

Disclosure Statement and Agreement for Services

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 terminate your treatment at any time for any reason. The following information is provided to help you determine if what I offer as a mental health counselor meets your needs as a client. This document contains important information about my therapeutic approach, my education, my fees, and your rights as a client including your rights regarding your private health information. Please read this document carefully and ask any questions that help you fully understand the contents of this disclosure statement and agreement for services.

I am not able to propose an appropriate course of treatment for you until we have spent some time together. As soon as I am able to identify an appropriate course of treatment, however, I will discuss it with you.

Therapeutic Philosophy

My approach is systemic, postmodern, and strengths-based, honoring the unique ways in which you make meaning from your life experiences. My focus in psychotherapy involves exploring patterns of thinking, feeling, and behaving in order to open up more space for compassionate curiosity, intentional action, and growth. I utilize Dialectical Behavior Therapy, Narrative Therapy, mindfulness-based, and trauma-informed modalities to create a treatment plan that complements your personality and learning style. My style is informed by my background in yoga, which orients me to neuroscience-supported interventions. The purpose of the relationship between client and therapist is to create a nonjudgmental, safe space to rewrite outdated narratives, leading to increased insight and embodied capacity for joy.

Unless specifically ordered, I do not assess fitness for custody, serve as an advocate on other issues, act as an expert witness, act as a fact witness, or go to court as your advocate. By signing this document, you agree not to subpoena me or otherwise request my presence or services as a witness to any action on your behalf.

My Education, Training, and Experience

I am a licensed mental health counselor (LMHC credential number LH60941389) in the state of Washington. Following the completion of my master's degree in clinical mental health counseling from Antioch University Seattle in 2016, I have worked in community mental health treating individual adults from diverse walks of life. I have experience treating a broad range of clinical issues, including trauma, mood disorders, and life transitions.

Couples/Family Policies

In general, session will not be conducted unless all parties are present or there is a unique situation that has been previously agreed to and for therapeutic reasons feels appropriate. It is my belief that in order to work effectively with a family or system, there must be no secrets (information that directly impacts other members) between the therapist and any one (or more) member. While I encourage open and honest communication, if something is told to me in private, I will do my best to assist the secret keeper in divulging the secret in a safe manner in therapy or outside of therapy to the other members of the system. I will work with the secret keeper for no more than 3 sessions in order to assist them in sharing their secret, if this cannot be agreed upon, it is my policy to put therapy on hold until the secret keeper is ready to disclose or clients may choose to be referred to another practitioner.

Minors and Confidentiality

Minors over the age of 13 in Washington State are legally entitled to therapist-patient confidentiality laws. This means that no information (including confirmation of treatment) will be shared with parents/guardians/ or any other inquiring professionals without the explicit permission of the minor. If there is reason to believe that the minor in question is in imminent danger, either to themselves or another, confidentiality would be broken. Minors under the age of 13 are not legally entitled to this same confidentiality however; the therapist will work with the client to attempt to honor their wishes in what parents/others are informed of.

Parents, please understand that in the case of divorce/separation a legal Parenting Plan will be required before treating a minor, along with signatures of permission from both parents who are given decision making power via the Parenting Plan.

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;
- If I have any other legal duty, obligation, or right to report.

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. For additional information regarding your confidentiality rights, please carefully review the attached HIPAA and Washington State Notice of Rights and Privacy Practices.

If you have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let me know. I will be happy to discuss this with you further.

For Employee Assistance Program (EAP) participants: we may be required to disclose certain information about you to the EAP program in order for you to make use of EAP benefits. Such disclosures may include information regarding your workplace functioning, lethality, or impairment. You are free to consent to such disclosures or to withhold your consent. If you choose to withhold consent of these disclosure, you EAP benefits may not be available to you.

For Quartet Health participants: If you agreed to use the Quartet health referral and collaboration platform through your primary care doctor's office, you agree that Catalyst Counseling is granted permission to use the Quartet platform to acknowledge receipt of the referral, initiation of care, and treatment updates as needed. You may revoke this permission at any time by notifying your therapist or the staff at Catalyst Counseling.

Insurance Providers

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.

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Elisabeth Bergdahl, LMHC

Consultation

I seek ongoing consultation with colleagues in order to provide you with the best services possible. I may disclose information about your counseling session in consultation with colleagues, in which case I will withhold your name and other easily identifiable information. The supervisors of Catalyst Counseling have the explicit permission to access my client files for coordination of care, employee supervision, notification purposes, and billing.

Financial Requirements

The cost of each 53 minute counseling session is \$200.00 billable to insurance. We accept payment via credit card or check; we do not accept cash. Payment is due at the beginning of each session. You are responsible for your account regardless of whether or not your health insurance plan eventually pays a portion of the charges, unless we have made other arrangements. For clients with an insurance deductible, I require payment at the time of service until the deductible is met, and you are responsible for tracking when the deductible has been met.

In the event you request or require me by subpoena to provide ancillary professional services relating to my role as your therapist, such as preparing a treatment summary, report writing, deposition or trial preparation and attendance, travel time, etc., you agree to compensate me, in advance, at the rate of \$300 per hour.

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for preparation of litigation or other legal action, I can help you find a referral to a forensic expert. I do not normally serve as an expert witness, however, for those cases I do chose to participate in, my fee for appearing as an expert witness at trial is \$300 per hour.

A finance charge of 1% per month will be added to any unpaid balance 14 days past due (minimum charge is \$2). Accounts overdue 90 days or more will be sent for collection unless a written agreement for payment of the account is entered into by you and myself.

Appointments

We will agree on specific appointment times, reserved exclusively for our sessions together. Our mutual protection of this time is important in order to preserve the integrity of our ongoing work. I will give you notice well in advance of my vacation time, typically at least six weeks.

Late Cancellation/No Show Policy

For missed appointments or cancellations with less than 24 hours' notice, I will charge my full hourly rate. If you are more than 15 minutes late to an appointment, it is considered a late cancellation, and your account will be charged the late cancellation fee. If you have a card on file, you authorize me to bill that card on the date of service unless you have contacted me to make other arrangements. Please note that insurance does not cover charges for missed appointments. If appointments are missed for any reason with such frequency that it interferes with the integrity of our work, this policy will be reexamined.

If you do not provide at least 24 hours' notice of cancellation of an appointment, our missed appointment fees are as follows (current private pay fee):

Individual: \$120

Couples: \$160

Open Path clients: Your quoted Open Path rate

Emergency Contact

If you are ever experiencing an emergency, including a mental health crisis, please call 911 or the Crisis Clinic at 206-461-3222. In such situations, you may also go to the nearest hospital Emergency Room. If you need to contact me about an emergency, the best method is:

- By phone (425-998-9769 and leave a voicemail at my direct extension)
- If you cannot reach me by phone, please leave a voicemail with our office at extension 0.

We may not be able to respond to your messages and calls immediately. You can expect a response within one business day (weekends are excepted from this timeframe.)

Be aware that there may be times when I am unable to receive or respond to messages, such as when our office is closed.

State of Washington Disclosures

The State of Washington requires that I provide you with the following information. Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety.

Credentialing of an individual with the department of Health does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake
Post Office Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700
E-mail: HSQAComplaintIntake@doh.wa.gov

I maintain a referral list of other counselors with a wide range of specialties. I will provide you with a referral to another counselor if I feel your needs are beyond the scope of my expertise, or if you request such referral information.