

Practitioner Disclosure Statement

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Welcome!

Before we begin our therapy sessions together, there is some information that you need to know. It is both my desire and a requirement of Washington State law to provide you with this written disclosure. There is a lot to read, but it is very important information as this is our working agreement. This disclosure will help you understand what you can expect from me, and what I expect from my clients. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, and the goal is your well-being. Please read this statement thoroughly prior to our initial meeting and when it is understood and agreed to, sign the consent for treatment on the last page. I look forward to meeting with you.

Education, Experience, and Licensure

After several years doing humanitarian work and traveling abroad, I completed my Bachelor of Arts Degree in Psychology from the University of Washington. I went on to pursue my Masters Degree in Counseling Psychology from Northwest University, College of Social and Behavioral Sciences. My education includes a focus in marriage and family counseling, working with couples to find healing and fulfillment within their relationships. My clinical experience includes practicum and supervision at Providence Hospice of Snohomish County as a Grief Support Counselor working directly with individuals, couples, families, and groups. I also have experience in counseling women in community support settings with reproductive concerns. I am a Licensed Mental Health Counselor (LMHC; LH60894402) in the state of Washington.

Therapeutic Approach

The focus of my work is to provide a safe environment where my clients feel accepted and heard. My approach to therapy is personalized as I integrate several therapy methods to meet your needs. I utilize techniques from attachment theory, psychodynamic therapy, internal family systems, emotion focused therapy, and am certified in level 2 AEDP (accelerated experiential dynamic psychotherapy). I practice with a holistic style, recognizing that physical, emotional, and relational health are closely linked. This means that when one part of you begins to suffer, the other parts are affected as well. I believe in each person's capacity to heal and strive to develop that capacity through a strengths based approach, which builds self-esteem and knowledge about one's self. As we are able to engage this process and gain understanding into your places of pain, our work will provide an opportunity for formative experiences to be explored and healing to begin. I am truly grateful to have the opportunity to work with brave men and women who make the decision to move toward growth and restoration in their lives.

What You Can Expect

I work to provide a supportive environment for you to explore and evaluate your inner thoughts, feelings, and attitudes. At the beginning of treatment, I will focus on getting to know you, your current needs, and we will work together to identify your goals for therapy. Occasionally, I may need to refer you to another therapist if I believe your concerns require specific knowledge that falls outside my scope of practice. Our initial session is an assessment for both of us to determine whether we are a good fit. If we decide another therapist would be more appropriate to meet your current needs, I am happy to provide you with referrals.

Potential Risks and Benefits to Therapy

Therapy requires active effort and commitment to reduce symptoms, increase quality of life, and improve coping skills. However, the course of therapy is not linear and there are no guarantees of the outcome. In fact, sometimes things get worse before they get better as the cause of emotional pain is exposed and processed. Therapy often includes talking about deep and personal information related to how you interact with yourself and others. As you begin to identify and transform attachments, emotional triggers, and self-defeating thought patterns, your symptoms may become stronger or you may see disruptions in your current relationships. Even though this is often normal or even to be expected, please do not be alarmed. Despite the potential difficulties, counseling is a therapeutic process in which the benefits may far outweigh the risks. Please keep me informed of how you are feeling so we can work together to make changes if necessary.

Confidentiality

Under Washington State law and ethics, I am required to follow the professional code of ethical guidelines regarding confidentiality. Information shared in each session is confidential and can only be released with your written consent or as required by law. Noted exceptions are as follows:

- **Safety:** If I believe you are in danger of harming yourself or others, disclosure will be made to the emergency contact on file, as well as any other local medical, police, and community resources needed to ensure your safety and the safety of the intended victim.
- **Mandatory Reporting:** If I suspect abuse or neglect, or you report of a crime committed against a child or vulnerable adult, I am required by law to inform Child Protective Services within 48 hours and Adult Protective Services immediately.
- **Professional Consultation:** I do engage in professional case consultation for the purposes of coordination of care, ethical practices, accountability, and providing the best services to my clients. I may discuss your situation with other professionals while not disclosing your identity. Please speak with me if you have concerns regarding this practice.
- **Legal Mandate:** In select cases, counseling records may be subpoenaed. In response to a subpoena or court order, I may be required to submit notes or information regarding your case, in which I will do everything in my power to protect you as a client. However, if I am subpoenaed by the Court, time spent in legal proceedings is charged at a higher rate of \$300.00 per hour including: case research, report writing, travel, depositions, actual testimony and cross examination time and courtroom waiting time. Signing this disclosure statement gives permission for me to release confidential information in courtroom testimony and written reports to the Court if legally requested.

I will keep clinical records of your sessions, as required by state law, for seven years beyond the end of therapy. At the end of seven years, clinical records will be destroyed. You may ask to see this record and make requests to have corrections or additions made to that record.

Electronic Communications

As technology evolves, we are offered more ways to connect remotely. Unfortunately, in a therapy setting, the technological advances can often be lacking in terms of confidentiality. If you wish to communicate with me via email or text please be aware that electronic communications can be relatively easily accessed by unauthorized parties and can compromise the privacy and confidentiality of such communication. Due to this risk, it is my policy to only use text and email for scheduling purposes; I will not engage in therapeutic conversations via email or text. As part of this agreement, if you choose to contact me by these methods you are agreeing to assume risks to confidentiality. Additionally, please do not rely on email or text for emergency notification.

Fees

My fee is \$195 per 50-minute individual session and \$225 per 50-minute couples session. You may qualify for a reduced rate due to financial hardship or a grandfathered rate based on when you began treatment. This fee is discussed with clients in session and reflected in your chart. To accommodate those with financial need, I have a limited number of reduced rate appointments. If you would like more information about this, please do not hesitate to ask. I accept cash, check (made out to Kate Sproul or Kate Sproul Counseling), or card. Please note, there is a small fee to process your credit card. Payment is due at the end of each session.

On principle of upholding your privacy, I am not currently listed with any insurance providers. Some clients may be able to seek full or partial reimbursement by submitting an invoice to their insurance company. Please speak with me if you are interested in receiving invoices for your sessions. You must be aware that submitting a mental health invoice to insurance for reimbursement carries risk to confidentiality and privacy.

Good Faith Estimate for Self-Pay Clients

In compliance with the January 2022 No Surprises Act, this Good Faith Estimate (GFE) explains fees for each service provided. The number of total therapy sessions is unknown at the outset, and is based on your needs, preferences, and progress made. Typically, clients are seen weekly or biweekly and may come less frequently when working toward concluding care. As a client-centered therapist, we will collaborate in session to determine frequency and duration of sessions based on your presenting clinical concerns and goals for therapy. Your total cost of services will depend upon the number of therapy sessions you attend and the type and amount of services that are provided to you.

Services and Expected Charges

50-minute individual session (CPT 90834) \$195 per session	Missed appointment (no show or late cancellation) full session fee
50-minute couples session (CPT 90847) \$225 per session	

Disclaimer

Additional services may be provided (i.e. emergency sessions, letter writing, coordination of care and consulting) at a prorated fee. This estimate of your costs is only an estimate, and your actual charges may differ. You have the right to initiate the patient-provider dispute resolution process if the charges you are billed substantially exceed the expected charges in this estimate. This estimate of costs is not a contract and does not obligate you to obtain clinical services. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time. For more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

Appointments and Cancellation Policy

Therapy is most effective if carried out on a regularly scheduled basis, and with adherence to boundaries of time and space. Therapy sessions are scheduled for 50 minutes, unless a longer time is negotiated. If you need to cancel or reschedule an appointment, please notify me via phone or email **24 hours in advance**. This ensures I can see other clients in the opening and plan accordingly. If you miss your appointment and fail to give me adequate notice, you will be responsible for the full fee of that session via invoice. If you arrive late for an appointment, you will have the remainder of the scheduled time available to you. I will need to end our session on time to honor the schedule of other clients. You will still be responsible for the full fee of that session. If I have an emergency, I will notify you as soon as possible of my need to reschedule our appointment.

Legal Proceedings and Scope of Practice

I have chosen not to pursue any coursework or post-graduate training in forensic psychology. Therefore, it is my policy not to become involved in clients' legal matters unless required by law. I do not offer reports suitable for court proceedings or submit my testimony in legal matters such as divorce or custody cases as part of my services. If you are seeking therapy with the knowledge that at some point you will want your therapist to aid in legal proceedings or testify on your behalf, please seek a clinician that specializes in forensic psychology and has the proper training to be of service to you. I do not provide custody evaluations, legal advice, or prescription medication, as these activities do not fall within my scope of practice.

Emergencies

I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your concerns are above my level of competence, or outside my scope of practice, I am legally required to refer, terminate, or consult. If you need to reach me, my business cell phone number is 425-298-7682. I check my messages regularly and will try to return phone calls within 24 hours. If I do not return your call, please call again as your message may have been lost. I do not routinely check messages in the evenings or weekends. If you are in crisis and need more immediate attention, please call the crisis line at 425-258-4357 or text HOME to 741741 for free 24/7 crisis support. If you believe you cannot keep yourself safe, please call 911 or go to the nearest hospital emergency room for assistance.

Complaints/Unprofessional Conduct

If you are unhappy with what is happening in therapy, I hope we may talk about it together so there is opportunity to respond to your concerns. I will take your concerns seriously and with care and respect. If you suspect that your therapist's conduct has been unprofessional in any way, you may contact the Department of Health at the following address or phone number: Health Professions Quality Assurance Customer Service Center P.O. Box 47865 Olympia, WA 98504-7869 360.236.4700

Termination

Therapy is a joint effort between therapist and client. For therapy to work, it is essential to keep the lines of communication open. Please talk with me about any concerns you have regarding our work together. It is your right to disengage from counseling with or without notice. However, I find it helpful to arrange a final session to explore termination and review counseling goals and progress. I have the right to terminate therapy with you under the following conditions:

- When I believe therapy is no longer beneficial to you.
- When I believe that another professional will better serve you.
- When you have not paid for a session, unless special arrangements have been made with me,
- When you have failed to show up for your last two therapy sessions without 24-hour notice.
- When my safety has been compromised.

In the event of termination, I will make every effort to provide a smooth transition to another mental health professional or other sources of care when appropriate

Client Consent to Counseling

I have received, reviewed, and considered carefully the Practitioner Disclosure Statement. I understand the limits of confidentiality required by law and understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I have had opportunity to ask any questions regarding this material and understand the information provided. I consent to therapy with Kate Sproul at Kate Sproul Counseling.

This authorization constitutes informed consent without exception and agreement to pay all applicable fees. By signing this document, you are stating that you have also read and understood this agreement and received a copy for yourself. My signature indicates accuracy of the information and my declaration to uphold these conditions.

Client Signature _____

Today's Date _____

Name (printed) _____

Client Date of Birth _____

Counselor Signature _____

Today's Date _____

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