forms and be received by unintended recipients without my knowledge or agreement.
- Email may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist even after the sender or the receiver has deleted his or her copy.
- Email service providers have a right to archive and inspect emails sent through their systems.

- Email can be intercepted, altered, forwarded, or used without detection or authorization.
 - Email can spread computer viruses.
 - Email delivery is not guaranteed.
- Additionally, text message communication is not a secure form of communication. As your counselor I will not respond to mental health or other sensitive personal questions via text. Please communicate those messages directly over the phone or in-person.

Professional Consultation and Supervision: I participate in ongoing consultation with other mental health professionals. Such consultation and supervision allows me to stay current with professional standards and new developments in the field. It also allows me to receive valuable input on my work. When discussing cases, I will not disclose any identifying information about you.

Weapons Policy: Please refrain from bringing any weapon (i.e. guns, knives, etc) that could cause bodily harm to yourself or another on the premises.

Emergency/Crisis: You may leave a confidential voicemail message for me at 206-818-6053, 24 hours a day. Burien Counseling checks messages regularly and will make every effort to return your call *within 24 hours* (with the exception of weekends and holidays). If you are difficult to reach, please inform me of some times when you will be available. **If you cannot wait for me to return an urgent call, call the Crisis Line at 206.461.3222, go to the nearest emergency room, or dial 911.** If I am gone for an extended period of time, I will arrange for a colleague to be available for urgent matters.

Abuse: In the event that it becomes apparent that there is on-going physical abuse or neglect to a minor, a report will be made to CPS.

Client Rights

To obtain a copy of the RCW 18.130.180 which lists acts of counselor unprofessional conduct, or to initiate a complaint of unprofessional conduct, contact: State of Washington, HSQA Call Center, P.O. Box 47865, Olympia, WA 98504-7865 (360) 236-4700.

Client Name (print): _____

Client Signature: _____

Guardian name
(If client is under 18) print: _____

Guardian Signature: _____

Counselor Name (print): _____

Counselor Signature: _____