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DISCLOSURE OF INFORMATION, POLICIES AND CLIENT AGREEMENT

PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGMENT OF ITS RECEIPT ARE REQUIRED BY WASHINGTON STATE LAW. PLEASE READ IT CAREFULLY. I WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.

Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

Your Rights As A Client In Counseling

As a client in counseling, you have certain rights that are important for you to know about. There are also certain limitations to those rights of which you should be aware.

As a client of a counselor registered or licensed by the State of Washington, you have the right to expect our communications to be kept confidential under state law. With the exception of the situations listed below, you have the right to have information you share with me held in strict confidence; that information includes the fact that you are seeing me. The confidence is yours not mine, and cannot be waived without your consent. I will always act to maximize your privacy even when you waive your right to confidentiality.

The following situations are exceptions to your right of confidentiality:

1. If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
2. If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this to Children's Protective Services or Adult Protective Services, state agencies.
3. If you submit claims to your insurance company, they will likely require some information regarding your treatment with me. Most insurance companies only require basic information, often including a psychiatric diagnosis. You have the right to know the diagnosis that I use in any communication with your insurance company or other third-party payor or agency. All of the diagnoses that I use come from the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) (DSM-IV). A copy of this book is available in my library and you are free to look at it.

If this is a concern for you, please check with your insurance company regarding your eligibility for benefits and with me regarding the policies and procedures I use concerning health insurance or other third party coverage. I need to be very clear that I cannot guarantee that your treatment with me will be covered. Further, you are directly responsible to pay my fees when my services are performed and your insurance company is responsible to you for any reimbursements according to the coverages and conditions specified by your particular policy.

If you have been directly referred to me by someone else, I may, as a good business practice, acknowledge to them that you have contacted me and thank them for the referral. I will not discuss your situation with them unless I have your written permission.

You always have the right to request a change in treatment or to refuse treatment. It is important that what we do together meets your needs. If you believe you are not being helped, please tell me so that we can work through the difficulty together. If we are unable to do so, I will assist you in finding another therapist.

My Voice Mail number is **206/394-6333**. I check my mail box at regular intervals throughout the day. If there is an emergency, please call the office at 425/271-0986 and tell the office personnel that this is an emergency. They will attempt to locate me immediately. If you are unable to reach me and are urgently in need of help, call the **Seattle Crisis Clinic at 206/461-3222** (if outside of this area, you may need to contact another local area crisis line) or call 911 for immediate help.

Although you are free to terminate therapy at any time, it is my request that you discuss your decision and reasons for termination at the beginning of a regularly scheduled session. I consider it of therapeutic value to you that the counseling relationship be closed in a straightforward manner, ensuring that all counseling issues have been dealt with to the best of your and my ability. In any case, notice of termination will result in my scheduling other clients into your regularly scheduled time slot. If you cancel an appointment or miss an appointment without leaving notice of rescheduling with my answering service or secretary, notice of termination will be assumed and your time slot will be given to the next available client.

Appointments and Fees

Appointments are usually scheduled once per week or once every other week. The session lasts for 50 minutes, unless we arrange in advance to meet for a longer time. Longer sessions will incur an extra charge based upon the amount of time we take. The scheduled time for your session is set aside for you. **If you miss a session without canceling, or if you cancel with less than 24-hours notice, I will bill you in full for that time.** Insurance or other third-party payors will not compensate you under such circumstances. If you are late for a session, you will be seen for the remainder of your scheduled time and charged the full rate.

My standard fee is \$135.00 per session. This fee is standard regardless of the number of people attending the session. Payment must be made at the conclusion of each session unless we specifically agree on another method of payment. I accept checks or cash. I cannot take medical coupons or barter. A \$25.00 fee per check will be charged for returned checks. A finance charge of 1 percent per month or \$2.00 minimum, whichever is greater, will be assessed on balances outstanding over 30 days, unless we have made other arrangements in advance about your incurring a debt to me. In any case where a bill is accumulated, we will have a written agreement regarding a payment schedule. In the event that this matter is turned over to a third party for collections, you agree to pay all principle, interest and the cost of collection. You further agree that the reasonable cost of collection shall be fifty percent (50%) of the total amount of principle and interest due and owing. _____ **(Initial Here)**

If I am doing work related to your treatment that is outside the bounds of our scheduled counseling, I will bill you on an hourly basis for all the time I spend on your case, including travel time to another location (such as the hospital, your home, an attorney's office, or another setting), meeting with other professionals regarding your case, writing reports, preparation time, etc. My fee for this type of work is \$135.00 per hour.

My Training and Approach to Therapy

My educational preparation in counseling includes a Master's Degree in Social Work from the University of Southern California. Prior to that, I earned my B.A. Degree at Carleton College, Northfield, Minnesota. My extensive background in social services has all had counseling components.

