

## Professional Disclosure

You have the right to choose a health care provider who best suits your needs and purposes. With that in mind, please read carefully the following disclosure information for counseling services. You have the right to refuse treatment.

## Credentials

I work as a Licensed Mental Health Counselor (LMHC) in the State of Washington; license number LH 60133420. I received my Master of Arts in Counseling Psychology from St. Martin's University, Lacey, WA 2006.

My academic training is primarily in cognitive-behavioral therapy, individual therapy, family systems therapy, group therapy, expressive therapy (e.g., art, and writing), developmental theory, psychopathology, gender & ethnicity issues, abusive relationships, and assessment & treatment planning. My clinical internship was at Behavioral Health Resources (BHR) in Olympia, WA.

My post-academic training includes: EMDR, mindfulness and meditation, psychodrama, and gay and transgender concerns. I am a Certified Sex Addiction Therapist (CSAT) through the International Institute for Trauma and Addiction Professionals (IITAP.com).

I meet the state requirements (WAC 246-809-234) as an approved supervisor for LMHCA (Licensed Mental Health Counselor Associates) who need a 100 supervision hours for licensure. I provide individual and group supervision to other licensed counselors.

I am a solo practitioner in private practice working at the Phoenix Offices, LLC. I see individuals, partners, and couples. I do not offer services to people less than 21 years of age.

I am a member in good standing of several professional organizations, including the Washington Mental Health Counselors Association (WMHCA.org), American Mental Health Counselors Association (AMHCA.org), International Institute for Trauma and Addiction Professionals (IITAP.com), and the Society for the Advancement of Sexual Health (SASH.net).

## Counseling Approach

I specialize in the following areas:

- Psychological trauma resulting from single events or longer-term exposure.
- Posttraumatic Stress Disorder (PTSD).
- Moral injuries.

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- Sex addiction, porn addiction.
- Financial and money concerns.
- Stress and anxiety.
- Depression.
- Communication skills.
- Sexuality and gender identity concerns.

In counseling I am actively involved in working with you, providing information, guidance, and support.

I primarily use cognitive-behavioral therapy (CBT). This approach helps to address dysfunctional emotions, maladaptive behaviors, and thinking processes using a number of goal-oriented processes. CBT is thought to be effective for the treatment of a variety of conditions, including, mood disorders, anxiety, personality disorders, and substance abuse.

This approach often involves helping you change your attitudes and behaviors that are causing you emotional pain. We may talk about how you've handled difficulties in recent situations and relationships.

I also run therapy groups. Depending on the situation, clients may see me in individual sessions, with a partner, and or in group therapy. If we agree that individual and group therapy is appropriate, you need to know that many insurance companies will not pay for individual and group therapy on the same day.

Counseling may involve helping you identify, develop, and implement more effective strategies for problem solving and how to make healthier decisions. At times I may ask you to do some specific activities outside our sessions, such as reading a book that I think would be helpful. The length of time you would be in treatment cannot be known early on. Counseling with me is understood to be a choice you've made among available options. Other options include: receiving therapy from another counselor, using other therapy modalities, using support groups, seeking self-help resources, and other modes of treatment.

### **Risks and Benefits**

Counseling can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have many benefits. It often leads to better relationships, it can provide solutions to specific problems, and there is often a significant reduction in feelings of emotional distress.

Some patients need only a few sessions to achieve their goals, while others may benefit from longer-term counseling.

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### **Electronic Communications, including e-mail**

Since I cannot ensure the confidential nature of electronic communications, my preferred method of communication is through the telephone. If you use e-mail, or other electronic method to contact me, you are giving me implicit authorization to use that same method to contact you, knowing that these methods of communication do not take adequate safeguards to ensure your privacy.

In no event can I respond to emergency issues using electronic media of any type.

### **Social Media**

I do not use social media as part of my counseling practice. However, with evolving technology, you may receive a message from Facebook, Google, or similar media that you and I may know each other (or you may receive a friend request).

This situation occurs because social media (Facebook, Google and others) geo-locates its users. If the system determines we are in the same place at the same time, then the system assumes that we may know each other and it may send you, and others a notification.

The downside of this is if you use social media in a place consistently, and others do as well, then the systems know where you are and who you are near. This means if you are in a waiting room, at a bar, a store, or place to eat on a consistent basis, you may receive a note about people you also know from others (i.e., a people you may know recommendation) and those other people will now know both your name and have your picture.

This information is an attempt for me to explain why at some point you may receive notice from your social media provider that you may know me, or someone else that routinely visits Phoenix Offices, LLC. My policy is not to respond to "friend" requests, or similar, from clients.

### **Concerns about Treatment not Working or Unprofessional Behavior**

You have the right to terminate counseling at any time. Stopping therapy early may result in the return or worsening of the initial problems and symptoms.

I encourage you to talk with me directly if you are dissatisfied with my services or if you want a second opinion or referral to another counselor. If you intend to discontinue therapy, please discuss it with me first.

If you are concerned about my professional conduct, you may file a complaint with:  
Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. Their telephone number is (360) 236-4700.

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### **Ethics**

I follow the ethical guidelines as published by the American Mental Health Counselors Association.

### **Confidentiality**

In addition to this document, you received my Notice of Privacy Practices, which described how I might use and disclose your health information. Examples of when I may disclose information about you is:

- To report suspected abuse of a child, a developmentally disabled person, or a vulnerable adult;
- To interrupt potential suicidal behavior;
- To intervene against threatened harm to another, which may include knowledge that a patient is HIV positive but a patient is unwilling to inform others with whom he/she is intimately involved; and or
- If required by court order or other compulsory process.

Disclosures may also be made if you sign a written authorization for me to release information to another person or agency, such as your physician.

If you file a complaint with the Department of Health, the minimally necessary disclosures will be made to present the Department with all the relevant and or requested information.

### **Appointments and Rates**

All of my scheduling for new and follow-up appointments is done by the staff at the Phoenix Offices, LLC. Use the contact phone numbers on the first page of this disclosure to make or change an appointment.

### **Rates**

- \$125 per a clinical hour session for established clients, clinical supervision, report writing and similar.
- \$165 for an initial client visit and intake interview.
- \$35 per group therapy session. This covers process groups only. Other types of groups, i.e., specialty groups, may be charged at a different rate.

The clinical hour appointments are 45 -50 minutes in length. While I do my best to minimize rate changes, from time to time I do find it necessary to increase my hourly rate. If you are continuing in therapy with me at that time, I will provide you with thirty days advance notice of

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any such increase. You are not responsible for any cost increases prior to you being given this notice. Rates for other services, such as court or legal testimony are not included in the above list and will be based on individual circumstances.

Unless we have made other arrangements, full payment is due at the start of each session. You will be charged in quarter-hour increments for telephone calls to me to discuss issues or concerns between sessions. The same is true for my telephone interactions with attorneys, physicians, and others on your behalf, and for reports, forms, and letters you request me to complete on your behalf. You are expected to pay these extra costs at our next session for before the reports, forms, or letters are finalized.

If you are unable to attend a scheduled session, you will be charged my full fee for the missed session unless you notify me by telephone (not e-mail or other electronic media) at least 24 hours in advance. Health insurance companies will not pay for missed sessions, nor will they pay for telephone calls, reports, letters, or interactions with attorneys and others, as such, you are solely responsible for payment for these services.

I accept payment via cash, personal checks, money order, and or credit card. Checks should be made out to Stoner Counseling Services, LLC. Payment by check permits bank employees to view names of my patients, because my name will appear on the check. If you pay via credit card, my business name, Stoner Counseling Services LLC, may appear on your monthly statement. I cannot be held responsible for a security breach if the credit card company and or its related businesses, banks, and or customers gets hacked and consumer data is released.

Due to delays in payment by insurers, changes in your deductible, co-pay or other terms of service, an overpayment by you, or your insurer may occur. In the event of this situation, I will issue a refund no sooner than 90 days after your last appointment with me. This delay is necessary to allow a final accounting between my office, my billing company, the primary insurance company, and the secondary insurance company, if any.

### **On line testing and rates**

If we agree that your treatment plan includes addressing issues such as trauma, addiction, and or financial issues, I may recommend that you take an on-line test. This means I will assign you a unique code that allows you to access these on-line tests confidentially at a location of your choosing. I will not release the results of these tests unless they are paid in full and in no case will I release the test results without a face- to-face counseling session to discuss the results.

These on-line tests are owned and managed by IITAP (IITAP.com). The fees for these tests are:

- \$100 for the Sexual Dependency Inventory (SDI).
- \$75 for the Money and Work Adaptive Styles Index (MAWASI).
- \$50 for the Post-Traumatic Stress Index, Revised (PTSI-R).

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Payment for these tests is due in full before I will release the information needed to take the tests. In no event will the testing fees be refunded once paid. In order to receive the results of these tests, I must meet with you in person during a scheduled office visit.

### **About Insurance**

You are responsible for payment of all treatment fees and other costs. If you have health insurance and/ or a third-party payer, it will usually provide some coverage for mental health treatment. I will provide you some assistance in helping you receive the benefits to which you may be entitled.

You are responsible for determining exactly what mental health services your insurance policy covers, including the co-pay, if any, annual deductible, and treatment duration limitations. This is especially important if your coverage changes and somehow my services are not covered.

Your health insurance company and/or a third party payer may require that I provide it with information about your diagnosis, treatment plan, and your attendance at therapy sessions. It is rare, but they may require a copy of your entire treatment record. If you are using insurance and/or a third party payer, you acknowledge this and you agree to allow these disclosures. I do not do my own billing. Instead staff at the Phoenix Offices, LLC do this work and may contact you on my behalf regarding coverage and payment issues.

### **Exclusions of Insurance Coverage**

I do not accept, nor will my office bill:

- Medicare, or Medicare secondary payer.
- Medicaid type plans (e.g., Apple Care, Molina, Community Health Plan).
- Auto Insurance (e.g., services related to motor vehicle accidents, or similar).
- Employee Assistance Programs (EAP).

You are responsible for determining the type of insurance coverage that you have.

### **Emergency Situations and Contact Information**

As a professional in private practice, I have limited availability to return requests for contact. In the event of a crisis or similar situation, you should call 911, the local crisis clinic, or go to the nearest hospital emergency room for assistance. The Crisis Clinic of Thurston and Mason Counties can be reached at (360) 586-2800.

### **Client Termination**

If there is no contact between us for 60 days and we have not scheduled an appointment during this timeframe to resume treatment, then my treatment with you is terminated and any

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business related agreements we had are also terminated. Based on this document, there is no need for me to formally advise you of this termination. You have the option then to re-contact me to restart therapy, however I have the option of not restarting therapy if there is an unpaid balance on your account.

**Acknowledgment and Agreement**

By signing below, each of us confirms this disclosure document to represent the agreement between us, you confirm receiving and reading a copy of this document and my Notice of Privacy Practices (a separate document), and you confirm your understanding of the information provided and agree to allow the disclosures of health information as described above.

Print Name (Client)	Therapist Name William (Bill) Stoner, LMHC
Signature	Date Signed