

Professional Disclosure and Consent for Services

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The intent of this document is clarify important information about our working together, including but not limited to, the services I provide and your legal rights. I will explain my background, approach to counseling, what to expect from counseling and, our professional relationship. If you have any questions or concerns about this document please ask for clarification before signing consent for treatment. I look forward to working with you.

Education/Training

I hold a Master Degree in Counseling from the Houston Baptist University, Houston, Texas . I am a Licensed Mental Health Counselor in Washington State. In the state of Texas I am licensed as a Licensed Professional Counselor, Licensed Specialist in School Psychology, and a Licensed Psychological Associate. I have over twenty years working in the schools of Houston, Texas and in private practice.

I have focused my private practice work on working with adults, couples, adolescents, children and families. Issues of depression, anxiety, grief/loss, and trauma have been prominent in my treatment experience. In the school setting my focus was the diagnosis of Educational issues, such as, Learning Disabilities, Mental Deficiencies, and clinical behavior disorders. In addition, counseling of teachers and parents regarding the implementation of education and behavioral intervention recommendations.

Therapeutic Philosophy

I base my therapeutic interventions on the individual issues of each client. I provide an eclectic choice of interventions that are always client centered, including but not limited to, talk therapy, cognitive behavioral therapy, relaxation techniques, meditation, utilization of a labyrinth, imagery, and behavior modification. I am also trained in the use of EMDR. The goal of therapy is to alleviate your distress caused by your presenting problems through the development of a treatment plan consisting of short or long term goals. I will work collaboratively with you in a professional manner utilizing accepted ethical standards. It is however, impossible to guarantee specific results regarding your counseling goals. Therapy involves risk taking and a willingness to make changes. For some this is daunting endeavor but typically enhances the accomplishment of your personal goals.

Consultation

At times I may seek consultation from colleagues. Consultation can provide a new perspective of the issue discussed. During consultation your name and any other identifying information will be withheld.

Confidentiality

Ethical standards mandate confidentiality regarding the content of our communications. There are exceptions to confidentiality which I am bound by law to adhere.

*Written consent to release information to an outside party.

- *In the event of your death or disability information may be released to your personal representative.
- *A serious threat of harm to self or another individual warrants disclosure. The party being threatened may be contacted.
- *Suspected child abuse or elder abuse.
- *By order of a judge or other or the State of Washington, Department of Health.
- *If the client discusses a plan to commit a crime. Or other harmful act.
- *In case of a medical emergency.

Records

You have the right to see and obtain a copy of your records which are kept in my office in a secure location. Copies of your records may also be made available to other health care providers at your request. A nominal fee may be charged to the client for photocopying.

Ethics/Client Rights

As a professional counselor I am required to follow the ethical standards as listed in the State of Washington licensing law (WAC 246-810 and RCW 18.130.180). The complaint process for reporting unprofessional conduct is processed through the following:

Department of Health, Business and Professional Administration
 P. O. Box 9012
 Olympia, Washington, 98504-8001
 360-753-1760

Clients Rights

As a consumer you have the following rights:

- To all the rights of a citizen of the United States of America
- To be treated with dignity and respect
- To get the best treatment possible to meet my needs with enough freedom and protection so that I do not hurt myself or anyone else
- To know the clinicians rules, especially about how I am to behave
- To communicate in a language I understand
- To give input for my treatment, discharge, and aftercare
- To be given an explanation of the benefits, effects, alternatives and risks of all treatment and medications
- To meet with the clinician treating me and to receive an explanation of his/her qualifications, title and responsibilities
- To request, at my own expense, the opinion of a consultant to review my treatment
- To receive information about the cost of my treatment

- You have the right to refuse any proposed treatment and to discontinue treatment at any time, with or without notice to the treatment provider
- To have my records kept in a confidential manner, though they are the property of the clinician. I may request a copy of my records
- To be free from mistreatment, abuse, neglect, and exploitation
- To be treated without discrimination(gender, race, national origin, language, age, disability, and sexual orientation)
- To make a complaint about my treatment and rights without such complaints being used against me
- To be given a copy of this statement of client's rights.

Office Hours and Appointments

Clients are seen by appointment only between the hours of 10am and 7pm on select days Monday through Fridays. To schedule/cancel/ or reschedule an appointment call 713.515.6636 (office cell phone). In the event you cancel an appointment with less than 24 hour notice you will be responsible for payment of ½ of the regular hourly fee. Appointments that are missed or no shows will be billed for the full hourly rate.

Fees

Counseling sessions are 50 minutes in length. The fee for individual therapy is \$125.00. Cash, credit/debit cards and checks are acceptable forms of payment. Payment is expected at the time of each appointment. The client is responsible for all fees incurred by non-payment or returned checks and will be due upon the next session. Third party consultations, extended sessions and telephone consults will be prorated and billed accordingly. Additional fees will be incurred due to non-cancelled appointments as well as same day cancellations.

Insurance

I do accept a variety of insurance plans and it is the responsibility of the client to confirm coverage including deductible and co-pay/co-insurance. I will complete any paper work necessary for you to file with your insurance for service provided by an out of network provider. It is important to note when involving third party payers, confidentiality cannot be guaranteed. Insurance companies may request access to my records, including my clinical notes. My records may include a clinical diagnosis based on the Diagnostic Statistical Manual (DSM-5). The diagnosis I render will become a part of your medical record and may affect future applications for insurance and additional assistance.

Emergencies

Messages may be left on my office voicemail. I will make every effort to return your call in a timely manner. If your emergency is life threatening, threat of suicide, harm to others etc. call 911 or proceed to your nearest emergency room. You may consider calling the Snohomish County care crisis line for help, 425.258.4357 24 hours, 1.800.584.3578, or TTY 9425.339.3301.

Consent for therapy

Your signature on this document represents your agreement to the previously stated conditions and rights. You also attest that you have received, read, understand, and consent to the disclosures, terms and conditions outlined in this document.

I also agree that I am responsible for payment of _____ payable each counseling session.

I look forward to working with you.

I consent to therapeutic treatment with Susan L. Hessel, LMHC

Client Signature

Date

Parent/Guardian Signature

Date

Susan L. Hessel, LMHC

Date