

Counselor Disclosure Statement for Michele Kimble, M.Ed., LMHC

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As a Washington State Licensed Mental Health Counselor (LMHC), I am required by law to inform you of your rights as a mental health consumer and provide you with information about my qualifications, counseling orientation, treatment methods and business practices.

Your Rights: As a mental health consumer, your rights are safeguarded by the Counselor Credentialing Act, legislation that both protects public health and safety and empowers you by establishing a complaint process should your counselor engage in acts of unprofessional conduct. Washington State also mandates that you be informed of statute RCW 18.19.060 that reads:

“Counselors practicing counseling for a fee must be registered or certified with the department of licensing for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.”

Office : Tele-Health Only **Currently:** **Mailing Address:** PO BOX 1882, Vashon, WA 98070
Phone: (206) 567-0076 **E mail:** michele@michelekimblelmhc.hush.com

Professional Qualifications: M.Ed., Counseling, Seattle University 1997; Licensed Mental Health Counselor (LMHC) 2001; State of Washington LH #00005349; Member, Washington Mental Health Counselors Association

My training encompasses work as an outreach case manager and program coordinator, a residential mental health specialist, day treatment counselor, college counselor, volunteer sexual assault & domestic violence advocate, and group facilitator working with culturally and racially diverse populations throughout my career. I have also been employed as a research assistant and behavioral health specialist/utilization review coordinator. I regularly attend continuing education trainings and consultations with other mental health professionals in order to keep my clinical skills up to date.

In seeking counseling, it is your responsibility to choose a provider who best suits your needs. You have the right to refuse treatment at any time. I encourage you to discuss any concerns or questions you have during your course of care.

Counseling: I offer my services in the spirit of empowerment, support, encouragement and advocacy. Counseling is a collaborative journey, with mutual respect, trust and open communication being hallmarks of the experience. Your decision to seek counseling services is an important one. I make the assumption that it speaks to your desire for change, understanding, or to be more accepting of some aspect of your life or self with which you are struggling. There are risks and benefits to any form of counseling. Despite your best efforts and those of your counselor, your condition may not improve, and in some cases may worsen. In general, the goal is to increase self awareness and enable you to live your life and relationships with more satisfaction, an improved sense of well-being and less distress. I'll assist you in moving toward your self-identified and self directed goals while exploring thoughts, feelings and behaviors. We'll discuss early life experiences and relationships. I'll offer feedback, help you problem-solve when needed and recommend interventions suited to your needs and your situation. I may refer you to other professionals and community resources. I may also recommend outside tasks and readings (i.e., homework) as part of your care. I encourage your active participation in treatment planning and establishing goals for yourself. I also encourage and welcome feedback about your sessions.

Areas of Focus: Anxiety Spectrum, ADHD, Adjustment, Bereavement, Grief and Loss, Depression, Bipolar Spectrum, Low Vision & Vision Loss, Trauma, Spiritual/Faith Questioning, Workplace & Career Struggles, Relationship Struggles

Therapeutic Orientations: My style of working with clients is eclectic, and includes a Client-Centered, Humanistic/Existential approach, recognizing individuals as beings with unique life experiences, perspectives and therapeutic needs. I believe that early life experiences, including cultural, racial and socioeconomic influences and impacts are instrumental in forming our relationship to self and the world. I also believe thinking styles influence our emotions and behavior, a Cognitive-Behavioral viewpoint.

Methods/Interventions/Techniques: Interpretation, Gestalt, Role-Play, Psycho-Education, Cognitive-Behavioral (e.g., Cognitive Restructuring, Reframing, Goal-Setting, Homework, Problem-Solving, Evaluation) Biblio-therapy,

Motivational Interviewing, Crisis Intervention, CBT Exposure Narrative, Family Systems, Stress Management, Active Communication Skill-building, Somatic interventions including Progressive Muscle Relaxation, EFT, Diaphragmatic Breathing, Mindfulness, Grounding and Guided Visualization exercises and support of various forms of creative/artistic expression.

Office Policies, Fees, Business and Communication Practices

Consultation and Care Coordination

In order to give you the best care possible, and as an established best practice, I engage in clinical consultation with other mental health professionals regarding cases from time to time. I may consult about your clinical issues. I never use names or other identifying information during these consultations. I also routinely ask clients to sign a release of information so that I may speak with and coordinate care as needed with other health providers you may be seeing.

Appointments

The first 1-4 sessions are generally evaluative in nature. I'll go over your client intake, history and presenting struggle. I may administer further screenings and assessments along the way. I'll offer some first impressions, elicit your feedback and discuss treatment planning should you decide to continue counseling. If you're coming to see me under a time-limited EAP benefit, be aware that developing a short-term plan of action, offering resources and further treatment recommendations is often the focus. If you decide to continue counseling, I usually schedule a 45-50 minute appointment at a frequency we decide on together, generally once every 1-2 weeks at the start. An appointment is a commitment to your counseling work, and reserved for you. Please be on time, as I typically cannot extend your session beyond the scheduled time.

Professional Fees

My fee for an initial 50 minute consultation is \$160. This fee does not include time spent in reflection, treatment planning, documentation and establishment of a client record. Subsequent counseling sessions are 45 minutes at a cost of \$125. Extended sessions and crisis appointments are \$150. I accept cash and checks as payment for any fee or co-pay, **due within 30 days of my notification, verbally or in writing, that payments are due.** Upon request, for private pay clients who cannot afford my usual fee, I can offer a self-selected sliding fee scale between 80.00 and 120.00 per session.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. If I am required to hire an attorney, you will be expected to pay related fees. Because of the time-consuming and difficult nature of legal involvement, I charge \$200 an hour for preparation and attendance at any legal proceeding. At your request, I'll provide you with a full disclosure of my legal involvement policy and fees.

If you are requesting my assistance with a work-related absence under FLMA or Short-Term Disability, I require that we have an established counseling relationship, and have met for at least 6 sessions before I agree to complete paperwork or communicate with disability administrators. **Insurance does not pay for administrative costs for such requests, and you will be required to pay for time and other costs associated with such requests as allowed by law.** At your request, I'll provide you with a full disclosure of my FMLA/ST Disability Leave policy involvement and fees.

Missed Appointments and Fees

If you miss/no show or late cancel (**less than 24 hours notice**) an appointment, you'll be responsible for the cost of the session. **Insurance companies DO NOT pay for missed appointments.** EAP visits may be debited when canceling late or no-showing. Depending on the circumstance, I may agree to waive or reduce a late cancel or

missed appointment fee. This is at my discretion. If possible, I will try to find another time within the day/week to reschedule your appointment, waiving the missed appointment fee. Due to timeliness in response limitations, **I discourage appointment cancellations via e mail. Please leave me a voice mail if you are cancelling an appointment within the 24 hour window.**

Chronic Cancellations/No Shows

If you miss or late cancel 2 or more appointments, I will consider you self-terminated and your case will be closed. You may receive a letter at the address on file or a phone call from me prior to closing your case. If you contact me for services in the future, I may need to place you on a waitlist depending on my availability.

I fully understand that missing an appointment is sometimes unavoidable. However, it is difficult to gain benefit from counseling when attendance is erratic; chronic canceling creates a situation where your therapeutic needs go unmet, as do the needs of the client I had to turn away because my schedule was full. I appreciate your understanding and welcome a dialogue if you have questions.

Termination/Discharge

Termination can be a meaningful opportunity to acknowledge your therapeutic work, review progress or refer you to other providers. Sometimes termination is discussed and planned, other times it is not, e.g., self termination. Termination is sometimes agreed upon at the start of services, e.g., when the benefit for services is quickly exhausted, as in short-term EAP referrals that do not allow for ongoing care. I may discharge a person from care and refer to another provider if I feel that I'm unable to help effectively or there is a lack of progress toward goals. Other reasons for termination/discharge: Non payment of fees owed; chronic cancelling or no showing; threats, stalking or physical violence against me, my property or other clients.

Try not to disappear from counseling. An exit visit is preferable. If you do drop out (i.e., cancel an appointment and do not reschedule), and more than a month goes by without contacting me to schedule another appointment, I will consider you self-terminated from my care. You may receive a phone call or a letter from me regarding the closing of your case. If you contact me to schedule again, I may have to waitlist you or recommend you see another provider, depending on my availability.

Billing Practices & Payment Methods, Records and Contact Info

If I am billing your insurance, you're expected to pay any co-pays, co-insurance, deductibles and session fees **within 30 days of notification payment is due.** I accept personal checks, bank bill pay checks, HSA checks and money orders as payment. I **do not** routinely bill for co pays/co insurance only. Instead, I will notify you verbally, as claims process, the co pay/co insurance amount outstanding. If you have deductibles, or are paying privately, I will bill you. You should also routinely check the EOB/EOP (Explanation of Benefit/Payment) documents your insurance provides after claims have processed. I will provide receipts upon request, including for HSA reimbursement, sent at month's end. You must notify me if you have an HSA for which you need documentation. You're responsible for paying any and all fees not covered by your insurance, including *any medical insurance plan that pays benefits directly to you.* Payment schedules for other professional services will be agreed to when they are requested. Following verbal or written notification of payments due, if your account has not been paid for more than 90 days, and arrangements for payment have not been agreed upon, I have the option of using collections to secure payment. This would only occur after repeated attempts to collect amounts due. Your name, my name, dates of service unpaid, types of service ("professional services") and amount due would be submitted to the collections agency. The administrative costs for any collection action will also be included in your claim.

- I bill electronically to insurance and EAP companies.
- Invoices for outstanding balances will be sent to the address I have on record for you, or via e mail if this is your stated preference.
- I keep paper file records of your sessions, communications and collateral contacts regarding your care.

- It is your responsibility to update any demographic (address, phone) changes with me directly.

Insurance Billing/Reimbursement

I am contracted as a preferred provider with numerous insurance and EAP plans. If you have self-referred under insurance or been referred to me directly by insurance or EAP provider, I will electronically bill your insurance provider for visits, and accept the contracted rate we have negotiated. If I am not contracted with your healthcare provider and you have an **Out-of-Network (OON) benefit, like private pay, I require my full fee to be paid within 30 days of the service date.** I will provide you with a receipt to get reimbursement from your insurance provider.

Communications Policy

The best way to reach me is by phone. My phone is answered and monitored only by myself. Although I am often not immediately available to speak with you, with the exception of weekends and holidays, I make every effort to return calls within 24 business hours. When I am planning vacation or need to be away on business for an extended period, I will do my best to give you adequate notice regarding a change of schedule. If you need to be seen while I am away, I'll provide you with the the name of a colleague to contact if necessary. In the event that I am subject to sudden illness or injury which prevents me from conducting my normal affairs, a professional colleague may notify you.

Federal HIPPA regulations allow client communications in a non-secure manner (e.g., SMS text messages, non-encrypted e mails). My preference is to speak with you directly by phone regarding any clinical issues.

PLEASE DO NOT TEXT ME UNLESS YOU ARE AN ESTABLISHED CLIENT AND WE HAVE AGREED UPON THIS COMMUNICATION MODE IN ADVANCE FOR CLINICAL REASONS.

If you e mail me, understand that I cannot routinely check my e mails throughout the business day. This creates limits of timeliness in response to e mail. There are also limitations to privacy and confidentiality in that e mails can be viewed by others once they're received, opened and sitting in your box. This potential viewing by others includes employers monitoring employee e mail behavior. Be cognizant of these issues. If initiated by you, I will respond to your e mails, but may phone you to discuss your needs. Your communications with me via non-secure methods are done at your own risk. My e mail platform is Hushmail, which uses encryption. My e mail correspondences, including tele-health appointment links, will be encrypted unless you specifically request otherwise.

I mail communications (e.g., invoices, billing, intake paperwork, discharge letters) via USPS to the address I have on file. I will also e mail invoices and paperwork if this is your stated preference.

Please cancel appointments via voice mail. (See missed appointments policy). I do not use social media outlets (e.g., Linked In, Facebook) to communicate with clients.

After Hours Needs/Emergencies

In the event of a life-threatening emergency, dial 911. If between appointments or after-hours you are experiencing a crisis and feel that you cannot wait for me to return your call, you have the following options: contact your family physician or psychiatrist, or 24 hour nurse consult line, call the local 24 hour care crisis line number provided in my voice mail or go to the nearest emergency room. Please also leave me a message and I will get back to you as soon as possible.

CONFIDENTIALITY

The accompanying *Notice of Privacy Practices* outlines your rights and my obligations regarding confidentiality of the content of your sessions. In general, information may only be released to another party with an *Authorization to Release Information* signed by you. Exceptions to this policy include the following:

- **If you threaten dangerous action or bodily harm to yourself or another, I am required by law to intervene.**
- **If you inform me of any physical or sexual abuse involving a minor, elderly adult or physically or mentally disabled person, I must notify protective agencies.**
- **If I am served with a court order to release my records.**
- **Your permission to talk with a specific person.**
- **Using your insurance benefits. Insurance companies can audit a record at any time and require a diagnosis to use the benefit.**

As the primary client, you have a right to see and copy your treatment record. You may also ask to correct the record. If your record contains information disclosed by a significant other interviewed during your absence from the session, this information cannot be released to you without that person's written consent. Fees for photocopying your record may apply.

Acknowledgment & Consent

My initials indicate that I have read and understand the information contained herein and that I have received the following accompanying documents:

_____ Copy of *Counselor Disclosure (includes Office Policy, Fees, Business and Communication Practices)*

_____ Dept of Health brochure information, *Client & Counselor Responsibilities and Rights*

_____ Notice of Privacy Practices

_____ **Initial here if you are declining the documents.**

My signature below indicates my informed and willful consent to treatment. I also acknowledge I have been given an opportunity to ask questions about the information presented. I agree to pay any fee due each session.

Client Signature

Date

Counselor Signature

Date

Updated May 2023

TELEHEALTH DISCLOSURE AND CONSENT FOR MICHELE KIMBLE, M.ED, LMHC

I hereby consent to engage in tele-health (audio and video counseling and email) with MICHELE KIMBLE, LMHC, as an alternative mode of my psychotherapy treatment. I understand that tele-health includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that tele- health may also involve the communication of my medical/ mental health information, both orally and visually, to other healthcare providers.

I understand that I have the following rights with respect to telehealth:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

- The laws that protect the confidentiality of my medical information also apply to tele- health. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to the following: reporting child, dependent adult, and elder abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. See Disclosure Statement and HIPAA Notice of Privacy Practices forms, previously provided, for further details of confidentiality and other issues.

- I understand that there are risks and consequences from tele-health. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of my counselor or psychotherapist, that the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information and the electronic storage of my medical information, could be interrupted or intercepted by unauthorized persons.

Print Name: _____

Signature: _____ Date: _____

_____ Check here if client verbally agrees due to tele-health.

