



Steffie Genevieve, MSW, LICSW, CDP, SAP

LW00006488 ~ CP00003245 ~ NAADAC 202115

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COUNSELOR DISCLOSURE STATEMENT

Purpose of this Document:

Both state and federal law requires that I provide you with this information to assist you in making informed choices as you begin your therapy process. This document provides information about your legal rights as a client which include your rights regarding privacy, confidentiality, and the right to choose a clinician and treatment modality that best suits your needs. You will also find information about me to include my training and experience, how I understand the therapy process to work and my practice policies, fees, etc. Please ask any questions you may have about this information.

Treatment Philosophy:

Good therapy consists of recognizing that the client is greater than their problems. It is a belief that people can grow, heal, and transform. Therapy is collaborative that is to say that client and therapist work together to achieve desired goals. A therapist embodies calm, curiosity, compassion, creatively, confidence, courage, connectedness and clarity. It is the ongoing human to human connection that provides the foundation for change. Healing requires exploration into the depths of the wounds which fuel beliefs, feelings, and behaviors. Good therapy is the sum of all these experiences.

Change occurs in connection with developing trust and safety, increasing one's awareness of self, challenging old belief's, learning new skills, and letting go of old pain. My task is to assist you in this process. The length of our therapy together will be determined by your specific needs and goals. In the course of our work together we will establish points at which to evaluate your satisfaction and progress.

My [approach to therapy](#) is to host conversations that bring meaning and solutions. My intent is to meet you where you are and work from that point. This involves talking about emotional experiences that are of concern to you. Therapy is not a linear process so progress can be a bit unpredictable. There will be times when you feel angry, frustrated, depressed and hopeful. In other words, there will be mixed feelings but be assured that this is temporary and is part of the therapy process. Be assured that we will be working toward the goals you have identified. If at any time you feel that we are not keeping with your goals just bring it to my attention so that we can discuss it.

While the primary technique we will be using is talking, you may also find that it will be helpful to supplement the process with additional creative processes such as writing, drawing, meditation etc. to access healing that may not be accessible through conversing.

I am fairly engaged in therapy. I ask questions, offer observations, and look at patterns in your life. I often use [Motivational Interviewing](#) as a way to work through difficult conversations and resistance. I will

however greatly rely on you to set the direction and progress, as I believe that you are the expert on you. I trust the healing process so together we will work toward that end.

My theoretical style in working with clients embraces several theoretical approaches. Transpersonal Psychotherapy approaches the individual as a whole seeking a balanced development of the intellect, emotional, spiritual, physical, social and creative expressions aspects of a person's life and affirming the inherent value of the individual. [Holistic Psychotherapy](#) focuses on the relationship a person has with their world. [Integrative Psychotherapy](#) is a fusion of approaches that affirm the inherent value of the individual unifying the personality; taking disowned, unaware, or unresolved aspects of the self and making them part of a cohesive personality to facilitate wholeness. I believe that therapy must also embrace a practical change so I also utilize [Cognitive Behavioral Therapy](#) providing practical ways of looking at and staying present when implementing change in behaviors that have likely created difficulties in relating to your life.

I also embrace [Energy Psychology](#) using techniques such as [Emotional Freedom Technique](#) commonly known as EFT to access stuck emotions utilizing a very simple technique that you I can teach you. I may also utilize energy techniques such as Kinesiology in the practice of [Muscle Testing](#) to help identify belief patterns. I will also explore the knowledge that comes from understanding the [Chakra System](#) and [Archetypal Symbolism](#). In my efforts to grow as a therapist, I am always a student expanding my abilities to assist my clients in the healing process.

Education & Training & Experience:

I earned a Bachelor of Arts in Social Work with a Minor in Alcohol and Drug Studies from Eastern Washington University in 1996 (BASW) and a Master of Social Work from Eastern Washington University in 1998 (MSW). My clinical training consisted of services to youth and families both in social work and addiction fields. I have 17 years postgraduate experience as a mental health therapist and chemical dependency professional. I have worked with clients with diverse issues in both fields.

I am a Licensed Independent Clinical Social Worker (LICSW) #LW00006488 and a Certified Chemical Dependency Professional (CDP) #CP00003245. I am a qualified Substance Abuse Professional (SAP) #20215. I provide individual and relationship counseling, supervision as an [Approved Supervisor](#) for those seeking licensure in the state of Washington, group facilitation. I also contract with Breakthrough Recovery Group providing mental health evaluations, substance abuse assessments, and co-occurring groups.

Client Rights, Including Privacy & Confidentiality:

The following are your rights as a client:

- You have the right to refuse and/or end treatment at any time.
- You have the right to confidentiality, including the fact that you are or have been a therapy client, except as explained below. I regard this right to privacy as being a very important right as a client. Despite numerous legal exceptions to confidentiality both at the federal and state level, it is my policy and practice to safeguard the information that you discuss with me therefore using professional discretion when disclosing any information.
- Should there be an instance where I ask you to provide me with written permission to reveal something about you or our work together to someone else, and you grant me permission to do so, you also have the right to revoke that permission.
- If you are involved in a legal action and a request is made for information concerning the professional services I provided you, such information is protected by the [counselor-client privilege](#) law and I cannot

be compelled to testify about your personal information. I cannot make any disclosure without your written authorization or a court order requiring the disclosure. If you are contemplating litigation, you should consult with your attorney about required court disclosures.

- There are some situations where I am permitted to or required to disclose information without your consent but will do so with discretion. The exceptions are as follows:
 - With the written authorization of that person or [that person's personal representative];
 - If the person waives the privilege by bringing charges against the [licensee]; I may disclose information regarding the client in order to defend myself.
 - In response to a subpoena from the secretary of health. The secretary may subpoena only records related to a complaint or report under RCW [18.130.180](#) [of the Uniform Disciplinary Act];
 - As required under [Chapter 26.44](#) [for child abuse or neglect] or [Chapter 74.34](#) [for vulnerable adults] RCW or [Section 71.05.360](#) (8) and (9) [for involuntary treatment proceedings]; or
 - To any individual if the [licensee] reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.
 - To the WA Department of Labor and Industries and your employer if the services I am providing are relevant to a worker's compensation claim you have filed;
 - To a government agency or federal, state or law enforcement requesting information for health oversight activities or as required by law;
 - To licensing boards if I am under disciplinary investigation;
 - To a government agency or federal, state or law enforcement requesting information for health oversight activities or as required by law;
 - In the event of the client's death or disability, the information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.
- You have the right to request restrictions on certain uses and disclosures of your healthcare information. For example, you might want me to speak with your primary care physician, but not want me to acknowledge all that you have told me. As a treating clinician, I am legally obligated to agree to your request for restriction, but if I believe sharing the information is required for optimum care or safety, I would want us to make a mutual decision about how to proceed.
- If you are being seen with another person present, I will make a request that each person respect the other's rights to privacy, but I cannot guarantee this request will be honored. Confidentiality is waived among participants unless other prior arrangements are made.
- I do keep [professional records](#). If I am billing services to a third party payor, I must document services in the clinical record. Documentation includes a record fee arrangement and record of payments, dates of counseling received, signed disclosure form, presenting problems, or purpose of counseling, notation and results of formal consults, including information obtained from other persons or agencies through a release of information, and progress notes sufficient to support responsible clinical practice. On occasion as I deem necessary I keep [psychotherapy notes](#) that are protected under the Federal Regulations Privacy Rule is located at 45 CFR [Part 160](#) and Subparts A and E of [Part 164](#). (HIPAA)
- These notes may document or analyze the contents of a conversation during a private counseling session, group, joint, or family counseling session and are kept separate from the clinical record to assist me in providing service to you. These notes cannot be released without your written authorization. I make a practice of keeping minimal personal data in both records and observe security precautions to protect confidentiality.

- A co-mingled clinical record is kept when seeing couples or families. However, any release of information you request will apply only to sessions in which you were seen individually. I require a release from both parties for records involving joint sessions.
- You have the right to review your record if you desire. You also have the right to ask me to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record at your request. These records can be requested by the insurance company.
- As an ongoing part of my clinical development and in pursuit of providing you with the best care, I consult regularly with a clinical colleague. Should I discuss your therapy with this colleague or any other clinician; I will only relate the content of our work together. You will not be named, nor will I share any details of your life that might identify you. If you have any concerns or questions about this please let me know.
- You have the right to confidential communications regarding your private healthcare information, including the fact that you are my client. For example, I will not divulge specific information to anyone who answers your home or work phone (should I have occasion to call you), and/or you can request that I use an alternate mailing address if communication by mail is necessary.
- You have the right to request a written accounting of the disclosures I may have made of your healthcare information (if any). The law allows many exceptions to this accounting, but my preference and practice is for you to know of any disclosures before they occur.
- You have the right to have a copy of this Counselor Disclosure Statement.
- I am required by law to abide by the terms of this document, though I am also legally allowed to change the terms, and to make the provisions of any modified version effective for all private healthcare information in my care.

Fees:

Allowable [fees](#) are as follows: The Initial Consultation is \$210 for an extended session. Individual therapy is \$160 for a fifty to sixty minute session. Fees are payable at time of the session. Missed appointment fee is \$60. There is a discount for private pay at time of service. Under hardship circumstances fees are agreed upon prior to the beginning of sessions. Mental Health Evaluations, SAP Evaluations and Group sessions vary in fees. EAP clients will not be billed for approved sessions. EAP client are responsible for fees in the event the EAP provider does not pay for services. Written reports are \$150 per hour for completion. If I am subpoenaed or otherwise required to participate in a legal proceeding as a result of providing professional services to you, you will be responsible for paying for all time expended on preparation, transportation, and testimony. Billing for court related work will be at two times the hourly rate, for a minimum of four hours. Cancellation for court related work is required 48 hours in advance to avoid a late cancellation fee.

Advance payments are accepted understanding that funds will be held and not posted to your account until time of service. Fees are adjusted annually on July 1 to reflect changes in expenses. I accept [payment](#) in the form of cash, personal check, debit, and credit card using Pay Pal. If you choose to use your debit or credit card a 3% processing fee will be added. If you are intending to use your insurance mental health benefits to pay for all or part of your treatment costs, you should be aware that my contract is with you, not your insurance company ([mental health benefits worksheet](#)). It is your responsibility to know what your benefits are and be prepared to meet the deductible and or co-pays at time of service. If it becomes necessary for my billing person to check your eligibility and benefits a \$10 fee will be assessed. A late payment fee of 1.5% per month will be added on any balance after 60 days. Any balance that goes unpaid after 90 days will be

submitted to a collection service unless a payment agreement has been made with me. The fee to process a returned check is \$30.

You should also be aware that there are certain treatment circumstances for which insurance companies generally do not provide payment: i.e., missed but scheduled sessions, telephone consultations, etc. Although I am happy to assist you by billing your insurance company, you are financially responsible for all fees. Co-payments are due at time of the session. It is the client's responsibility to keep the account current. Clients are not liable for any fees or charges for services rendered prior to receipt of this disclosure statement.

Billing Services

All private insurance billing is completed through a third party billing. I contract with CMSI with whom I have a written agreement that contains terms that will protect your privacy. EAP, SAP Evaluations and others occasions where private funding is used for services I complete the billing process.

Appointments:

When we make [appointments](#) I am committing to hold that time for you. If a cancellation is unavoidable and my schedule allows, I will reschedule you for another time. Generally, I can be flexible about a missed appointment. If you are unable to keep your scheduled appointment for any reason, please give me at least 24 hours advance notice. However if you do not show for an appointment without notification then you will be charged a missed appointment fee which is payable prior to scheduling your next appointment.

Regarding Court Requirements

It is my policy NOT to provide clinical evaluations or assessments of the quality of client's participation when the client is accessing counseling for legal purposes such as divorce or child custody.

Termination of Treatment:

You have the right to terminate at any time and for any reason. Therapy is a collaborative effort between the client and therapist therefore it is important to have open communication. Closure is important to the therapeutic process. If you should decide to stop coming to therapy it is important to communicate this to me. By giving appropriate notification we can complete the appropriate closing sessions and make referrals. If you "stop coming" without completing a closing session I will attempt to contact you by phone. If this is unsuccessful then I will leave a voice mail and or email if you have given permission to do so. After that I will follow up with a letter to document my attempts to contact you to discuss closure and referrals.

Contact:

If you need to contact me during the work week you can call or leave a message on my **confidential voice mail @ 509-850-5991**. I check my voice mail regularly and will return your call during regular business hours between 9:00 and 5:00 Monday through Friday.

Social Media Policy:

I want to assure you that using social media will be in a manner consistent with ethical guidelines, as well as confidentiality standards, and privacy policies. First and foremost is respect for your confidentiality. I will take every precaution to protect your confidentiality however it is important to be aware of some of the potential risks when engaging in on online communications. Please refer to the [Social Media Policy](#) for a

full explanation. This policy addresses the aspects of internet and current technology in relationship to how I will communicate with you, the most common being email and text messaging.

Email contact: You may contact me by email at Steffie@envisionintegrativetherapies.com but please be aware that although I use an address that is solely for my use and password protected it is not absolutely confidential as it has the potential for electronic viewing. I prefer that this form of communication be limited to arrange and modify appointments or general comments or questions. If you choose to communicate with me by email, be aware that any emails I receive from you and any responses that I send you become part of your client record. Therefore I strongly recommend that if you use this form of contact that you consider the content of your message and limit it to non-identifying information. For your protection I will not discuss critical issues or client identifying information other than what is required to send and receive such messages.

Text Messaging: You may contact me using text messaging but please be aware that engaging with me this way could compromise your confidentiality as it has the potential to be viewed by others. My cell phone is password protected and therefore not able to be accessed by others. For your protection I will not discuss critical issues or client identifying information other than what is required to send and receive such messages. If you choose to communicate in this method please use first name or initials only. I prefer that this form of communication be limited to arrange or modify appointments only. If you choose to communicate with me in this format, be aware that any texting I receive from you and any responses that I send you become part of your client record.

Emergencies: If you are in crisis: Please call the **First Call for Help 24 hour Crisis Line @ 509-838-4428 or 911** for immediate assistance. Please talk to me if you have any concerns about these arrangements.

Department of Health Licensing Requirements:

If you believe I have engaged in [unprofessional conduct](#) or violated your [privacy rights](#) you may file a complaint in writing with me, and or the Secretary of the Department of Health and Human Services. I will NOT retaliate against you filing such a complaint.

You may contact the Department of Health (DOH) at:
Health Professions Quality Assurance /Customer Service Center
PO Box 47865, Olympia, WA 98504-7865
360-236-4700 Fax: 360-236-4818
Email: hpqa.csc@doh.wa.gov



ATTESTATION and CONSENT TO TREATMENT

- 1. I authorize Steffie Genevieve and CMSI billing services to release all information necessary (including progress notes) to my insurance company to secure payment of benefits.
2. I agree to pay the charges in full in the event of non-payment by my insurance company within 30 days of billing. I will be responsible for EAP payments if claims are denied due to ineligibility or other referral stipulations.
3. I agree to pay Steffie Genevieve/Envision Integrative Therapies for services at time of services or prior to services if using cash, debit, credit card or PayPal. (N/A for EAP Clients)
4. I understand that I will be charged for extended sessions according to the Fee Scale. (N/A for EAP Clients)
5. I understand that I will be charged for phone sessions of a counseling nature assessed at \$20 in increments of 15 minutes. (N/A for EAP Clients)
6. I understand that I will be charged a missed appointment fee of \$60 for missed appointments without proper notification of cancellation payable at time of cancelation and before scheduling next appointment. (N/A for EAP Clients)

By initialing and signing this attestation and consent to treatment I acknowledge that I have read, understand, and agree to the terms and conditions contained in the Counselor Disclosure Statement. I am voluntarily agreeing to receive services for myself. I understand that I may stop services at any time. I agree that I will notify Steffie Genevieve of my decision to do so. Termination of consent to treatment will be binding except for action in reliance on it; there are obligations imposed on me by my health insurer in order to process or substantiate claims made under my policy; or I have not satisfied financial obligations I have incurred. Steffie Genevieve will revoke this agreement if I have not made any contact or arrangements to reschedule after 60 days and I will no longer be considered a client under her care.

A Copy of the Following documents are downloadable @ www.EnvisionIntegrativeTherapies.com

- Privacy Practices Notice •Unprofessional Conduct
•WA State Counseling Brochure •Social Media Policy

I have been provided the Counselor Disclosure Statement either by reading at the commencement of counseling, downloading it from EnvisionIntegrativeTherapies.com or a printed copy.

Signature of Client: _____ Date: _____

Signature of Therapist: _____ Date: _____ (11.2015)

Note: A photocopy or facsimile of the above signatures shall be considered in lieu of the original