

COUNSELING EDMONDS, PLLC

DATE: \_\_\_\_\_

CLIENT INFORMATION

(Filled out for each partner/family member attending counseling)

NAME: \_\_\_\_\_

PHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

E MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MARRIED OR PARTNERED: \_\_\_ SINGLE: \_\_\_ SEPARATED: \_\_\_ DIVORCED: \_\_\_ OTHER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

REFERRED BY (THERAPIST, PHYSICIAN, FRIEND, ETC.): \_\_\_\_\_

MAY I CONTACT HIM/HER TO ACKNOWLEDGE THE REFERRAL? YES / NO

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

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(Filled out for each partner/family member attending counseling)

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MAY I CONTACT HIM/HER TO ACKNOWLEDGE THE REFERRAL? YES / NO

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

**DISCLOSURE STATEMENT**  
**For**  
**Deborah M. Fohr, M.S., LMFT**  
**8304 196<sup>th</sup> St. SW**  
**Edmonds, WA 98026**  
**(425) 672-0414**

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 am a Licensed Mental Marriage and Family Therapist in the State of Washington. My license number is LF00002074. I received my Master of Science degree in Marriage and Family Therapy from Seattle Pacific University in 2001. I completed my eighteen month internship at Eastside Mental Health in Bellevue.

In addition, I received my Bachelor's Degree in Psychology from the University of Washington in 1999. I regularly attend professional trainings, workshops and seminars to deepen my knowledge and enhance my therapeutic skills. And I continue to be involved in peer consultation groups to improve the effectiveness of my work.

I am a member of Family System Therapists Northwest. I have been a clinical member of the American and Washington Associations of Marriage and Family Therapy and a professional member of the American Association of Sexuality Educators, Counselors & Therapists. I have taught as Adjunct Faculty in the Marriage and Family Therapy Program at Seattle Pacific University.

### **Counseling Approach**

I primarily use family systems theory and cognitive-behavioral therapy (CBT). These approaches help to address patterns in dysfunctional emotions, maladaptive behavior, and thinking processes using a number of goal-oriented processes with a focus on looking at the patterns of interaction between family members and in significant relationships.

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

Typically I'll be asking you to relate your thoughts, feelings, and behaviors with a focus on your important relationships.

Cognitive-behavioral therapy (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.

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. Sessions typically last 20 weeks and are done on a weekly basis. Some clients need only a few sessions to achieve their goals, while others may benefit from long term counseling.

Counseling is understood to be a choice you've made among available options. Other options include: Receiving therapy from another counselors, using other therapies, 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.

I am committed to helping you make informed choices as we work together to address your concerns. This participation includes determining how counseling might benefit you and what techniques to use to help with your concerns.

## 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.

## Confidentiality

In addition to this document, you received the Notice of Privacy Practices of Counseling Edmonds, PLLC 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 if required by court order or other compulsory process.

If you are being seen with another person present, I can make a request that each person respect the other's rights to privacy, but I cannot guarantee this request will be honored. In addition, I strongly discourage email communication as I cannot guarantee confidentiality of your personal information. Legally any recordings (audio or video) of sessions must be agreed upon in writing by all parties in session.

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. Couples must both sign a release if disclosures are made about conjoint sessions.

If you file a complaint with the Department of Health, the minimally necessary disclosures will be made to present the Department with the full picture.

Payment by check permits bank employees to view names of patients, because Counseling Edmonds name will appear on the check.

## Social Media

I do not accept contact requests on any social media site by current, previous, or potential clients. This is to preserve our therapeutic relationship and your confidentiality. If you have any questions about this, please bring them to my attention.

## Minors

If you are a patient under 18 years of age and not emancipated, your parents have the right to examine your treatment records.

Since privacy in counseling is often crucial to successful progress, particularly with teenagers, it is common that I request an agreement from the parents that they consent to give up access to their child's records. If they agree, I will provide them only with general information about your progress in treatment, and your attendance at scheduled sessions. Any other communication will require your authorization, unless I feel that you are in danger or is a danger to someone else, in which case I will notify your parents of my concern. Before giving parents any information, I will discuss the matter with you, if possible, and I will do my best to handle any objections you may have.

## Appointments/Payment

Fees are based on the length of session. Individual sessions range from 45-55 minutes (\$120). The rate for the initial session is \$160.00. Couple and family sessions range from 60-85 minutes (\$150-\$225).

While CE, tries to minimize rate changes, from time to time it will be necessary to have increases in the hourly rate. If you are continuing in therapy with CE at that time, you will be provided with thirty days advance notice of any such increase. You are not responsible for any costs prior to you being given this notice.

Unless you have made other arrangements with the manager at CE, 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 will be true for my telephone interactions with attorneys, physicians, and others on your behalf, and for reports and letters you request me to write on your behalf. You are expected to pay these extra costs at our next session. I do not specialize in court or legal matters. If you want legal advocacy or documentation, I will attempt to provide you with a referral to someone who can provide those services. If I am involved in any legal action related to you my rates are \$300.00 per hour with a minimum of four hours, travel expenses, and any other expenses related to the legal action.

Any unpaid balance on your account bears interest at the rate of 12% per annum.

***If you will be unable to attend a scheduled session, you will be charged my full fee for the missed session unless you notify me 24hrs 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; you will be solely responsible for payment for these services.***

## 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 with whatever assistance I can in helping you receive the benefits to which you may be entitled. It is very important that you find out exactly what mental health services your insurance policy covers. Many insurance policies do not cover a diagnosis for relational issues. Please check with your insurance prior to your initial session as you will be responsible for all fees which may be limited to co-pays, co-insurance or may be the full fee depending on deductibles and insurance coverage.

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.

**Acknowledgement and Agreement**

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

Signed:

\_\_\_\_\_  
Signature of Patient (or Parent or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or Parent or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deborah M. Fohr, M.S., LMFT

\_\_\_\_\_  
Date

**NOTICE OF PRIVACY PRACTICES FOR COUNSELING EDMONDS, PLLC (“CE”)****THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

CE collects and creates personal information about you and your health. State and federal law protects your privacy by limiting how I may use and disclose such information. Protected health information (“PHI”) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

**Your Rights Regarding Your PHI.** The following are rights you have regarding PHI that we maintain about you:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and receive a copy of the PHI that CE maintains. You may be charged a reasonable, cost-based fee for the copying process. As to your PHI that CE maintains in electronic form and format, you may request a copy to which you are otherwise entitled in that electronic form and format if it is readily producible, but if not, then in any readable form and format as we may agree (e.g., PDF). Your copy request may also include transmittal directions to a third party.
- **Right to Amend.** If you feel the PHI CE has about you is incorrect or incomplete, you may ask in writing for the information to be amended although CE is not required to agree to the amendment. You may write a statement of disagreement if your request is denied. The statement will be maintained as part of your PHI and will be included with any disclosure.
- **Right to an Accounting of Disclosures.** CE is required to create and maintain a prescribed accounting of certain disclosures that may have been made of your PHI. You have the right to request a copy of such an accounting.
- **Right to Request Restrictions.** You have the right to request in writing a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. CE is generally not required to agree to such a request. If CE has been paid in full for all of the services covered by such a request, then CE will honor a request to restrict disclosure to your insurance.
- **Right to Request Confidential Communication.** You have the right to request that CE communicate with you in a certain way or at a certain location. CE will accommodate reasonable requests and will not ask why you are making the request.
- **Right to a Copy of this Notice.** You have the right to obtain a paper copy of this notice upon request.
- **Right of Complaint.** You have the right to file a complaint in writing with CE or with the Secretary of Health and Human Services if you believe CE has violated your privacy rights. ***You will not be retaliated against for filing a complaint.***

**CE Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations**

**Treatment.** CE may use your PHI for the purpose of providing you with health care treatment, including management, coordination and continuity of your care with other of your current providers.

**Payment.** CE may use your PHI in connection with billing statements sent you. CE may use your PHI for the purpose of tracking charges and credits to your account. Unless you have requested and CE has specifically agreed to restrict disclosure of your PHI to your health plan, CE may disclose your PHI to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability as well as to submit claims for payment.

**Health Care Operations.** CE may use and disclose your PHI for the health care operations of the professional practice in support of the functions of treatment and payment. Such disclosures would be to Business Associates for health care education, or to provide planning, quality assurance, peer review, supervision, administrative, legal, or financial services to assist in delivery of your health care.

**Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object**

**Required by Law.** CE may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. CE must also make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.

**Health Oversight.** CE may disclose your PHI to a health oversight agency for activities authorized by law. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to CE, such as third-party payers.

**Threat to Health or Safety.** CE may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual.

**Business Associates.** CE may disclose your PHI to the extent minimally necessary to Business Associates that are contracted by CE to perform health care operations or payment activities on our behalf, which may involve their collection, use, or disclosure of your PHI. To safeguard the privacy of your PHI, such contracts are regulated by the Department of Health and Human Services and must contain provisions designed to limit the use and re-disclosure of your PHI, to require compliance by the Business Associate with your individual rights, to subject the Business Associate to specified security obligations, and to require the Business Associate to require such obligations of a subcontractor.

**Compulsory Process.** CE will disclose your PHI if a court issues an appropriate order. CE will also disclose your PHI if (1) you and CE has each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid CE compliance, (2) no qualified judicial or administrative protective order has been obtained, (3) CE has received satisfactory assurances that you received notice of your right to seek a protective order, and (4) the time for your doing so has elapsed.

**Uses and Disclosures Requiring Your Opportunity to Agree or Object**

**Prior Providers.** CE may disclose your PHI to your prior health care providers, unless you have been given the opportunity to agree or object, and you have objected in writing.

**Close Personal Relationships.** In accordance with good professional practice, CE may disclose your PHI to your person(s) who are close to you that are involved with your care, unless you have been given the opportunity to agree or object, and you have objected. When you are not present or in situations of your incapacity or in an emergency, and where disclosure, in your provider's clinical judgment would be in your best interests, CE will disclose your PHI as minimally necessary.

**Disaster Relief Purposes.** In situations of your absence, incapacity or emergency and in accordance with good professional practice, CE may disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, which are directly relevant to your identification and care.

**Uses and Disclosures of PHI with Your Written Authorization**

CE will make other uses and disclosures of your PHI only with your written authorization. One example psychotherapy notes from your sessions (unless otherwise required by law). Unless CE has taken a substantial action in reliance on the authorization such as providing you with health care services for which CE must submit subsequent claim(s) for payment, you may revoke an authorization in writing at any time.

**Certain Uses and Disclosures of PHI CE does not make**

CE does not engage in academic or commercial research involving patient PHI. CE does not engage in marketing activities using patient PHI. CE does not engage in the sale of patient PHI. CE does no fundraising using patient PHI. CE does not maintain directory information for public disclosure. CE does not receive compensation for recommending any health care product or service.

**This Notice**

This Notice of Privacy Practices informs you of how CE may use and disclose your PHI and your rights regarding your PHI. It is required by law to maintain the privacy of your PHI and to provide you with notice of CE's legal duties and privacy practices with respect to your PHI, and to notify you following a breach of unsecured PHI related to you. CE is required to abide by the terms of this Notice of Privacy Practices. CE reserves the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that CE maintains at that time. CE will make available a revised Notice of Privacy Practices by providing you a copy upon your request or by providing you a copy at your next appointment.

**Complaints**

If you have any questions about this Notice of Privacy Practices or complaints about how your PHI has been utilized, please contact:

Deborah M. Fohr, M.S., LMFT  
Manager and Privacy/Security Official  
Counseling Edmonds, PLLC  
8304 196<sup>th</sup> St. S.W.  
Edmonds, WA 98026  
425.672.0414

**You will not be retaliated against for filing a complaint.** You may also file a complaint with the Secretary of the Department of Health and Human Services.

**The effective date of this Notice is August 6, 2018**



**ACKNOWLEDGEMENT OF RECEIVING NOTICE OF PRIVACY PRACTICES AND HEALTH CARE PROVIDER DISCLOSURE**

I, \_\_\_\_\_ patient name(s)], or the parents or legal guardian of the patient, have reviewed the following documents:

[Initial documents received]

\_\_\_\_\_ Notice of Privacy Practices

\_\_\_\_\_ Health Care Provider Disclosure Form.

\_\_\_\_\_  
Signature of Patient (or Parent or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or Parent or Legal Guardian)

\_\_\_\_\_  
Date