



## Counseling Disclosure and Agreement- Family Services

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You have the right to choose the provider and the treatment that best serves your needs. Thank you for choosing me as your counselor. This document is designed to inform you about my qualifications and experience and to give you the information you need to understand our professional relationship.

I am **licensed** by the Washington State Department of Health as a Marriage and Family Therapist. I hold a master's degree in child, couple and family therapy from Antioch University Seattle. I have been practicing therapy since **2007**, providing counseling to families, adults, adolescents and children.

I have a client centered approach to my work and my goal is to assist clients in better understanding their situations, helping them gain insight for their behavior and emotional responses and to give guidance and support in process of change and growth. I focus on forward movement and building on the strengths that the clients already possess. I use a variety of therapeutic interventions including **Sand Tray Therapy, Cognitive Behavior Therapy, Dialectical Behavior Therapy and The Gottman Method.**

My counseling services are limited to the scheduled sessions we have together and services we agree to in your treatment plan. We will **complete counseling** when we have finished the goals and plan that we develop together. **You may end our counseling relationship at any point**, and I will be supportive of that decision. Please feel free to discuss completing treatment at any time. If we have not been in contact for more than three weeks and you have not notified me of a planned break from treatment, or scheduled a future appointment, your file will be made inactive and you will no longer be considered a current client.

I will keep **confidential** anything you say to me with the following exceptions (RCW 18.225.105):

1. I have your written permission to disclose information, or the written permission of your legally designated personal representative if the situation requires it.
2. I have reason to believe you are a danger to yourself or others and could avoid an imminent risk of harm to you or someone else (RCW 71.05.360 (8) and (9)). I am also mandated by law to report suspicion of abuse or neglect of a minor (Chapter 26.44 RCW), or a vulnerable adult (Chapter 74.34 RCW).
3. If you waive the privilege by bringing charges against me. Your records may be ordered by the secretary. The secretary may subpoena records related to a complaint or report under RCW 18.130.050. This law covers complaints about my professional conduct.

I consult regularly with other mental health professionals within Building Skills, LLC. This helps me give high quality treatment. My colleagues are also bound by rules of confidentiality. I also coordinate and **consult with other health professionals** on your treatment team (i.e. your doctor) as necessary and will discuss ongoing coordination of care with you on a regular basis.

### Family Therapy Confidentiality and Issues Statement, Minors in Family Therapy

Sometimes it is beneficial to meet with one family member to work on a specific issue or to work on individual treatment goals. If I meet with family members individually, I will make every effort to maintain the confidentiality and integrity of those individual sessions. However, please understand that I **cannot guarantee the maintenance of confidences between family members**, and there is always a small but real possibility that a confidence will be accidentally revealed to another family member. After commencing family counseling, I



will not meet individually with any family member without the knowledge and consent of all family members that individual sessions are taking place.

The **age of consent** for counseling/psychotherapy services in **Washington State** is 13 years old (RCW 71.34.530). This means that clients age 13 and older are able to seek out and participate in mental health services independently. It is my preference to obtain parental consent when possible for teens. I have found that when parents/guardians are informed and supportive of their child's therapy, the more the client can benefit from therapy. The parent/guardian of children aged 12 and younger must provide consent for their child's treatment and grant permission to release information in the client's file in writing (RCW 7.70.65).

### **Session information, Fees, Insurance Payments, Cancellations/No Show Fee:**

I deliver services consistent with accepted professional and ethical standards, but it is impossible to guarantee any specific results regarding your counseling goals. Your portion of the fee for each session is due on the day of service. Cash, personal checks, and credit card are acceptable forms of payment.

**The fee** for a family counseling session with me is \$130 per session.

All insurance billed sessions must be determined to be medically necessary. Therefore, at least one family member must have a mental health diagnosis that is impacted by family/relationship issues in order for family sessions to be covered by insurance plans. I will conduct an assessment at the first appointment to see if you meet medical necessity requirements and share my findings with you at that time. If you do not qualify for family counseling under medical necessity standards you may be eligible for other programs through your employer- ask your HR contact about EAP benefits.

Building Skills has contracted with the majority of health plans and EAPs in order to help our clients access affordable counseling and mental health treatment. I encourage you to **communicate directly with your insurance** company about the cost of services as your individual insurance policy determines your out of pocket costs for sessions. Our organization can tell you if we are in network with your plan and verify your benefits, but we do not know the final out of pocket cost to you until your insurance company returns an explanation of benefits to us.

I request that you keep a **credit card** on file in the secure client portal to pay routine co-pays for insurance and any no-show/late cancellation fees. These are billed on the day of your appointment or the day after your appointment to the card on file. You may also pay by cash or check at the time of your appointment. Your invoices, statements, and superbills are available in the secure client portal at all times.

There are no co-pays for Medicaid/**WA Apple Health plans**. There is also no applicable cancellation/no show fee for Medicaid/**WA Apple Health plans**, as this is prohibited by the contract.

If I am not an in-network provider for your insurance plan, you may still receive services from me for a fee, but your plan may not reimburse you for the cost. I will file the claim (**Out-of-network**) for you as a courtesy at your request, or I will provide you with a superbill so that you can pursue direct reimbursement from your insurance company.

If you do not have insurance, Building Skills has a **sliding fee** of \$70 per session based on household income which you may qualify for. There are helpful **forms and information available** on our website at



<http://www.buildingskillswa.com/insurance-eap-accepted.html> about using your insurance benefits and obtaining insurance if you are uninsured. Our sliding fee application is also available on that page. This page is updated periodically as we learn information to help clients make the most of their insurance benefits.

In the event that you will not be able to keep an appointment, you must notify me **24 hours in advance**. If I do not receive such notice, you will be charged a \$50 **no show fee**. This is because this time has been reserved for you and we cannot fill appointments without adequate notice. Remember that you can self-schedule at all times in the online client portal at [https://buildingskills.clientsecure.me/client\\_portal](https://buildingskills.clientsecure.me/client_portal). The scheduling system will not allow you to cancel an appointment with less than 24 hours notice, so please call or send me a secure message that you will be unable to make it.

Building Skills, LLC files insurance claims for clients. You agree that the amount payable by insurance is assigned to Building Skills, LLC.

### **Social Media and the Internet**

I keep a business Facebook Page, a Google+ profile and a LinkedIn profile, and an Instagram account (and possibly more, over time) to share my blog posts, practice updates and other information about my business. I do not recommend that you, as a client, connect with me through social media because it creates a greater likelihood of compromised client confidentiality. That being said, I do not filter requests made by clients. If you elect to “like”, “follow”, or otherwise connect with Building Skills, LLC through the internet or social media, you acknowledge that this potential compromise is made by your own consent.

You may find my therapy practice on **business review sites** like Yelp, Healthgrades, Yahoo Local, etc. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my clients. Of course, you have the right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative.

### **Communication with me**

When you need to contact me, the best method is to call me at **425-350-0513**. I answer messages as promptly as I can, typically within 24 hours unless it is the weekend or holiday. My voicemail is secure, and it is a place to leave detailed messages, including scheduling changes. You may also use the **secure messaging system** within the Client Portal. I receive instant notification that I have received a client message. Communication via email and text message is not secure. If you choose to communicate by email, I request that you limit that communication to scheduling issues only.

### **Conclusion and Signatures**

In the event you are not satisfied with my services for any reason, please let me know so I can work to resolve it with you.



In Washington, the Department of Health issues and monitors the licensing of all health professionals. Counselors practicing counseling for a fee must be registered or licensed with the Department of Health. Registration of an individual with the Department of Health does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is: 1) to provide protection for public health and safety; and 2) to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

You may report complaints about me by one of the following methods:

- Online [www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility](http://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility)
- Phone: 360-236-4700
- Mail: Washington State Department of Health  
Health Systems Quality Assurance  
Complaint Intake  
PO Box 47857  
Olympia, WA 98504-7857

If you have any questions, please feel free to ask. We will discuss the details of your services and fees and sign an acknowledgment form at your first session. This form is available in the secure client portal for your review at any time and also on the public website at <http://www.buildingskillswa.com/practice-forms--privacy---information-requests.html>