

Joy Graves, M.A., M.S., LMFT, PCC

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**TREATMENT POLICIES AND PRACTICES FOR JOY GRAVES
LICENSED MARRIAGE AND FAMILY THERAPIST: # LF00002642**

PRACTICE POLICIES AND DISCLOSURE STATEMENT

Washington State Law requires that all counselors practicing in the state of Washington must provide clients with specific information. All of this information is included in the following statement. Please read this material carefully and ask any questions that you may have.

RIGHTS AND PROTECTIONS:

According to Washington State Law, "counselors practicing counseling for a fee must be licensed with the Department of Health for the protection of the public health and safety. Licensing of the individual with the department does not include any practice standards, nor necessarily imply the effectiveness of any treatment." (WAC 246-810-031). So the purpose of the law is to help protect you, the consumer, by letting you know that a therapist is licensed, and to provide you with a complaint process, available if a therapist commits unprofessional acts. Counselors in the State of Washington are no longer required to give new clients a written list of the acts of unprofessional conduct. You may request a copy of this section of the law if you choose.

Health Professions Quality Assurance
Customer Service Center
P.O. Box 47865
Olympia, WA 98504
Email: hpa.csc@doh.wa.gov
Phone: (360) 236-4700
Fax: (360) 236-4818

It is also your right to raise any concerns or questions about our work together, as I mentioned above, and to end therapy with me at any time. I encourage you to discuss any concerns with me so that we can address them together.

STARTING THERAPY:

Our first session is a chance for the two of us to meet, identify what brings you to counseling, identify your treatment goals and begin forming our working relationship. Within the first few sessions we will, together, establish a therapy plan which includes your goals, how we can best work together to help you achieve those goals, and an estimate of approximately how long each of us anticipates the therapy will take.

There is no guarantee that counseling will solve all of your concerns. I cannot promise to make any particular diagnosis or therapeutic outcome. Therapy success is an individualized process

and depends much on the amount of effort you decide to implement. I expect you to work toward your therapy goals and to complete recommended homework assignments and techniques for change.

You are free to discontinue therapy at any time. Should you choose to work with another therapist, I can refer you to others in the community.

TRAINING, EXPERIENCE, AND TREATMENT APPROACH:

I received my Masters degree in Marriage and Family therapy from Seattle Pacific University in June, 2005. I have been licensed as a Marriage and Family Therapist in Washington State since March, 2008. I am trained in individual, group, and family counseling with people of all ages, and have specialized in family systems work. I perform counseling with families, couples and individuals suffering from depression and anxiety, as well as adjustments issues stemming from major life changes. I have experience working with preschool children, elementary and middle school children, adolescents and adults with a wide range of presenting issues.

As a form of full disclosure of my work history, I also work as a health and wellness coach, specializing in working with people who have chronic illnesses, such as diabetes or who wish to make lifestyle changes. I am a Professional Certified Coach with an emphasis in health and wellness coaching. In our work together we may address some of those concerns you have but our work together will be as therapy not as coaching.

I tailor my treatment approach to each individual client. I have learned through training and experience that what works for one client may not work for another client. My job as a therapist is to work together with you to discover what it is that will help change the things you are concerned about. We will explore how you have adjusted to changes in your life and work to identify “stuck” points. I will also help you to identify thoughts that you may be having that are disrupting the way you would like to feel or move forward in your life. I use a variety of techniques, including cognitive behavioral techniques, problem-solving, exploration of the self, and homework assignments to help clients move through stuck points in their lives and make wanted changes.

BOUNDARIES OF THE THERAPEUTIC RELATIONSHIP:

The relationship that we will develop as client and therapist is a special one that requires considerable trust. Ethical guidelines for counselors prohibit dual relationships. Therefore, social or business interactions outside of the context of therapy or evaluation are discouraged. Intimate contact between therapist and client is always inappropriate.

CONFIDENTIALITY:

Everything that we discuss in the course of our work is strictly confidential, including the fact that you are working with me. By law, I must have your written permission before I would consider talking with, or releasing information to a third party. The law requires the release of confidential information under the following circumstances:

When there is a clear threat to do bodily harm to self or others.

To Child Protective Services or Adult Protective Services when there is reason to suspect

the occurrence of abuse or neglect as required by RCW 26.44.0303.

To law enforcement, public health officials, or to Children's Protective Services during an on-going investigation; or to County Designated Mental Health Professionals or certified evaluation and treatment facilities as defined by RCW 71.05.

To the parent or legal guardian of a consumer under the age of 13 years.

To a court in response to a subpoena.

To a hospital or emergency medical personnel for the purpose of dealing with a medical or psychiatric emergency.

When health care information is required to provide planning, evaluating, peer review, or administrative, legal, financial, or actuarial services to the counselor.

If you plan to pay for your treatment through use of your health insurance, be advised that most insurance companies require a statement of the type of service provided and a diagnosis. In addition, some require more detailed information, such as progress reports or treatment summaries. If you have questions about what your specific insurance plan requires, please discuss this with me before signing this portion of the release.

Medical billing for this office is done through Office Ally. In order to bill your insurance they need to be provided with the following identifying information: name, address, and telephone number of client and parents, a copy of your insurance card, copies of authorizations for treatment from your insurance company, your diagnostic code, the date and type of services provided. Office Ally is not authorized to release your medical information to any party other than the insurance company solely for billing purposes. Office Ally also provides an email reminder service and will send you a reminder 24 hours in advance of your appointment.

CONFIDENTIALITY OF MINORS:

The law in Washington State grants confidentiality to minor children between the ages of 13 and 17. Thus, I must consider the "best interests" of an adolescent when disclosing their private conversations with me to their parents. The law does not explicitly grant these rights to younger children, but it is important to also allow some level of confidentiality for your younger children as well, so that young children can feel comfortable and safe in the counseling environment. I need to be able to assure your child that I will not disclose all of the contents of our conversations to parents, so that they may feel comfortable to fully explore their thoughts and feelings. I encourage children to talk with their parents about their therapy, and I provide parents with general updates about their child's progress. I also often involve parents in sessions to work on their child's issues.

Your child's confidentiality does *not* extend to my knowledge of circumstances that pose safety threats to your child. It is my policy to inform parents when their child discloses information to me about behavior that places them in danger of harm to self or others. Examples of these kinds of behaviors include drug abuse, plans to run away from home, riding with intoxicated drivers, unsafe sexual activity, suicidal ideation, and threats to harm others.

In cases where parents are involved in marital dissolution or other family court related involvement, I cannot provide recommendations to the court regarding a proposed parenting plan or modification of an existing one. Children in these family situations have an especially great need for privacy and a neutral relationship with their therapist where they can discuss their concerns. In order to protect your child's therapeutic relationship, it is my policy to refrain from testifying to the content of your child's therapy sessions in court. In the same vein I will not release treatment records to parents or their attorney's for use in family court proceedings. Your signature on this consent form indicates your acceptance of my policy and your agreement to comply with these conditions.

CLIENT RECORDS:

I utilize a secure HIPPA-compliant electronic health record, where a brief and concise record is made of your experience here. You may ask to see this record and make corrections or additions to that record. I will not disclose any information in your record unless you direct me to do so, the law authorizes or compels me to do so, or in the event you are utilizing a healthcare benefit from your insurance or managed care company. Any record that comes to me from other providers cannot be released to you or anyone else. If you or anyone else requires a copy of any record supplied by persons or organizations outside of my private practice the originator of the record must be contacted directly by the party wanting the record. If you are paying for all services out of pocket without the use of a third party payer, you may request in writing that I refrain from keeping records about your care and in this specific situation only a record of appointment dates, times and payment account will be kept.

DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION:

If you are involved in divorce or custody litigation, my role as a marriage and family therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this disclosure statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation and you agree not to request that I write any reports to the court or to your attorney making recommendations concerning custody. The court appoint professionals who have no prior relationship with family members to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interest of the family's children.

CONSULTATION:

In the interest of providing the best clinical services to you, I receive on-going consultation with other experienced professionals. If I discuss aspects of our work I will do so without revealing identifying information about you.

EMERGENCIES:

You may reach me by leaving a message at my private practice number. As I only work on Sunday, please call my cell phone for more immediate response. I typically check my messages in the evening and will return your call sometime within 24 hours. Please state if your call is urgent. If your call is related to an immediate crisis, call the Care Crisis Line at (425) 258-4357 or call 911. When I am away, I will arrange for another therapist to be available for your support.

FEES AND MISSED APPOINTMENTS:

I ask that you pay your insurance co-pay or full fee at the time of each appointment. I accept cash or check. If you miss an appointment or cancel less than 24 hours in advance, you will be charged a \$70 No-show/Late Cancel fee. If I have any checks returned for insufficient funds, you will be charged an additional \$25 processing fee.

Insurance plans differ in terms of the amount that the client is required to pay per visit and in the number of visits covered. Insurance plans vary regarding the types of treatment for which they will reimburse. I can arrange to bill your insurance directly. However, I cannot guarantee payment by your insurance company. It is the client's (or the client's parent's) responsibility to contact the insurance company and find out if physician referrals, pre-certification, or pre-authorization are required, and complete these procedures prior to the first session. Some insurance plans will not pay for sessions that are not properly authorized. If your insurance does not cover the costs of treatment, you will be responsible for assuming payment of the balance of your bill.

I use these CPT codes to bill your insurance company. You may check with them to ensure that these are covered under your plan.

- 90791 – 60- 75 min - Intake session - \$150.00
- 90832 – 20-30 min – Individual session - \$60.00
- 90834 – 45-50 min - Individual session - \$120.00
- 90837 – 60-75 min – Individual session - \$150.00
- 90847 – 60 min - Family session
- 90846 – 60 min - Family session

If a report or letter is required during the course of therapy, I will charge a fee that is prorated to the amount of time it takes to prepare this material. In addition, if your therapy requires that I meet with someone on your behalf, I will also charge a fee that is equal to the amount of time the meeting lasts. Court testimony (including time spent traveling and waiting to testify) will be billed at \$100 per hour. Telephone consultation with professionals such as teachers, physicians, and attorneys will not be billed if the consultations are less than 15 minutes in length. Any time over 15 minutes spent in consultation on your case will be billed at the regular office rate. There is no charge for routine calls under five minutes regarding scheduling appointments or billing, etc.

COUPLES COUNSELING:

If you chose to use your insurance benefits, as a courtesy, I will bill your insurance company; however, please be aware that many insurance providers do not provide benefits for marital therapy. Please be sure to check with your insurance to see if they cover these following diagnostic codes.

- V61.9 Relational Problem related to a mental disorder or general medical condition
- V61.10 Partner Relational Problem

SOCIAL MEDIA POLICY:

E-mail: I prefer using email only to arrange or modify appointments, and to send the initial intake forms to you. If I email you, it will be regarding those items. If you choose to email me content related to your therapy sessions, please be aware that email is not completely secure or confidential. If you choose to

communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you that have therapy content in them become a part of your legal record. Also please be aware that I may not respond to your emails but rather wait until our therapy session to discuss them with you.

Facebook and other social media websites: I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Twitter: I do not follow nor allow clients or former clients to follow me on Twitter. I believe that this can compromise your confidentiality and our respective privacy.

Texting: Please be aware that if you do choose to contact me between sessions by texting, that texting is not a secure medium and I cannot guarantee your confidentiality. I try to respond to texts as soon as possible, but cannot guarantee a timely answer, as I do not always have my cell phone with me or turned on.

INFORMED CONSENT:

In order to indicate that you have read, understood, and received a copy of this agreement, please sign the first portion of the authorization permitting me to provide counseling services to you. The second portion of the authorization indicates your receipt of Policies and Practices to Protect the Privacy of Your Health Information. The third portion of this authorization gives me permission to release information requested by your insurance company to reimburse me for services rendered. If there is any portion of this agreement which you do not understand or about which you have questions, please discuss it with me before signing the authorization.

I hereby authorize Joy Graves, LMFT to render counseling services to:
_____ (Patient's name).

This authorization constitutes informed consent without exception. I have read and understood this agreement and have received a copy for myself.

Signed: _____
(Adult Patient or Parent/Guardian for child)

Signed: _____
(Minor child Age 12-17)

Signed: _____
(Joy Graves, LMFT)

Dated: _____

I have received a copy of *Policies and Practices to Protect the Privacy of Your Health Information* and have had the opportunity to review and ask questions.

Signed: _____
(Adult Patient or Parent/Guardian for child)

Signed: _____
(Minor child Age 12-17)

Date: _____

INSURANCE

I hereby authorize Joy Graves release the information required by Office Ally to provide bookkeeping services to Joy Graves, and to my insurance company to process my/my child's claim.

Signed: _____
(Adult Patient or Parent/Guardian for child)

Signed: _____
(Minor child Age 12-17)

Date: _____