

PROFESSIONAL DISCLOSURE STATEMENT

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Licenses & Training:

I hold a Master of Arts in Counseling Degree (MA) from Cincinnati Christian University. I have a Professional Clinical Counselor License (PCC) issued in the state of Ohio (E 0700028), as well as a Mental Health Counselor License (LMHC) issued in the state of Washington (LH 60300769).

Presently, I work as an Independent Practitioner, offering counseling services to children, adolescents, and adults with a variety of concerns. Prior to my current position, I worked as a Therapist at a Community Mental Health Agency in Middletown, Ohio. Before receiving my Masters degree, I worked as a "Counselor Trainee" at my University's counseling department. In August of 2012, my husband and I moved across the country to Washington, with our three cats, to quench our need for adventure. We have spent our time since building a life for ourselves in this new and beautiful land.

Along with my formal education, I have received over thirty hours of continuing education credits, providing me with skills to utilize techniques and interventions from Cognitive Behavior Therapy, Dialectical Behavior Therapy, Play Therapy, Cognitive Processing Therapy, Motivational Enhancement Therapy, Expressive Therapy, Solution Focused Therapy, etc. Frequently addressed issues in treatment may include: anxiety, depression, post traumatic stress disorder, abuse, life transition problems, general stressors, self esteem issues, dysfunctional patterns of behavior, etc. I am also a member of the American Counseling Association.

Counseling Approach:

I believe in the therapeutic process and relationship. I am passionate about creating a safe-place for my clients, in which he or she can experience authentic self-expression, validation, self-worth, and motivation toward positive change. In therapy, we will work together as a team. I typically approach counseling sessions with a solution-focused mind-set, meaning we don't simply focus on the problem, but we problem-solve together, and often set goals for the following session. Also, I am an "integrative therapist," which means that I draw from various treatment modalities to choose techniques and interventions best suited to your individual needs. There is no "one size fits all" treatment.

My joy in counseling comes from facilitating a conversation during which you are able to identify your own strengths, set your own goals, and take your own steps toward positive change. You become empowered as you gain awareness of your own capacity for change. Your participation throughout the entire therapeutic process is vital for success. My role, as your therapist, is to challenge you, provoke insight, teach new skills, and encourage you to explore the choices you have available to you in your current situation, so that you may learn to act and think in a more helpful way.

Risks and Benefits:

Of course, there are risks and benefits involved in the counseling process. Although therapy is a "safe place," it does not prevent us from experiencing negative feelings and a sense of vulnerability. As we begin to work, you may experience feelings such as anger, shame, grief, sadness, confusion, guilt, helplessness, and hurt. This is why counseling is a **PROCESS** that requires courage and motivation. There is no "quick fix" or "magic pill" that can make your problems or feelings go away. Each client comes in with his/her own set of assumptions and beliefs, looking forward to change, but at the same time feels reluctant about taking steps toward change, as it is difficult to overcome harmful patterns and behaviors. You must decide for yourself if these are risks worth taking. We will take therapy at your pace, and remember that it usually gets worse before it can get better, and it *will* get better. In therapy, you will gain feedback and specific tools to help you reach your goals. Research has proven that therapy often leads to a reduction of feelings of distress, better ability to talk through and resolve issues, and enhanced sense of self-worth, well being, and empowerment.

Our first few sessions will be spent getting to know one another. During this time we will complete a Diagnostic Assessment to evaluate your needs, begin developing your own personalized Treatment Plan, and discuss other potential recommendations for treatment. In making assessments and recommendations, I consider the whole person: physical, psychological (mental/emotional), social, and spiritual. I do not make any assumptions or judgments about your character based on our short time together. If you have questions or concerns at any time during the course of treatment, please share them with me so that therapy can be most effective. Our therapeutic relationship and your sense of safety is key during treatment, so if, for any reason, you or I feel that I am not the best fit for your personality and/or concerns, we will discuss this directly and I will be happy to make a referral to another professional better fit for your needs.

Fees

Intake Session (80 min) & all subsequent 80 min sessions: **\$120**

50 min session: **\$80**

Phone calls lasting longer than 10 minutes and other Billable Professional Time: **\$80** (\$20 per 15 min)

Payment is always due at the time of service in the form of cash or check. If a client's payment by check is returned due to insufficient funds, the client will be charged for the fees. You may file a claim with your insurance for my services as a Mental Health Counselor, but please keep in mind that I am an **Out of Network Provider**. I am not on specific insurance panels. It is your responsibility to speak with your insurance company regarding coverage of sessions, amount of sessions, and any other requirements/limitations they might have for mental health treatment. Although I do not submit the billing for you, I am happy to provide you with a claim form for your insurance with all of the necessary documentation for billing. If you wish to bill your insurance, I will provide you with a claim form summarizing your treatment every 3-6 sessions. Failure to pay for services will result in termination of counseling unless we have worked out some other financial plan.

In addition to weekly appointments, I charge for other professional services you may need including report writing, telephone conversations lasting longer than 10 minutes, meetings with other professionals upon your request, preparation of records or treatment summaries, etc. I do not specialize in legal matters. I am not a Child Welfare Specialist, Parent Evaluator, or Reunification Therapist. If I receive a **subpoena** to provide clinical records or to testify in legal matters, you will be expected to pay for my professional time at \$100 per hour, even if I am called to testify by another party. The client shall reimburse all expenses for travel, consultation, record preparation, and appropriate professional expenses. Billing for any service other than in-office counseling **will not be reimbursed** by your insurance.

Appointments and Cancellation/No Show Policy

Our first session (Intake) will last about 80 minutes, and most sessions to follow will last about 50 minutes. In the beginning of treatment, weekly 50 min sessions are typical; however, this depends on the severity of the presenting issue. Treatment will become more infrequent over time, as the client progresses toward his/her goals. Once you have reached your goals and no longer seem to benefit from treatment, we will meet for a final session to review your progress. I will then mail your discharge form to you, complete with a summary of care and progress.

Your appointment is reserved for you and it is rarely possible to reschedule that appointment time without a 24-hour notice. Therefore, the full fee of \$80 is applied to your bill for appointments not canceled within 24 hours or missed appointments. Should you continue to miss or cancel your appointments on a regular basis, your preferred time will be given to someone else. If you have missed your appointment, and you have not responded to my efforts to contact you for 3 months, your case will be closed.

Phone Contact & Emergencies

You may call my business phone at (425) 293-3091 whenever you like; however, I am not often available immediately. You may leave a message and current phone number, as I check my messages regularly during business hours. My business hours are Mon-Wed 8 am—7 pm, and Thursday 8 am—5pm. I will make every effort to return your call within 24 hours, with the exception of weekends, holidays, and my vacation time. If you find that you are unable to wait for my return call, please contact **911** or any of the emergency crisis lines listed below:

Care Crisis Response Services of Snohomish County: (425) 258-4357

Crisis Clinic of King County: (206) 461-3222

Washington Recovery Help Line: 1-866-789-1511

Insurance Reimbursement & Use of Diagnosis

I am licensed as a mental health professional to make a diagnosis of mental and emotional disorders in accordance with the Diagnostic and Statistical Manual IV-TR. In the event that insurance billing occurs, information regarding that diagnosis will be released to the insurance and will become part of your medical record. Many insurance companies will require a diagnosis of a mental health condition before they will reimburse for services. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records. Again, it is your responsibility to inquire about reimbursement from your insurance company for "Out of Network" Mental Health Services. I do not submit or follow up with insurance claims made by the client.

Confidentiality

All of our communication is documented in your clinical record. I understand that your treatment information is personal and I am committed to protecting it. If you decide to request a copy of your clinical records, I would prefer to discuss the contents with you as part of our session or provide you with a treatment summary. The laws and standards of my profession require that I keep treatment records for a minimum of 5 yrs following your last counseling appointment.

If you are a minor, please be aware that the law provides your legal guardian(s) the right to examine your treatment records. Safety and trust are vital to success in treatment, so it is my policy to provide your guardian(s) with general information about our work together, unless I am concerned for your safety or fear that you are in danger of harming someone else. If I must disclose something with your guardian(s), I will do my best to discuss the matter with you first. In general, communication among the family is often helpful toward making progress in treatment, so I will encourage you to communicate your needs and feelings with your legal guardian(s) when appropriate.

Because many methods of **electronic communication** are not encrypted, I will refrain from using texts, email, Facebook, and other forms of electronic communication with my clients.

It is important for you to know that in general, our discussions are private and protected by law. I do not tell anyone what we discuss unless you request, in writing, that I do so with a specific person for specific purpose. There are a few exceptions to this privilege:

- I am required by law to tell others when I am concerned there might be imminent danger to yourself or others.
 - If I must contact 911, whether you are inside or outside of my office, because I am concerned for your safety or the safety of someone else, I will not be responsible for medial costs related to treatment and/or care.
 - In case of emergency, and if you are not able to give or refuse permission, I will share only the information that is directly necessary for your care according to my professional judgment.
 - I am mandated to report all claims of current or past abuse/neglect or evidence of abuse/neglect, to the appropriate authorities. This includes the abuse and/or neglect of a minor, elderly person, or disabled individual, as well as Domestic Violence.
 - If a court of law subpoenas your records, I may be required to provide the information specified.
 - I take part in a peer consultation group with other mental health professionals. This group acts as a form of professional accountability for good client care. During our meetings, we discuss barriers in treatment and recommendations for our clients. Identifying information is not shared.
 - In case of an emergency or extended absences, I may ask another trusted therapist to be available to you for emergency calls. It may be necessary to update this professional about your situation so that any emergency may be properly managed in my absence.
 - Parents have a right to know about treatment of minors.
 - Insurance companies often require a diagnosis, and sometimes a copy of your diagnostic assessment and/or treatment plan before they will offer reimbursement.
 - I use a cell phone as my business phone. Your voicemails may only be accessed with a password and your full name is not listed on my contact list. There is always a risk that this phone could be stolen.
 - Should we run into one another while out and about, I will not approach you, to respect your privacy. You are welcome to greet me, but we will not discuss your therapy or any personal issues.
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Client Rights, Appeals, and Grievances:

The Washington State Licensing Department asks that you be informed of the following:

“Counselors practicing counseling for a fee must be credentialed with the Department of Health for the protection of the public health and safety. Credentialing of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.”

As a client receiving services in the State of Washington, you have the following rights:

- 1) Choose a counselor and treatment approach that best suits your needs and purposes
- 2) Have full and complete knowledge of your counselor’s qualifications and training
- 3) To participate in treatment and be fully informed as to the terms under which services will be provided
- 4) Refuse treatment
- 5) You have a right to be treated in a manner that is ethical and free from abuse, discrimination, mistreatment, and/or exploitation.

If you have any concerns regarding your counseling experience, please discuss it with me. If you believe my behavior has been unethical or unprofessional, you may file an official complaint by contacting the Washington State Department of Health, Health Systems Quality Assurance Division, PO Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-4700 or go to www.doh.wa.gov to file electronically.

Consent for Treatment:

I HEREBY AUTHORIZE Julie Moser, LMHC, to render treatment and/or assessment to me, my dependent, or person for whom I serve as legal guardian. I have read the proceeding policies and information sheet. I understand the right of confidentiality is not absolute. I assume personal financial responsibility for all treatment and assessments conducted by Julie Moser per the terms of this contract. Such responsibility is not transferable to any other person even in the case of custody or child support disputes and/or related court decrees.

I/We have read this disclosure statement, were given the opportunity to ask questions, and understand the contents. We were provided with a copy of this Disclosure Statement, and a copy of Washington’s Department of Health’s [acts of unprofessional conduct listed under RCW 18.130.180](#).

Client Signature: _____ Date: _____
(if client is 13 yrs or older, please sign)

Parent/Guardian Signature: _____ Date: _____

Counselor Signature: _____ Date: _____