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INFORMED CONSENT AND CLIENT AGREEMENT

WELCOME TO MY PRACTICE. I am pleased to have the opportunity to work with you and hope that this handout will provide you with information that will be helpful in making an informed decision concerning the services I can provide you.

This document provides you with important information about my professional services and office policies. Although it may seem like a lot of information, it is very important for you to carefully read this agreement and the other handouts I have included so we can discuss any questions you may have. At the end of this handout, I have asked you to sign it indicating that you have read, understand and accept this agreement and the other documents I have included with it. You can revoke this agreement in writing at any time. Generally, I will consider your written revocation request as binding except in a few circumstances. These are: (1) If I have taken action in reliance on the agreement; (2) if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; and/or (3) if you have not satisfied financial obligations you have incurred with me.

TREATMENT APPROACH: Effective psychotherapy is a collaborative effort between client and therapist and my style reflects this. I have a strong commitment to offering individuals and families professional mental health services designed to meet their specific needs. To that end, I use a variety of techniques which take an individualized, holistic approach.

Traditional Talk Psychotherapy: This approach includes psychoanalytic/psychodynamic, cognitive/behavioral, dialectical behavioral developmental, educational, family systems and humanistic therapies that utilize a strength perspective to match the individual needs of the client. I might use cognitive techniques to help you think differently about yourself and your situation; I might use insight and interpretive techniques to help you understand yourself and your emotions better; or, I might provide you with communication tools to use to improve relationships.

Non-traditional Therapies: Non-traditional therapies are based on a variety of traditions, which tap into different levels of mind-body-spirit healing. These therapies involve elements from different traditions of healing as well as from the field of transpersonal psychology. I draw from Heart-Centered Hypnotherapy, Mindfulness, guided imagery and elements of aromatherapy.

Effective therapy requires openness, an attitude of collaboration, and your willingness to invest both time and effort between sessions in working toward personal and/or family change. The success of therapy cannot be guaranteed by any clinician because the outcome is, in part, the patient's responsibility. Although I cannot guarantee a particular outcome, I can promise that I will give my full attention to working with you in a responsible, caring, thoughtful and professional manner.

PSYCHOLOGICAL SERVICES: Outpatient psychotherapy may include diagnostic services, crisis intervention, individual, group, couple or family therapy. It also includes referral to outside sources as needed. Psychotherapy sessions are 55 minutes in length.

In our first few sessions we will talk about your needs and presenting issue(s). This is a mutual evaluation phase, and by its end I will be able to offer you some first impressions and determine a suggested course to follow. Please consider the information I give you along with your own opinions. Doing so will help you decide whether you feel comfortable with the plan I am suggesting and whether or not you would like to continue working with me. Therapy involves a commitment of time, money, and energy, so being thoughtful about the therapist you select and the approach we take as a team is important. I am always willing to help you find a different therapist if you like.

Individuals most likely to benefit from psychotherapy are those who are committed to resolving their issues. My role is to facilitate this process. The expectation is that you will benefit from psychotherapy, but there is no guarantee. Regardless of the length of your therapy, you are most likely to benefit with consistent attendance. At times you may feel ambivalent about your therapy as the process can sometimes be uncomfortable. For instance, in discussing unpleasant aspects of your life you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, or helplessness. These feelings are important to discuss in our sessions. Often, it is in having moved through these difficult feelings that individuals find that their relationships are improved, that they have found solutions to specific problems, and that they feel happier with their life and their life choices.

HYPNOTHERAPY SERVICES: Heart-Centered Hypnotherapy is a powerful healing modality. This is a deep subconscious process different than hypnosis. It is practiced in a relaxed state of consciousness to get underneath self-sabotaging patterns of behavior and agreements made in childhood that are now keeping the adult stuck in life. For people that are looking for lasting changes, clarity on patterns and recalibrating the self - this is an effective way to access this level of healing. This type of hypnotherapy goes straight to the source of the "faulty" programming that we have been running on. Heart-Centered Hypnotherapy is one of the most direct ways to re-program the internal tapes that play in the mind and control behavior. We can talk about over and over in the conscious mind, but in order to change the programming we have to access it through the subconscious. People emerge from these sessions feeling free of their inner judgment, shame, guilt, anger, grief, jealousy, abandonment, loneliness, and anxiety.

Heart-Centered Hypnotherapy sessions are 90 minutes in length. The healing portions of the sessions can be recorded to have as an additional resource as you work with the shifts in energy and clarity that come from this work. **I do not bill insurance** for Heart-Centered Hypnotherapy sessions. I do offer packages for people that are wanting to take that step and invest in lasting change and healing.

CLINICAL SUPERVISION: I offer supervision to students at the Wellness Institute in helping them learn how to utilize hypnotherapy in their practices. During supervision we focus on increasing your own skills through your own hypnotherapy work and working through blocks with clients with best practice intent. We draw from professional ethics, Heart-Centered hypnotherapy practices and client-centered approaches to healing to assist you in having better clarity in how to assist your clients. While I may guide you to resources and make recommendations based on the information provided, your clients are under your care and ultimately the way you proceed in their care is under your discretion. Clinical supervision sessions are 55 minutes in length at are charged at \$120.00 per session.

APPOINTMENTS: I normally conduct an initial evaluation that lasts from 1 to 2 sessions. During this time, we both decide if I am the best person for you to work with in order to meet your goals. Because your appointment time is held exclusively for you, please provide **AT LEAST ONE BUSINESS DAY (minimum 24 hours) ADVANCE NOTICE TO CANCEL OR RESCHEDULE**. A late cancellation fee of \$70.00 fee will be charged for missed sessions without such notification. Messages can be left on my office voice mail, or texted to me at any time.

PAYMENT POLICIES AND FEES FOR CLIENTS NOT USING INSURANCE: Professional psychotherapy and consultation services will be provided to you at the fee of \$120.00 per 55 minute session. Heart Centered Hypnotherapy Sessions are \$180.00 per 90 minute session and are not billed through insurance. Payment for services that I provide to or for you is expected at the time services are rendered unless other arrangements are made in advance.

Emergency services, including telephone consultations over 10 minutes in length, will be billed at the above rate.

CLIENTS USING INSURANCE: If I am a preferred provider for your insurance plan and your treatment is deemed medically necessary then I will bill your insurance directly for **psychotherapy sessions** and you will be responsible to pay directly to me any co-pay and deductible at time of service, unless other arrangements have previously been made.

You should also be aware that your contract with your medical insurance company most likely requires me to provide the company with personal information about you and the services I provide to you. When billing insurance, I am required to provide that company with your clinical diagnosis. Sometimes I am also required to provide them with a copy of your treatment plan, a summary of your care, or even copies of your entire Clinical Record. The information they ask of me will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I

have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. Your decision to use your insurance means you are choosing to accept whatever policies your insurance carrier has on how information about you is purchased, shared, used, or stored electronically or otherwise.

By signing this agreement, you agree I can provide your insurance company with the information they request so long as it is not prohibited by law. I will make every effort to release only the minimum information about you that is necessary for the purpose requested. On all occasions in which confidentiality is an issue, I will attempt to meet the ethical, clinical, and the legal responsibilities I have with you. I cannot, however, be responsible for the actions of your insurance carrier. It is important to remember you always have the right to pay for my services yourself to avoid the risks to your privacy described above.

EMERGENCIES AND HOW TO CONTACT ME: Due to my work schedule, I am not immediately available by telephone. I do have a mobile phone – the number is 425-202-5653. During weekdays I check my voicemail 3-4 times per day. I often do not check my voicemail on weekends or holidays. If you call during weekends or holidays I will return your call on the next business day. In the event of an emergency, please try to reach me by phone first. If you do not reach me, directly, please call the CRISIS LINE at (425) 258-4357 or (800) 244-5767, call 911, or go to the emergency room of the nearest hospital. Please be sure to discuss with me any questions or concerns that you have about this emergency policy.

INDEPENDENT PRACTICE: I am a solo practitioner, one of a number of independent practitioners who share facilities at a common business address. My practice is separate and independent from the other clinicians in this office suite.

EDUCATION AND EXPERIENCE: I earned my Master of Social Work degree from Eastern Washington University School of Social Work in 2006. I am a Licensed Independent Clinical Social Worker and An Advanced Clinical Hypnotherapist. I have specialized training in the areas of mind body therapy, attachment theory, grief and bereavement, dialectical behavioral therapy, mindfulness based stress reduction and heart-centered hypnotherapy. I continue to train with the Wellness Institute in areas of transpersonal psychology and hypnotherapy.

PROFESSIONAL STANDARDS: As a licensed independent clinical social worker, I am accountable for my work with you. Clinical social workers offering services to the public must be licensed by the State of Washington. A licensed clinical social worker has a master's degree from an accredited university, has several years of supervised pre- and post-graduate experience, and has passed a national written examination. If you have any concerns about my credentials or the course of psychotherapy evaluation or treatment, please discuss them with me. If after we have discussed them you still believe your concerns have not been addressed, let me know and I will be happy to help you locate another mental health professional for a second opinion. If you believe that I have been unethical or unprofessional, please talk to me about it. If we can't resolve your concerns, you may contact the Department of Health, P.O. Box 47869, Olympia, WA, 98504. The phone number is (360) 236-4700. Certainly, you have the right to accept, refuse or discontinue therapy or to ask for a referral to another therapist at any time. If you choose to do this, please discuss your decision with me before ending therapy. This will allow us a valuable opportunity to discuss the reasons for your decision and will provide a sense of a more thoughtful ending.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY: Below I have provided information about the *Health Insurance Portability and Accountability Act* (HIPAA). This is a federal law that provides you with certain rights and protections for your *Private Health Information* (PHI). It is important for you to know how your health information can be disclosed or used for the purpose of treatment, payment, and health care operations. I have also provided you with a separate *Protecting Your Privacy Notice* that tells you more about your privacy rights. That *Notice* explains in greater detail what HIPAA is and how it applies to your personal health information.

Limits on Confidentiality

In most situations, I can only release information about your treatment to others if you have signed a written release form that meets certain legal requirements imposed by state law and/or HIPAA. All information you disclose is considered confidential, and will generally not be released by me without a Release of Information form. The Release of Information form is valid for only 90 days from the date of signature. However, The Uniform Health Care Information Act of the State of Washington does allow me to confer with other health care

providers who are providing health care services to you, without a written release as a means of ensuring continuity of care. I cannot ensure confidentiality in sessions with two or more persons (for example, couples or families); since I cannot guarantee that others present will keep the information in confidence. Confidentiality does apply when one of those persons is seen individually. Washington law may require disclosure of confidential information in a divorce case involving custody or care of children.

In rare instances, the law requires disclosure of confidential information and reporting. These three instances include: (1) suspected child/vulnerable adult abuse, (2) threatened harm to self or others, or (3) if individuals are gravely disabled and not able to care for themselves.

Child/Vulnerable Adult Abuse: If I have reasonable cause to believe a child or vulnerable adult (such as an elderly person or a person with a significant developmental disability) has been abandoned, physically or sexually abused, neglected or financially exploited, the law requires that I file a report with either child or adult protective services at the Washington Department of Social and Health Services (DSHS) or to the appropriate law enforcement agency. Once a report is filed, I may be required to provide additional information.

Harm to Self or Others: If I reasonably believe there is an imminent danger to the health or safety of the client or any other individual, and, if I believe that disclosure will avoid or minimize the danger, I may be required to take protective action. This could include seeking hospitalization for the person, contacting family members or others who can provide protection, notifying the potential victim or contacting the police or other appropriate authorities. If any of these situations arise, I will make an effort to discuss the situation with you before taking any action and I will limit my disclosure to only what is necessary. Also, if you report suffering from HIV-related illness, are not under the care of any physician and are not making known your condition to sexual or drug using partners, I must contact the local public health officer.

Gravely Disabled: If you become mentally ill and become unable to care for your basic needs or become a danger to yourself or to others and also refuse treatment, I must report your condition to authorities.

Professional Consultation: The competent and ethical practice of psychotherapy dictates that I participate in regular case consultation with other licensed professionals. If I obtain consultation regarding aspects of treatment, I omit identifying information so that confidentiality is preserved to the best of my ability. Like me, these professionals are legally bound to keep information I share with them confidential.

Legal and Court Circumstances: In some instances, confidential information can be subpoenaed by a court. If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, such information is protected by the psychologist-client privilege law. This means that I cannot provide any information if: (1) you do not provide me with your written authorization, (2) you inform me that you are seeking a protective order against my compliance with a subpoena that has been properly served on me and of which you have been notified in a timely manner, or (3) I do not receive a court order requiring the disclosure. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. If you are involved in or are contemplating litigation where you might want information I have about you introduced to the court, I encourage you to consult with your attorney about the advisability of having your records introduced as part of that litigation. Ask your attorney what records or information the court might require you to disclose. If you do choose to introduce your information into a legal forum, which is generally public, it is important for you to consider in advance the impact it may have on you. Attorneys for the opposing party, as well as others in the public arena may have access to this sensitive information if you choose to do this.

Other Circumstances: There are some situations where I am permitted or required to disclose information without either your consent or written authorization. These situations are: (1) If a government agency is requesting the information for health/government oversight activities (including disclosures to a public health authority, coroner or medical examiner, military or veterans' affairs agencies, an agency for national security or intelligence, or law enforcement), I may be required to provide it for them; (2) If a client becomes aware that he or she is HIV positive, has unprotected sexual involvements and refuses to be under the care of a medical physician, I may be required to report this to local health care authorities; (3) If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself; and (4) If a client files a worker's compensation claim and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the client's record to the client's employer, your representative, and the Department of Labor and Industries.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is also important we discuss any questions or concerns you have. Please let me know if you have any questions. Laws dealing with confidentiality can be quite complex and I am not an attorney. In situations where specific advice is required, formal legal consultation may be needed.

Professional Records: As stated above, I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. However, if you are choosing to use benefits provided by an insurance company, I will be required to submit information to that company in order to obtain reimbursement or authorization of services.

I keep information about you in your Clinical Record. Your Clinical Record can include information about: (1) your reasons for seeking therapy, (2) a description of how the challenges you are facing are impacting your life, (3) your concerns/symptoms and diagnosis, (4) the goals you and I have set for your treatment, (5) your progress towards those goals, (6) your medical, family and social history, (7) your treatment history, (8) the past treatment records I have received from other providers, (9) reports of any professional consultations, (10) your billing records, (11) any reports that have been sent to anyone, including reports to your insurance carrier, and (12) a copy of this consent for treatment and service agreement.

You may ask to see or even have a copy of this record by requesting this to me in writing. The charge for clerical searching and handling of records is at minimum: \$23, with a \$1.04 per page charge for the first 30 pages of records and 79 cents per page after the 30th page. The time spent reviewing and editing the records is calculated to the nearest 10 minutes at \$120 per hour. The cost of postage to mail any records or the cost of long distance charges to fax records will be charged to the client or the party with valid authority. Unless needed for emergency treatment, I am allowed to withhold your record until the fees are paid. If you do request your record, please remember that because these are professional notes it is quite easy for people not trained in the delivery of clinical services to misinterpret them. In some cases the information in the documents could seem upsetting to untrained readers. If you decide you want to have a copy of your records, I recommend you initially review them with me because it gives you a chance to get clarification immediately. Reviewing your records with me also provides you with an opportunity to ask questions about any item you may find confusing. If you like, you can have me forward your records to another mental health professional so you can discuss the contents with them.

Because of ethical considerations, there are some rare situations that would prompt me to withhold your record from you. If I conclude that providing you with access to your *Clinical Record* could reasonably be expected to endanger your life or safety (or the life or safety of another person), I will not disclose or release the documents to you. For example if someone else, who could be reasonably identified in the record, shared information in confidence with me which could lead to his or her endangerment, I would not disclose the record. Other circumstances where I might withhold your record would be if the information was compiled and is used solely for litigation, quality assurance, peer review, administrative purposes, or is otherwise prohibited by law. Access to your records is explained in greater detail in the attached *Protecting Your Privacy Notice*. If I decline your request for access to your records, you have the right to ask me to review or explain to you why I have decided to take this action, and you may request that your records be reviewed by another psychologist to determine the appropriateness of their disclosure. Again this is not a common circumstance, but be sure to talk directly with me about this if you have questions or if you anticipate this will be a concern.

Client Rights: You have several rights with regard to your records. You can: (1) restrict what information from your record is disclosed to others; (2) request I amend your record; (3) ask that I include in your record any complaints you make about my policies and procedures; (4) ask me to provide you with a list ("an accounting") of how I disclosed information you neither consented to nor specifically authorized; or (5) request that no written records be kept, in which case the law requires only that the record contain your name, service dates, fees, and a description of the services. That list also provides information about where your record was sent. You also have a right to a paper copy of this *Services Agreement* and the attached *Protecting Your Privacy Notice*. If you wish to have copies, simply let me know. I am also happy to talk with you about any of these items, so feel free to ask me any questions you may have.

AGREEMENT TO PARTICIPATE IN SERVICES: Disclosure laws require me to obtain your signature acknowledging I have provided you with this information. Your signature below indicates you have read the information in this document and in the attached handouts, that you understand it and agree to abide by its terms during our professional relationship. It also serves as an acknowledgement that you have received the HIPPA *Protecting Your Privacy Notice* mentioned above. If you have any questions, please feel free to discuss them with me prior to signing this agreement. Your signature indicates you accept responsibility for payment of fees in accordance with these terms and conditions.

I hereby authorize Stacie Beam-Bruce, LICSW, ACHt to provide psychotherapeutic services to:

_____ (*print your name*)

This agreement constitutes informed consent without exception.

Date: _____ Client: _____
(signature)

Date: _____ Clinician: _____
Stacie Beam-Bruce, LICSW, ACHt
Licensed Independent Clinical Social Worker,
Advanced Clinical Hypnotherapist