

Growth Pointe Wellness

Dana Graves, MA, LMHC

Practice Policies & Disclosure Statement

Greeting

Welcome to my professional counseling, coaching and case management practice. I strongly encourage open communication and frequently ask clients to share their desires, expectations, and reactions to therapy. I hope you will speak openly about your goals, concerns, and perceptions of progress so that I can best be of assistance to you. The following information is presented for your understanding, and is important and necessary for the beginning of any therapeutic relationship. As a licensed mental health counselor practicing in the state of Washington, I am required to inform you of my degrees, credentials, education, practice policies and your rights as a client.

Education and Qualifications

I received a Bachelor of Science in Social Work from Texas Christian University. I received a Master of Arts in Counseling Psychology from Denver Seminary. In accordance with good professional practice, I routinely update my training with continuing education in areas of counseling, coaching, case managing, mental health and wellness, treatment issues and modalities, and ethics. I hold membership in the American Counseling Association (ACA) and the National Association of Social Workers (NASW). My experience includes providing therapy, consultation, case/care management, coaching and psycho-educational services to adults, adolescents, children, couples, families and groups.

Washington State Law requires that therapists be registered or licensed with the Washington Department of Licensing for the protection of the public health and safety. I am a Washington State Licensed Mental Health Counselor (# LH00003430). While registration of an individual with the department does not imply recognition of any practice standards, nor necessarily assure the effectiveness of any treatment, licensure does indeed indicate compliance with a certain standard of professional education, training and experience.

Client Rights

The purpose of the law regulating counselors is to provide protection for public health and safety and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. As informed consumers, it is the clients' responsibility to choose the therapist and therapeutic modality that best suits their needs. Clients have the right to request a change in approach, referral to another therapist, or termination at any time. If you have concerns about your therapist you can notify: Department of Licensing, Business and Professional Administration, PO Box 9012, Olympia, WA 98504-8001, (360) 753-1761.

Treatment Modalities

My work in all areas is growth oriented and solution-focused. Therapy/Counseling services draw heavily on the theory and practice of family systems, interpersonal therapy, cognitive-behavioral therapy, solution-focused models and whole person care. Counseling sessions may also include, but are not limited to mindfulness therapy, narrative therapy, psychodynamic approaches, music therapy and play therapy with children. Life Coaching practices draw from Motivational Interviewing (MI), Dare To Lead, *Self Matters*, GROW Model, mindfulness, Fearless Living Institute, Robbins-Madanes Training, Coachville, SHAPE and Spiritual Formation models. Case management services are based on Social Work methodologies, Integrated Case Management (CMSA), TheraScribe Practice Planners and Geriatric Case Management training.

Appointments and Fees

Appointments are typically 50 minutes in length. **If you are unable to keep a scheduled appointment, please leave a message at (425) 359-9801 at least 24 hours in advance. Otherwise, you will be charged for the time that has been reserved for you.** If an insurance company or other third-party provider covers your therapy, please be aware of the fact that they will not pay late cancellation or no-show fees. You will be personally responsible for such charges if they occur. The fee for a 50-60 minute session is \$150.00 regardless of whether the session is for individual, couple or family therapy. However, the initial session, or intake diagnostic interview, is \$175.00. Longer sessions (80-90 minutes) are available for a fee of \$225.00. Payment is due at the beginning of the session. Payments may be made in cash, check, or credit/debit card. If you have health insurance for payment, you are responsible for paying your co-pay or patient responsibility at the beginning of each session.

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Appointments and Fees (cont.)

Telephone consultations with you or with professionals on your behalf such as physicians, therapists, lawyers, teachers, school officials, etc. will be billed at \$37.50 per 15 minutes. The fee to prepare a status report is \$150.00 per hour. Professional consultation is available for \$150.00 per hour. Court testimony (including time spent traveling and waiting to testify) will be billed at \$175.00 per hour. The return check fee is \$35.00. This office does not mail routine statements, however you may request a statement at any time.

Insurance or Other Third Party Coverage

If you choose to use insurance or other third-party coverage, please indicate this at the beginning of the first session and be sure to fill out an Insurance Information Form. Please understand, if you choose such coverage, I shall have to file a form with the insurer telling them when our appointments were, what services I provided, and formulate a diagnosis. The company may also request information about treatment planning, indications of progress, and diagnosis. The insurer claims that this information is confidential. However, I have no control over this information once it leaves the office. If you have questions about confidentiality, you may wish to check with the insurer providing your mental health coverage. Certainly, you may choose to pay for therapy out-of-pocket and avoid the use of insurance coverage, if you wish.

Confidentiality

All concerns and issues discussed in the course of therapy are confidential. According to Washington State law, information concerning treatment may only be released with the signed consent of the client or his/her parent or legal guardian under most circumstances. However, the law requires the release of confidential information in these situations: 1) suspected child abuse (physical or sexual) or child neglect, 2) abuse of a dependent adult, 3) risk of harm to self or another, or 4) court subpoena for case records and/or testimony. When I counsel you together with your spouse, partner, or family member (13 years of age and older), I cannot release information about our conjoint sessions without a signed Release of Information from all parties involved. Information given by a child under 13 years of age will be shared with parents or guardians as deemed appropriate and beneficial. Children 13 years of age and older will need to sign a Release of Information for me to share with parents, guardians or others.

I keep records of my contacts with you throughout our work together. You may ask to see that record. You may also ask to correct the record. I will not disclose your record to others unless you direct me to do so or unless the law compels or authorizes me to do so. Upon occasion I consult with other licensed therapists. I may discuss your situation, but will do so without revealing your name or other identifying information so as to maintain confidentiality. Please let me know if this presents a problem for you.

Messages

My phone has a voice mail system that operates 24 hours a day. In an emergency, especially nights and weekends please call the Crisis Clinic at (425)258-4357 (Snohomish Co.) or (206)461-3222 (King Co.).

Acknowledgement of Receipt

I have read and understand this *Practice Policies and Disclosure Statement*, agree with its terms, and have been given a copy for myself. If I have any questions at any time, I understand that I should feel free to ask them.

Client Signature

Date

(if applicable) Parent Signature - Relationship

Date

(if applicable) Parent Signature - Relationship

Date

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Date

