

**Bill Stoner, Licensed Mental Health Counselor (LMHC, LH 60133420)**

Clinical Supervisor

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**Professional Disclosure**

The Washington State (WA ST) Department of Health (DOH) and insurance companies require that I provide information about my practice as part of the overall agreement to participate in counseling. This document provides that information. As such, I need a signed copy for my records (be sure to initial each page at the bottom).

**My Credentials & Services Offered**

I am a solo practitioner in private practice. My practice is primarily with adults 21 and over either in person or via tele-therapy.

I received my Master of Arts in Counseling from St. Martin's University, Lacey, WA 2006. My clinical internship was at Behavioral Health Resources (BHR) in Olympia, WA.

I meet the state requirements (WAC 246-809-234) for approved supervisor for LMHC Associates (LMHCA) and provide consultation to licensed counselors on various issues.

I am a Certified Sex Addiction Therapist (CSAT) through the International Institute for Trauma and Addiction Professionals (IITAP.com). I have other certifications and am a member in good standing of several professional organizations, as listed on my website.

**My Counseling Focus & Approach**

The areas of my clinical expertise include:

- Post-traumatic Stress Disorder (PTSD) and Chronic PTSD
- Moral Injuries, Moral Incongruence
- Problematic sexual acting out and pornography use.
- The desire to heal from life changing events (including health related issues).

I also have specialized education, training, and experience in the following areas:

- EMDR Therapy (as indicated for PTSD, stress, anxiety, etc)
- Hypnosis & trancework
- Mindfulness & meditation
- Military & first responders
- Dissociative Identity Disorder

**Risks & Benefits of Counseling**

In counseling we work together as I provide information, guidance, and support.

Various therapeutic approaches can be used help to address uncomfortable or self-defeating emotions, maladaptive behaviors, and thinking processes using a number of goal oriented processes. This process involves helping you change your attitudes and behaviors that are causing you difficulty. We often talk about how you've handled difficulties in recent situations and relationships.

Counseling is intended to help you identify, develop, and implement more effective strategies for problem solving and how to make healthier decisions. Research shows that clients who do follow-up activities have better clinical outcomes. From this perspective I may ask you to do some therapy related activities outside of the clinical sessions.

Since counseling may involve discussing unpleasant aspects of your life, you may temporarily experience uncomfortable feelings. This is a natural part of the healing process.

Some patients need only a few sessions to achieve their goals, while others may benefit from longer-term counseling. The duration of effective treatment cannot be known early on.

A special note about EMDR therapy, hypnosis and trancework. While these evidence supported therapies can be very effective, they require a temporary altered state of consciousness in order to facilitate meaningful change. Altered states are common outside therapy. They can occur when you are focused on the task at hand and time passes quickly e.g., when you are fully engaged in a movie, music, a book, exercising, walking, or taking a long drive. Ask me if you have any questions about this.

### My Limitations Regarding Treatment

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

- Offer services to those 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 session")
- Participate in **court ordered** treatment for anger management, domestic abuse, sexual contact with minors, or similar.

I am **not** licensed to prescribe, or give you, any type of medication or herbal supplements, or similar. If you are interested in these, I **cannot** prescribe them, **and cannot** tell you where to get 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 or via my email (hushmail) account. 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.

I **do not** use social media as part of my counseling practice and do not respond to social media requests. In no event can I respond to any type of emergency using electronic media of any type.

Evolving technology also allows ease of audio and or video recording. The counseling environment (e.g., everywhere within my office space) is presumed to be private and confidential, where privacy is expected.

If you want to audio and or video record me, any part of my office, or any part of the counseling process you must have express prior written permission from me outlining what is to be recorded, why, what will be done with the recordings, and how confidentiality will be maintained.

If you do any type of audio and or video recording without this specific written express consent, you will be fired as a client and I may pursue legal action against you and anyone else 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, I have posted my Notice of Privacy Practices, which described how I might use and disclose your health information. As a mandated reporter ([RCW 74.34.020\(10\)](#)) I may be legally required to disclosure information about you:

- 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 client has a serious communicable disease but the client is unwilling to inform others with whom he/she is intimately involved and or
- If required by a (legal) court order or other compulsory process.

Voluntary disclosures may occur **only** if you sign a written authorization for me to release information to another person or agency, such as your physician, another therapist, or partner.

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

### Appointment Scheduling, Payment Options

Contact me to schedule appointments All my fees are listed in the Fee Schedule (below).

Typical appointments are 45-55 minutes in length. Longer sessions can be scheduled, but extra time is not covered by insurance. I provide advance notice of any rate increase.

Fees for other services, such as court or legal testimony are not considered standard therapy. Since these services require a significant amount of preparation there is a separate fee schedule.

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 or my hushmail account 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, credit card, or personal checks. Checks should be made out to Stoner Counseling Services, LLC. Payment by check permits my billing staff and 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 made 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 account biller, the primary and/or 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 respond to requests for clinical information, or similar, until the unpaid balance is zero.

### Using Health Insurance

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. You are responsible for payment of all treatment fees including out-of-pocket and other costs.

You can verify my status with any potential insurer by contacting that insurer directly.

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, my billing staff 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** as a primary or 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).
- **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)**
- **Group therapy.**

### Assessment Testing

I may recommend that you take an assessment test. These tests may either be on-line or hard copy. These tests assess signs and symptoms; they are not necessarily diagnostic. This means that you may not receive an a “official” diagnosis that has an “official” diagnosis code. As a result, none of the assessment tests I offer are billed to, nor reimbursed by insurance. The cost of these tests are listed in the fee schedule.

These are specialized assessment tests and will only be understood by those licensed professionals who have had specific training.

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 counseling session to discuss the results. Hard copies of the test are released solely based on my clinical judgement.

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 an on-line test if it is not completed within a reasonable time.

### Emergency Situations & Contact Information

In the event of a crisis, or similar situation, or if you need assistance outside the therapy session, you may want use the following:

- **911** for emergency dispatch
- Thurston County crisis number: **360-586-2800** or **crisis-clinic.org**
- National Suicide Prevention Lifeline number: **800-273-8255**, or text **988**.

**Client Termination, No Contact for 90 Days**

If there is no contact between us for 90 calendar 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 is 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.

**Termination of Treatment Client Concerns Regarding Treatment**

You, the client, have the right and the responsibility to terminate counseling at any time if therapy with me, and or the modalities that I use, do not meet your needs. 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 have questions about my services.

In addition, as a clinician and a small business owner, I have the right and the responsibility to exercise my professional judgement to terminate therapy with you if I believe I am not the correct therapist for you at this time. The reasons for this may include: patterns of late cancelation and or no-call-no-show, delayed or non payment of bills, or not cooperating in the clinical sessions.

I follow the ethical guidelines as published by the American Mental Health Counselors Association. If you are concerned about my professional conduct, you may file a complaint with the Department of Health, Health Professions Quality Assurance Division.

**Fee Schedule**

When considering my fees, many people do not fully appreciate the costs associated with owning a solo, independent, counseling business.

My business is financially responsible for: office rental, professional billing services, clinical training for my license and certifications, books, supplies, credit card fees, record (file) storage, computers and information technology support, websites, and advertising. Also, I experience a lack of income when I take time off work for training or personal time.

Insurance companies rarely provide cost of living increases, while they have steadily increased their oversight and requirements for obtaining authorization and billing for services.

<b>Clinical fees</b> (Rates for private pay and what is billed to insurance)	
Individual or couples/partners therapy with established clients or clinical supervision, per a 45-55 minute clinical hour	\$140.00
Individual or couples/partners therapy with established clients or clinical supervision, per a clinical 25-30 minute half-hour	\$70.00

<b>Clinical fees</b> (Rates for private pay and what is billed to insurance)	
Writing standard clinical reports and completing forms for other health care clinicians, requested telephone calls to other clinicians, and similar, per hour	\$140.00
Initial client visit and intake interview as covered by insurance.	\$180.00
Individual therapy, late cancellation, no call no show (NCNS) (not payable by insurance, not billed to insurance)	\$70.00
Requested legal reports, legal forms, legal testimony, legal depositions etc. These charges apply to my travel time and time away from the office, per hour. I determine what is a legal form is and what it is not. (Not payable by insurance, not billed to insurance. May require advance payment.)	\$250.00
<b>Assessment Testing</b> (Not reimbursable by insurance. Not billed to insurance. Per test.)	
Sexual Dependency Inventory (SDI)	\$100.00
Money and Work Adaptive Styles Index (MAWASI)	\$75.00
Trauma Symptom Inventory 2 (TSI-2)	\$50.00
Post-Traumatic Stress Index, Revised (PTSI-R)	\$50.00
Sexual Digital Media Inventory (SDMI)	\$50.00

### Acknowledgment & Agreement

By signing below, each of us confirms this document represents the agreement between us. Also you confirm that you have received a copy of “Notice of Privacy Practices” and “Agreement for Telehealth Services” (if appropriate, both are a separate documents).

I will not accept any modifications or changes to this document. Any modifications or changes that are not made by me, are not considered valid and may result in the termination of care by me.

<b>Client Printed Name</b>	Therapist Name: William (Bill) Stoner, LMHC
<b>Client Signature</b>	Date Signed by Therapist
<b>Date Signed by Client</b>	

