

Michelle Van Aken, MA, LMHC
South Hill Family Counseling, LLC
12515 Meridian Ave E, Suite 203

Phone: (253) 848-2805 Fax: (253) 435-5980

STATEMENTS OF DISCLOSURE AND CONSENT FOR TREATMENT

Counseling Approach: I am a Licensed Mental Health Counselor in Washington, license number LH00007429. I received my Master of Arts degree in Counseling-Psychology from Saint Martin's University in 1999. In therapy, I will be actively involved in working with you, providing information, guidance and support. In my work with children, I primarily use play and expressive therapy techniques. This approach uses tools such as artwork, sand-play, storytelling and other mediums for working with children and allowing children to express themselves in a safe environment. In my work with adults, I often include similar expressive tools, cognitive-behavioral therapy, solution focused and person-centered approaches. At all times, my focus in therapy is on creating a safe environment in which expression of feelings and healing can take place.

My first visit(s) will be assessment in which we will determine your concerns, and if both agree that I can meet our therapeutic needs, we will develop a plan for treatment. The goal of therapy is to provide the most effective therapeutic experience available to you. If at any time you feel that the therapeutic relationship is not a good fit, please discuss this matter with me to determine if transferring to a more suitable provider is right for you. If we decide that other services would be more appropriate, I will assist you in finding a provider to meet your needs.

CLIENT/THERAPIST RELATIONSHIP: You and your therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship.

RISKS AND BENEFITS: Psychotherapy is beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of therapy can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. There is no guarantee of these benefits, of course.

INCAPACITY OR DEATH: In the event of incapacity or death of the therapist, it may be necessary to assign your counseling to another therapist. All efforts will be made to transfer your records to an appropriate therapist in a timely and convenient manner. In an emergency, care will be taken to maintain confidentiality of your record. In the event of incapacity or death of your therapist, Marilyn Trowbridge, LMHC will be the contact person for accessing your therapy record.

AVAILABLE SERVICES: Michelle Van Aken, MA, LMHC offers a wide array of counseling services, including individual child, adolescent and adult counseling, family and couples counseling. Michelle also will provide consultation services at request. Michelle is an approved supervisor in Washington State.

APPOINTMENTS: Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. If you must cancel or reschedule your appointment, please call the office at (253) 848-2805 with at least 24 hours advance whenever possible.

EMERGENCIES: If you encounter an emergency, please contact the office regarding the nature and urgency of the circumstances. I will make every attempt to schedule an appointment as soon as possible or offer other options. Because clients may be scheduled back to back, it is not always possible to return phone calls immediately, however, I will make every effort to respond to our emergency in a timely manner. If you need an immediate response, please contact 911, or the local crises number at (253) 759-6700.

FEE SCHEDULE:

***Diagnostic and Evaluation Session, 60 minutes, (1st and sometimes second visit) \$190/hour spent**

***Regular Office Visit, 50 minutes \$170.00/hour spent**

***Outside Office Work by Hour (court, collaborative services) \$170/hour spent**

*** Written Reports \$170/hour spent**

***Returned Check Fee Per Check \$50**

****No Shows, Late Cancelled Appointments \$150**

****A fee will be charged for copies of any records requested by the client or on behalf of the client based on Washington Administrative Code.**

PAYMENT/INSURANCE FILING: Payment of fees, including any required co-pays, is expected at the time of each appointment. Please make payment before your session begins. If you are using insurance benefits, claims for insurance will be filed on your behalf and any contractual agreements with insurance, managed health care, or Employee Assistance Program companies will be honored for specific reimbursement restrictions and claim requirements. If you are not using a Managed Care /PPO/HMO insurance plan and/or wish to file your own claim, full payment is expected at the time of service and you will be provided a statement for services rendered.

CONFIDENTIALITY: Michelle Van Aken, MA, LMHC follows all ethical standards required by state and federal law. Practice guidelines and standards of care dictate the keeping of your records for counseling. Your record is confidential with the exceptions noted below and in the Notice of Privacy Practices.

Discussions between a therapist and client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of vulnerable adults; abuse of patients in mental health facilities; sexual exploitation, AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where the therapist has a duty to disclose, or where, in the therapist's judgement, it is necessary to warn or disclose; fee disputes between the therapist and client; a negligence suit brought by the client against the therapist; or the filing of a complaint with the licensing or certifying board against the therapist. If you have any questions regarding confidentiality, you should bring them to the attention of the therapist.

By signing this Disclosure and Consent Form, you are giving consent to the undersigned therapist to share confidential information with all persons mandated by law, with the agency/provider that referred you, and the

insurance carrier responsible for providing your mental health care services and payment for those services, and you are releasing and holding harmless the undersigned therapist from any departure from your right of confidentiality that may result.

CONSENT TO TREATMENT: By signing this Disclosure and Consent Form as the Client or Guardian of said Client, I acknowledge that I have received, have read, or have had read to me, and understand the information about therapy that I am considering. I have had all my questions answered fully.

******NOTE:** If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child's mental health care and treatment, South Hill Family Counseling, LLC and Michelle Van Aken, MA, LMHC will not render services to your child until therapist has received and reviewed a copy of the most recent applicable court order.

By signing below, I understand and agree to the following:

I hereby seek and consent to take part in treatment by Michelle Van Aken, MA, LMHC. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I am aware that I may stop my treatment at any time. The only thing I will still be responsible for is paying for the services I have already received.

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not call to cancel and do not show up, I will be charged for that appointment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), costs, dates and providers of any services or treatments I receive. I understand that if payment for the services I receive is not made, the therapist may refer me to other appropriate services and/or stop my treatment.

I authorize the release of necessary medical information for insurance/payment reimbursement purposes.

I authorize the payment of medical benefits to the provider of services.

My signature below shows that I understand and agree with these statements.

Signature

Date

Additional Participant Signature

Date

