

St. Raphael Counseling Disclosure Statement

Please take the time to read this page carefully, ask about any matters that seem unclear, initial where indicated, and sign the back page of the statement. Signing this form indicates you agree to and understand the policies of St. Raphael Counseling. A copy will be placed in your files.

As licensed and registered psychotherapists/clinicians, we endeavor to integrate sound psychological, medical, and spiritual principles in your treatment. You are entitled to receive information from any counselor concerning their methods of therapy, the techniques used, an estimation of the duration of your therapy, fee structure, risks and benefits of therapy, confidentially, and access to records.

Therapists under supervision will at times need to discuss your case with their supervisor for professional development and to meet State regulations on acquiring a license from the state. Your therapist will discuss this with you, if they are being supervised.

Scheduling Policies:

Standard counseling sessions are 50 minutes. Scheduling is handled through your therapist. Please call (208) 557-1780 during the normal business hours of, Monday through Friday, 8am to 6pm, to schedule or cancel appointments, we will strive to return your call within 24hrs.

Practice Policies:

we are deeply committed to the therapeutic climate and want your therapeutic experience to be focused on you and your treatment goals. By following and understanding these policies it allows us as professionals to conduct our practice freely and with integrity so we can avoid taking time away from your therapeutic work. Please read and INITIAL each item:

____ 1. PAYMENT IS DUE ON THE DAY OF YOUR COUNSELING SESSION. (Unless other plans have been made)

____ 2. Fee: The standard fee is \$85 for children/students/missionaries, \$100 for adult individuals, \$125 for couples and families per 50-minute counseling session. However, in certain circumstances, clinicians may work on an adjusted fee.

I agree to pay _____ per session + a \$5 transaction fee for credit card use. There will be a \$25.00 charge for returned checks.

____ 3. The full session fee is charged for MISSED appointments and cancellations not made 24 BUSINESS HOURS IN ADVANCE (No Exceptions). In the event of harsh weather conditions you can request to do your session via phone or the Internet on a medium such as VSee or Face time.

____ 4. St. Raphael Counseling, LLC is out-of-network coverage for insurance companies; therefore, it is the client's responsibility to file with their insurance provider for reimbursement. After full payment, at the time of service, SRC can provide an itemized statement for you to file with your insurance. If insurance does not reimburse as anticipated, it is the client's responsibility to address the issue with their insurance provider.

____ 5. Fees for auxiliary services are pro-rated and charged at the regular hourly session fee. This includes (not limited to) written reports, insurance correspondence, phone calls exceeding 10 minutes, court appearances and school meetings (including travel time).

____ 6. Services are considered automatically terminated (therapist is no longer legally responsible for client) if client does not have one session with therapist every 30 days unless an exception is agreed upon pending discussion between client and therapist. While not obligatory to termination, client may be notified of termination via email or mail as courtesy, at sole discretion of the therapist.

____7. **Sick protocol:** Per the recent social distancing requirements in response to COVID 19 we have updated our policies to be more comprehensive and thorough in caring for all those we serve: Masks are to be worn into the building and while in the waiting area, when required by law. During sessions we will maintain the approximate of 6 feet for social distancing requirements. In all instances of sickness, either on the therapist or client side, we will shift to teletherapy (or video) for the duration of symptoms. We would further ask that if you have someone in your household who displays symptoms of sickness you would opt for teletherapy as well as extra precaution. While this can decrease satisfaction of the therapeutic experience, it allows us to best maintain care for each of you in these ambiguous times. We will not turn anyone away who needs psychological care, but would be grateful if all abide by these requests. You will continue to receive the best care we can provide and you will be assisting others in their health needs.

____8. Limits of Confidentiality. Your therapist is required to disclose information under the following circumstances:

- Situations of suspected or confirmed child abuse or neglect;
- Abuse or exploitation of an at-risk adult or elder, including imminent risk of such abuse;
- Threats of harm to others, including people identifiable by their association with a specific location or entity, schools or workplaces;
- Threats of harm to yourself.
- (see HIPAA disclosure for more information)

____9. Waiting Room Policy. St. Raphael Counseling is not responsible for unattended minors. If your child is under 12, he/she may not be left alone in the waiting area. If unforeseen circumstances require you to bring a minor to your appointment, you may need to reschedule your session, or arrange to do meet over the phone.

____10. Electronic Communications: Confidentiality applies to all forms of communication, including phone, text, email, etc., we cannot ensure that electronic communications will be secure and confidential and that an unauthorized third party may attempt to gain access to these. While we use reasonable security measures, there is always a risk that the security of these communications could be compromised. By initialing below, you are authorizing St. Raphael Counseling to communicate with Protected Health Information (PHI) through the following unsecure forms:

____ Cell phone, including text messages and voicemails

Cell number: _____

____ Unsecured email

Client's email address: _____

Therapist's email address: _____

____ I do not wish to have my protected health information transmitted electronically

EMERGENCY CONTACT

Clients will be provided specific information regarding emergency contact with their counselor/clinician. IF YOU ARE EXPERIENCING A LIFE-THREATENING EMERGENCY, CALL 911 OR GO TO THE NEAREST HOSPITAL EMERGENCY ROOM AND CONTACT YOUR COUNSELOR FROM THERE.

YOUR RIGHTS AND INFORMATION

The Washington Department of Health regulates the practice of both licensed and unlicensed persons in the profession of psychotherapy and advanced practice registered nursing. Any questions, concerns or complaints regarding the practice of psychotherapy may be directed to the State Board. Please note that sexual intimacy between client and therapist is illegal in

Washington and should be reported to the Board:
Department of Health
Health Systems Quality Assurance (HSQA)
Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857
360-236-4700
Email: HSQAComplaintIntake@doh.wa.gov

Information provided to and by the client during therapy sessions is ethically confidential if the therapist is a licensed independent clinical social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, advanced practice registered nurse, or an unlicensed therapist practicing under the supervision of a licensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent except under Washington Statute exceptions: legal confidentiality does not apply in a criminal or delinquency proceeding, client-initiated court cases or grievance inquiries, providing information to insurance companies, supervision or consultation, grave disability, court order, or client's authorization to release information. Mental health providers are required by law to report cases of any child neglect or physical/sexual abuse to County Child Protective Services. Additionally, if any individual becomes dangerous to himself/herself or others, or is incapable of caring for himself/herself, confidentiality will be broken in order to arrange for appropriate care. It is the right of parents of a minor to inquire about their child's therapy. A minor is defined as a child under the age of 18 for L.P.C., or a child under the age of 15 for PhD and APRN. Therapy, however, proves to be more beneficial to the client and family if the child trusts that what he/she shares in sessions is confidential. Specific content of therapy will be kept confidential for non-minor children unless the well-being of the child requires the parent to have access to such information.

By signing below, I acknowledge I have read the preceding information, understand my rights as a client and agree to counseling under these conditions.

Name of Client (s) PLEASE PRINT

Signature of Client(s) or Legal Guardian Date

Please sign in acknowledgment for your specific therapist's credentialing:

Credentials

Michael Sean Isaac d'Esterre,

Masters in Social Work, Licensed Independent Clinical Social Worker

Credential Number: LW 60679567

As to the regulatory requirements applicable to mental health professionals: a Licensed Independent Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a Masters degree in their profession and have two years of post -masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Independent Social Worker must hold a Masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CACI) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a Bachelors degree in behavioral health and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical Masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

Signature Date

Credentials

Jocelyn Diana DiLucca

Masters in Marriage and Family Therapy, Licensed Mental Health Counselor Associate

Credential Number: MC 60705063

Supervisor: Suzanne Apelskog

Master of Science, Licenced Mental Health Counselor, Board Certified Tele-Mental Health Provider

Credential Number: LH 00008953

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