

Burien Counseling Geramy Hudson MA LMHC Disclosure Statement & Office Policies

Disclosure Statement

I am a Licensed Mental Health Counselor Lic# LH60950666. I hold a Master of Arts in Counseling Psychology from City University of Seattle and a Bachelor of Arts in Philosophy from Central Washington University.

Therapeutic Orientation

I use a combination of Cognitive Behavioral Therapy (CBT) and Solution-Focused Therapy (SFT). Treatment is individualized to client needs. 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 your 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 Behavior Support and Treatment Plans for individuals experiencing emotional and behavioral issues.
- Counseling to parents who seek support with parenting youth who struggle emotionally, relationally and behaviorally.
- Counseling to youth and teens in a school based setting experiencing mental health issues, school related obstacles and relationship struggles.
- Counseling to adolescent and adult individuals experiencing chronic mental health challenges.
- Counseling to couples who are experiencing relationship conflict.

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

Provider Intake Assessment \$200

Individual Session \$160

Family Session \$180

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 at Burien Counseling:

- Premera
- Regence
- Kaiser PPO and Kaiser plans
 - o 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

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 do not show for your appointment with no cancellation notice you will be charged a \$75 missed appointment fee on your next patient statement. Payment plans are accepted if needed. For balances that go unpaid for 30days or longer, accounts may be turned over to a third party collections agency.

Communication Policy

I understand that Geramy Hudson 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.

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, call the Crisis Line at 206.461.3222, 253.396.5180, or at 800.244.5767, or 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.

If you are not currently in crisis, you may leave a confidential voicemail message for me at 206.485.4012, 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

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.

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 Geramy Hudson, MA LMHC.

Client Name (print): _____

Client Signature: _____

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

Guardian Signature: _____

Counselor Name (print): _____

Counselor Signature: _____