

Counselor Disclosure Form

Marcie Klevens, MA, LMHCA
Good Shepard Center
4649 Sunnyside Ave. N (suite #341)
Seattle, WA 98103
206-607-2709
License number: MC 60617197

Disclosure Statement, Consent for Services & Financial Agreement
RCW 18.19.060 and WAC 308-190-040 requires the disclosure of the following information in written form by mental health counselors to their clients. This disclosure statement serves to provide you with “informed consent”. This is a requirement of WA State Law, to ensure that clients have the necessary information regarding the counseling process to make an informed decision, understand their rights & responsibilities, and agree to the services they will receive through the counseling relationship, and do so of their own volition.

Educational Background and Experience

I earned my Masters degree clinical Psychology and Counseling from the LIOS program of Saybrook University and my Undergraduate degree from Colorado State University. The LIOS program of Saybrook teaches a “Systems” based approach to therapy. Systems training has taught me that my client may feel his or her own pain individually, but that pain reverberates through the entire system they live in, whether it be in their family, organization, community or culture as a whole. My knowledge of system theory allows me to assist my client with transformation while also supporting them as they integrate these changes into the groups of people close to them.

I interned for a year in 2014 as a mental health clinician at Sound Mental Health (SMH) in Bellevue, WA. My time at SMH has provided me with a very valuable experience working with people who suffer with chronic forms of mental illness. I discovered I have a passion to work with this population. I have received training in the “Hearing Voices Movement” and “Spiritual Emergence,” which teach people how to integrate their sometimes-alternate perceptions of reality into their lives in a healthier way. These techniques give them tools to help them connect back into society more fully.

I completed both the Landmark Forum and Advanced Training in Seattle Washington. Landmark Forum uses a transformative learning system that helped me to become conscious of many of my basic thought structures which govern what

I think and know about my world. In the Landmark Advanced Course I worked in groups and one-on-one to deepen awareness of the my thought structures.

Clinical Focus

My work integrates many different therapeutic styles and techniques depending on what fits best with the client and situation. Some of these include Family Systems Theory, Attachment Theory, Cognitive Behavioral Therapy (CBT), Narrative Therapy, Structural Therapy, Hearing Voices Movement, Spiritual Emergence techniques and Solution Focused Therapy. I focus on client's strengths and help them find solutions that work within their systems so that they are maintainable over time.

Confidentiality

You have right to confidentiality. By law information concerning your treatment may be released only with your written consent, with the following exceptions:

- If there is suspected abuse or neglect of a child, dependent adult or developmentally delayed person.
- If you give strong indications that you are likely to harm yourself or another person.
- If your records are subpoenaed by a court of law.
- If you bring a complaint against me with the state or with a local regulatory agency.
- If you are involved in a life-threatening emergency, in which case information pertinent to that emergency may be released.
- If an involuntary commitment for mental health assessment seems necessary.
- If the insurance company that is covering your visits, requests client information, I am audited or a diagnosis is needed for payment. (I do not give any details of session content and keep my psychotherapy notes brief and simple for your benefit).
- Information that may jeopardize my safety will not be kept confidential.
- In the event of the client's death or disability, the information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.

Consultation

To ensure I am giving you the best treatment possible, I do consult with other professionals in consult group formats or through 1:1 consultation with an approved clinical supervisor or colleague who is ethically bound to the same tenets of confidentiality as it pertains to psychotherapy. My consultation supervisor is Dr. Janet Colli license number LH 00003841. Please know that your identity remains protected during case consultation.

Ethical and Professional Standards

You have the right to receive appropriate care and to be fully informed about your therapy.

- You have the right to participate in the development of your treatment plan and to refuse any proposed treatment.
- You have the right to be treated with respect and dignity, and to be free of sexual exploitation.
- You have the right to receive care that does not discriminate against you and that is respectful of your gender, race, religion, national origin, language, age, disability status and sexual orientation.
- You have the right to contact the Washington State Department of Licensing to lodge a grievance if any of these rights are violated, or if you feel that you have been treated in an unprofessional or unethical manner.
- If you have any concerns or complaints about your therapy, I welcome you to discuss them with me.

Sessions, Fees and Payment

I charge \$100.00 for each individual 50-minute session and \$125 for 90-minute sessions, \$125 for each 50-minute couple or family therapy session and \$150 for 90-minute sessions. I accept cash, check, credit cards and PayPal at the beginning of the service. I reserve the right to halt therapy if payment is not made for two or more consecutive sessions. Typically, we will discuss what may be interfering with payment and decide together how to proceed. This may result in me referring you to a therapist that you can better afford or renegotiating your fee to ensure that you can continue your treatment. I invite you to discuss any financial situations you experience that may impact your treatment.

I am currently not on an insurance panel, so I cannot bill your insurance directly. However, if your insurance covers costs for Out-Of-Network or Non-Preferred Providers, you may be reimbursed for a portion (or the full amount) of your session fee, depending upon the type of insurance you carry and your insurance provider; Please let me know on or before the first session if you plan to file claims for reimbursement. I will supply you with a super-bill, which includes diagnostic and service codes; you can submit it to your insurance company for reimbursement.

I believe therapy should be accessible to everyone, and I reserve a select number of appointments for low-income clients who cannot afford full fees. Please contact me for more information regarding sliding scale fees.

Appointments and Cancellations

Cancellations must be communicated by phone, email or text, no less than 24 hours in advance of the beginning of the session. Sessions missed with less notice will be charged at the full rate, except for rare and serious emergencies.

Crises

If you ever feel that you are in a crisis and cannot reach me due to the time or nature of the crisis, you can call the 24 hour crisis hotline at: (206) 461-3222. If your crisis is life threatening, call 911, and admit yourself to the emergency room of the nearest hospital.

Professional Standards

At all times I try to adhere to the highest possible professional standards of competence and ethics. If you have any questions about the treatment you are receiving, I invite you to discuss this with me first. If you are not satisfied, you may contact the WA Department of Health at (306)-664-9098.

Therapy is your choice. You have the right to stop treatment at any time or to be referred to another professional who may better suit your needs. At times, as therapy gets underway and brings up difficult emotions, you may want to stop treatment. In this case, I encourage you to bring this to session for us to look at together so we can talk about what might be coming up for you.

Consent for Treatment

Disclaimer by the State of Washington: "Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of public health and safety. Registration does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment." With my signature, I acknowledge that I have read and understand this disclosure and the accompanying counseling information sheets. I consent to therapy with Marcie Klevens, MA, LMHCA, according to the terms described here.

Client or Guardian/Representative Date:

Client or Guardian/Representative Date:

Marcie Klevens, MA, LMHCA Date:
