

Professional Disclosure

The following describes me and my counseling practice. I need a signed copy returned for my records and ask you initial each page so I know that you have read, and are aware of, all the information in this document.

My Credentials & Services Offered

I am 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 clinical internship was at Behavioral Health Resources (BHR) in Olympia, WA.

I am a solo practitioner in private practice where I rent office space at Phoenix Offices, LLC. Phoenix Offices, LLC provides rental space to licensed mental health professionals, all of whom who are independent businesses. PhoenixOfficesOlympia.com

My practice is primarily with individuals either in person or via teletherapy. I occasionally have options for group therapy.

I offer alternatives for couples/partners. One option is where each person in the relationship sees their own counselor for individual sessions (one partner is with me) and at some point the four of us (two therapists and both individuals) come together on occasion for a joint session. I find this alternative model very effective.

Another alternative for couples/partners is for one member of the couple/partner meet with me individually (as my client), and the other person joins us on occasion for a joint session. In this scenario, the other person is not my client.

I meet the state requirements (WAC 246-809-234) as an approved supervisor for LMHCA (LMHC Associates) who need a 100 supervision hours for licensure. I also provide supervision to other licensed counselors.

I am a Certified Sex Addiction Therapist (CSAT) through the International Institute for Trauma and Addiction Professionals (IITAP.com).

I am a member in good standing of several professional organizations, including the Washington Mental Health Counselors Association (WMHCA.org).

My Counseling Focus & Approach

I specialize in the following areas:

- Posttraumatic Stress Disorder (PTSD) and Chronic 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 issue (e.g., a serious illness or near death experience)
 - Being exposed to dangerous situations (physical and or emotional)
 - After an intense experience with psychedelic medicine
- Compulsive or process disorders such as:
 - Problematic sexual acting out
 - Problematic pornography use.

I also have experience and training in the following areas:

- EMDR Therapy (as indicated for PTSD, stress, anxiety, etc)
- Trancework & hypnosis
- Mindfulness & meditation
- Military & first responders
- Dissociative Identity Disorder
- GLBT.

Risks & Benefits of Counseling

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

The therapeutic approaches used help to address uncomfortable or self-defeating emotions, maladaptive behaviors, and thinking processes using a number of goal oriented processes. This 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 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. Counseling may help you identify, develop, and implement more effective strategies for problem solving and how to make healthier decisions.

Research has shown 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.

Counseling with me is understood to be a choice you've made among options that are available to you. You have the right to choose a health care provider who best suits your needs.

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 treatment cannot be known early on.

A special note about EMDR therapy, Trancework and Hypnosis. While these mainstream 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.

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, or give you, any type of medication, herbal supplements, or marijuana. If you are interested in these, I **cannot** prescribe them, or tell you where to get them, but I can offer information regarding what I have learned.

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 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 emergency issues using electronic media of any type.

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

If you want to audio or video record me, my staff, or anywhere in Phoenix Offices, LLC 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 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, you received my Notice of Privacy Practices, which described how I might use and disclose your health information. Examples of when I may be required to 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 a (legal) 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 is mostly done by the staff at 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 (below).

Most clinical hour appointments are 45-55 minutes in length. Longer sessions can be scheduled, but extra time is not covered by insurance. 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 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 (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 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.

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 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. For clients over 18 years old and on their parent's (or other) insurance account, my staff or I, may need to talk to the account holder about coverage and payment. This is completely separate from disclosing the content of what you and I discuss in therapy.

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).

Assessment Testing

If we agree that your treatment plan includes evaluating specific issues, 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 “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

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, many people do not fully appreciate the costs associated with owning a solo, independent, counseling business. My business pays: office rental (includes staff wages), clinical training for my license and certifications, books, supplies, credit card fees, record (file) storage, computers and information technology support, websites and advertising, my family's health insurance and out of pocket medical costs, my retirement, and costs when I take (unpaid) time off work.

| Clinical fees (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 | \$135.00 |
| 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 | \$135.00 |
| Group therapy session, 60 to 75 minute session | \$35.00 |
| Initial client visit and intake interview as covered by insurance. | \$175.00 |
| Individual therapy, late cancellation, no call no show (NCNS) (not payable by insurance, not billed to insurance) | \$65.00 |
| Group therapy, late cancellation, no call no show (NCNS) (not payable by insurance, not billed to insurance) | \$35.00 |

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| Clinical fees (Rates for private pay and what is billed to insurance) | |
| 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.) | \$200.00 |
| Assessment Testing (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).

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|------------------------------|---|
| Client Printed Name | Therapist Name: William (Bill) Stoner, LMHC |
| Client Signature | Date Signed by Therapist |
| Date Signed by Client | |