

## Professional Disclosure

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## Your Rights as a Client

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. I have a separate document “Agreement for Telehealth Services” that covers important information about therapy conducted via the internet or via telephone.

I ask you to initial each page so I know that you have read and are aware of all the information in this Disclosure Document.

Client initials \_\_\_\_\_  
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## My Credentials & Services Offered

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. I am a solo practitioner in private practice working at the Phoenix Offices, LLC.

Phoenix Offices, LLC provides rental space to licensed mental health professionals, who are all independent businesses. <https://www.phoenixofficesolympia.com/>

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.

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 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).

I see individuals and partners/couples. I offer both individual and group therapy. I offer traditional marriage counseling where both parties see one counselor together. I also offer an alternative where each person sees a counselor for individual sessions and the 4 of us (two therapists and both individuals) come together on occasion for a joint session. I find this alternative model very effective.

## My Counseling Focus & Approach

I specialize in the following areas:

- Posttraumatic Stress Disorder (PTSD)
- Moral Injuries, Moral Incongruence
- The desire to heal from and to make meaning of life based on life changing events such as:
  - Psychological trauma resulting from single events or longer-term exposure
  - A major health diagnosis (e.g., cancer)
  - Being exposed to dangerous situations
- Compulsive or process disorders such as:

- Problematic sexual acting out
- Problematic pornography use
- Spending and other financial issues
- Stress, anxiety, depression.

I have experience and training in the following areas:

- EMDR
- Mindfulness & meditation
- Military & first responders (police, fire, medical)
- Dissociative Identity Disorder
- GLBT
- Integrating the experience of psychedelic therapy with everyday life.

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 uncomfortable or self-defeating 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.

Depending on the individual and 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 most 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 & Benefits of Counseling

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.

### My Limitations Regarding Treatment

As a way to limit my practice to my areas of expertise I **do not**:

- Offer services to people less than 21 years of age
- Write letters, complete or sign forms, regarding comfort animals
- Conduct on-going individual therapy with both partners in a relationship, or with members of the same family household
- Conduct a single counseling session for the express purpose of writing a report, completing forms, or completing a mental health evaluation (A.K.A, “one and done”)
- Participate in **court ordered** treatment for anger management, domestic abuse, sexual contact with minors, or similar.

I am **not** licensed to prescribe any type of medications, herbal supplements, or marijuana. If you are interested in these, I **cannot** prescribe them, but I can offer information regarding what I have learned about them.

### Electronic Communications (e.g., e-mail, social media) and Electronic Recording

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.

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 two people are in the same place at the same time, then the system assumes that they may know each other and the system 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 these systems know where you are and whom 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 notice about people you may know (i.e., a friend recommendation).

Since the electronic algorithm works both ways, now others will have both your name and 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. I **do not** initiate these requests and I **do not** respond to “friend” requests, or similar, from clients.

Evolving technology also allows ease of audio and or video recording. The counseling environment (e.g., everywhere in Phoenix Offices) is presumed to be a private space, where privacy is expected.

If you want to audio or video record me, or my staff, or anywhere in Phoenix Offices at any time, you must have express prior written permission outlining what is to be recorded, why, what will be done with the recordings, and how confidentiality will be maintained. If you record without this specific express consent, you will be fired as a client and we may choose to pursue legal action against you and anyone involved in the recording.

### Accidental Public Encounters

Occasionally, clients and therapists encounter each other in a public space. As a way to respect your privacy and confidentiality, I will not initiate first contact.

If you initiate contact with me, that is your choice, but if an observer asks how we know each other it can get awkward fast, especially if you don't want others to know that you are, or have been, my client.

### Client 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 disclosure 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 or partner.

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.

### Appointment Scheduling, Payment Options

Scheduling for new and follow-up appointments can 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. All my fees are listed in the Fee Schedule.

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 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 considered standard therapy. Since this requires a significant amount of preparation there is a separate schedule of fees.

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 late cancelation fee or no call no show fee for the missed session unless you notify me by telephone (not e-mail or other electronic media) at least 24 hours in advance. These fees are listed in the Fee Schedule.

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 will be deposited into my business account.

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, the primary and secondary insurance companies, and the banking system.

I expressly reserve the right to not schedule appointments with you, or to terminate treatment with you, if you have an on-going unpaid balance on your account. If I do take this action, I will not provide any reports, treatment records, respond to requests for release of information, or similar until the unpaid balance is zero.

### On Line Testing Options

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 the tests and your account 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. In no event will the testing fees be refunded once paid, even if the test is not completed. You may lose your access to take the test if it is not completed within a reasonable time. Hard copies of the test are given solely based on my clinical judgement.

Since some of these on-line tests are owned and managed by IITAP (IITAP.com), only those therapists who have had specialized training from IITAP will understand how to interpret them. The fees for these tests are listed in the Fee Schedule.

### Using Health Insurance

You are responsible for payment of all treatment fees including out-of-pocket and other costs. If you have health insurance and/ or a third-party payer, it will usually provide some coverage for mental health treatment.

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 or you change plans during the annual open enrollment period and somehow my services are not covered.

My services are not covered by all insurance plans. You can verify my status with any potential insurer by contacting that insurer and telling them what exact health plan you have or are considering.

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.

Since I do not do my own billing, staff at the Phoenix Offices, LLC may contact you on my behalf regarding coverage and payment issues.

### Exclusions of Insurance Coverage

I **will not** accept, nor will my office bill:

- Medicare, or Medicare secondary payer (if you start seeing me for services and become qualified for Medicare while in treatment, I still cannot and will not bill Medicare). There are a few limited exceptions, i.e., some plans have a “carve out” for master’s level therapists. Talk to your insurer if your plan has the carve out.
- 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).

### Emergency Situations & 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, No Contact for 60 Days

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 the therapeutic relationship will have ended.

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. If there were any non-standard payment agreements, then these will have to be renegotiated as well.



### Client Concerns Regarding Treatment

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.

### Ethics

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

### Fee Schedule

When considering my fees, I've learned that many people do not fully appreciate the costs associated with owning a solo, independent, counseling business. Since I am in private practice my business pays: for office rental (includes staff wages), training for my clinical license and certifications, books, supplies, credit card fees, record storage, information technology support, my family's health insurance and out of pocket medical costs, my retirement fund, and costs when I take (unpaid) time off work.

<b>Clinical fees</b>	
Individual or couples/partners therapy with established clients or clinical supervision, per a 45-50 minute clinical hour	\$125.00
Individual or couples/partners therapy with established clients or clinical supervision, per a clinical 25-30 minute half-hour	\$65.00
Writing standard clinical reports and completing forms for other health care clinicians, requested telephone calls to other clinicians, and similar, per hour	\$125.00
Group therapy session, 60 to 75 minute session	\$35.00
Initial client visit and intake interview as covered by insurance.	\$175.00
Late cancellation, no call no show, individual therapy	\$65.00
Late cancellation, no call no show, group therapy	\$35.00
Requested legal reports, legal forms, legal testimony, legal depositions. These charges apply to my travel time and time away from the office, per	\$200.00

<b>Clinical fees</b>	
hour. I determine what is a legal form is and what it is not.	

<b>On-line testing fees</b>	
Sexual Dependency Inventory (SDI), per test	\$100.00
Money and Work Adaptive Styles Index (MAWASI), per test	\$75.00
Trauma Symptom Inventory 2 (TSI-2)	\$75.00
Post-Traumatic Stress Index, Revised (PTSI-R), per test	\$50.00
Sexual Digital Media Inventory (SDMI), per test	\$50.00

[Acknowledgment & Agreement](#)

By signing below, each of us confirms this disclosure document represents 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.

Client Printed Name

Therapist Name  
William (Bill) Stoner, LMHC

Client Signature

Date Signed