

Burien Counseling
14233 Ambaum Blvd. SW #R
Burien, WA 98166
425-998-6365

Burien Counseling Christian Bringolf MA LMHC Disclosure Statement & Office Policies

Disclosure Statement: I am a Licensed Mental Health Counselor Lic# LH60533629. I hold a Master of Arts in Counseling Psychology from City University of Seattle and a Bachelor of Arts in Sociology from the University of Washington. I am a Child Mental Health Specialist and a Mental Health Professional under WAC 388-865-0150, RCW 71.05.020(23), and RCW 71.34.020(14)

My Therapeutic Orientation and Treatment Modality: I use a combination of Cognitive Behavioral Therapy (CBT), Solution-Focused Therapy (SFT) and Behavior Therapy. 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 responsible for personal growth. I will commit to serving you with openness, honesty, compassion, and respect, as I value the client/therapist relationship.

My Experience, Education and Training

- Providing Functional Assessments and Behavior Support Plans for individuals with intellectual and developmental disabilities.
- Providing families in crisis in King County with Behavioral Support Services and stabilization.
- Providing group and individual counseling and recovery services for high school students experiencing addiction to alcohol and substances.
- Intern Out-Patient Counselor to adult individuals experiencing chronic mental health issues

Course of Treatment : I am not able to propose an appropriate course of treatment for you until we have spent some time together. I utilize the DSM5 to help identify symptoms of mental health disorders. When I have been able to identify symptoms and developed a working diagnosis, I can work with you to create a course of treatment.

Confidentiality: 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:

- If you give me written consent to have the information released to another party;

- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;
- If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency.

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, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

Fees

Individuals that are out of network or no insurance available can discuss payment plans and pricing at the time of service.

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. **Appointments are 55-60mins in duration.**

The following Insurances are accepted at Burien Counseling:

- Premera
- Regence
- Kaiser PPO and Kaiser plans
 - HMO plans require a prior-authorization. If you're unclear as to what a prior authorization is, call the member services number on the back of your card and they will be able to explain it to you.
- First Choice

Many insurance companies have reimbursement policies when it comes to using your out-of-network benefits. Please give your insurance company a call to better understand this policy. Additionally, if you are unsure if your deductible has been met for the year please talk with a customer service representative with your insurance to better understand what your costs will be for therapy.

Billing and Payment: Burien Counseling works with JS Billing services who provides medical billing. JS Billing services will receive patient information to streamline the submission of claims. **JS Billing sends out invoices every 15-30 days. Invoices are sent via Square and will have an electronic PDF attached to it which is an explanation of what insurance paid and client responsibility. Once invoices have been sent out, please review the associated charges and appointment dates and if you have any questions, please ask JS Billing. If we do not receive any questions on the invoice, the payment info you provided will be automatically charged 7 days after receiving your invoice. Please note that we do not send out paper**

invoices/bills. All invoices are electronic for your convenience and can be paid and processed by you at any point upon receiving it. Additionally, if you have questions about what you can expect to pay for counseling, your provider can give you an estimate of how many appointments will be beneficial for you, which will help you determine what is financially reasonable for you.

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. If you'd like more info about how I bill in these situations, please ask.

Legal proceedings: If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time. Because of the difficulty of legal involvement, I charge \$750.00 per hour for preparation and attendance at any legal proceedings.

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.

Cancellation Policy and Late Fees: I require a full 24-hours' notice for cancellations. If you are unable to cancel within 24 hours of your appointment and or you don't show up to your scheduled appointment you will be charged a \$75 late fee on your next patient statement. 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.

Past Due Accounts: For balances that are \$300 or greater and go unpaid for 30 days or longer counseling services may be temporarily paused until a payment plan is put in place and or the balance paid in full. Finally accounts that meet the above criteria may be turned over to a third-party collections agency if there have been no attempts from the client to communicate with our biller Jennifer Stevenson or Crystal Henderson or your therapist. Accepted communication on past due balances are emails and phone calls.

Communication Policy: I understand that Christian Bringolf MA LMHC will use reasonable means to protect the security and confidentiality of email sent and received. However, there are known and unknown risks that may affect the privacy of personal health care information when using email to 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.

Your therapist will use email to only communicate scheduling appointments. Any therapeutic/clinical content will be discussed in appointments. If communication about therapeutic topics needs to be discussed outside of counseling sessions, please call your therapist (non-insurance billing rates will apply to phone calls). 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.

Emergency/Crisis: If you are experiencing an emergency or crisis, please call 911 or the Crisis Line at 206.461.3222, at 253.396.5180, or at 800.244.5767. In such situations, you may also go to the nearest hospital Emergency Room.

If you are not currently in crisis, you may leave a confidential voicemail message for me at 425.998.6365, 24 hours a day. I check my 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.

Client Rights: 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 obtain a copy of 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.

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.

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

Client Name (print): _____

Client Signature: _____

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

Guardian Signature: _____

Counselor Name (print): _____

Counselor Signature: _____