

As a Licensed Mental Health Counselor in the State of Washington (LH 60207546), I am providing the following disclosure of information, policies, and procedures so you are able to be fully informed about me and offer your consent to treatment.

**Education, Training, and Experience.** I completed my Bachelor of Arts Degree in Psychology at Northwest University in 2004 and my Master of Arts Degree in Counseling Psychology at Walla Walla University in 2006. I have worked in the social services field since 2005 as a mental health counselor intern, a residential rehabilitation counselor and a family therapist. Yearly, I participate in continuing education in specialized areas to be able to provide quality treatment for my clients and as a condition of my licensure in the state of Washington. I have had the opportunity to apply my knowledge and skills to counseling children, adolescents, and families in a variety of settings that include a juvenile detention center, a residential group home, a private practice setting, and a university campus setting. My work has focused on providing therapeutic support for children and adolescents that have experienced trauma, adolescents on parole supervision, and children and adolescents with sexual behavior problems as well as working in home environments with high-risk adolescents and their families.

**Therapeutic Orientation.** I utilize standard methods of counseling associated with client-centered, psychodynamic, cognitive-behavioral, dialectical behavioral, and Trauma-Focused Cognitive Behavioral treatment modalities. I strongly believe in focusing on a person's strengths. I believe in core principles of respect, matching to my client and their needs, and being strength-based. Course of treatment will be determined on an individual basis.

**Confidentiality.** All information you disclose in treatment is confidential unless you specifically request a release of this information in writing. It is important however, that you are aware that the law provides certain exclusions from confidentiality that include, but are not limited to: reported child, elder and dependent adult abuse; when a client makes a serious threat of violence towards a reasonably identifiable victim; when a client is dangerous to him/herself or the person or property of another; or when there is a court order. For my own professional growth and development and to ensure quality service to you, I participate in small consultation groups with other therapists. I may discuss your situation but will do so without revealing your name or other identifying information so as to maintain confidentiality.

#### **Fee Information and Cancellation Policy.**

Initial Family/Individual Session (50 minutes): \$165

Family/Individual Session (50 minutes): \$130

Credit cards, cash and personal checks made payable to "Kelsey Hawk" are accepted. When we schedule an appointment, I set aside that time exclusively for you. I would like a 24-hour advance notice if you must cancel or reschedule any appointment. It is my policy to charge a fee of \$100 for any missed appointments or one that is cancelled with less than 24-hour notice.

**Insurance Reimbursement.** If you have a health insurance policy, it will often offer some coverage for mental health treatment. I will provide you with whatever assistance I can in helping you receive the benefits to which

you are entitled; however, you, and not your insurance company, are responsible for full payment of my fees. You should be aware that submitting claims to your insurance company requires a mental health diagnosis and carries a certain amount of risk to confidentiality, privacy, and to future capability to obtain health or life insurance. The risk stems from the fact that mental health information is likely to be entered into insurance companies' computers and is likely to be reported to the National Medical Data Bank.

**Emergencies.** I attempt to respond to my messages within 24 hours. If you need help sooner or if there is a life-threatening emergency, call Clark County Crisis Line (360.696.9560), call 911, or go to the nearest hospital emergency room.

**Laws and Client Rights.** *WAC 308-109-040:* (WA Registration #RC 39893) Counselor practicing for a fee must be registered or certified within the department of health for protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. *Health Insurance Portability and Accountability Act (HIPAA):* My Notice of Privacy Practices provided at intake informs you of HIPAA, a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. This notice carries more detailed information regarding your rights. *Washington State Department of Health's brochure for counseling clients* is provided at intake. It contains information about client and counselor rights and responsibilities, confidentiality, and an assurance of professional conduct. If you wish to complain about any improper conduct you can call the state Department of Health, Health Professions Quality Assurance Division, PO Box 47869, Olympia, WA 98504.

**Consent.** I have read and understand all the information provided in this disclosure statement. I have read Integrity Counseling Notice of Privacy Practices and Washington State Department of Health's brochure for counseling clients. I hereby give my consent for treatment.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Printed Name

If a client is under 13 years of age:

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name

\_\_\_\_\_  
Kelsey Hawk, LMHC

\_\_\_\_\_  
Date