

WELCOME TO ABUNDANT LIFE COUNSELING

Personal Disclosure Statement and Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.

Philip C. Butterfield, MA LMHC
Licensed Mental Health Counselor
WA State License #4678

Both State and Federal law require me to provide you with this information that is intended to assist you in making informed choices as you begin your therapy process. This document includes information about your legal rights as a therapy client, including what you should expect regarding privacy and confidentiality. Because you have the legal responsibility to choose a clinician and treatment modality that best meets your needs, you will also find information specifically about me, i.e., my training and experience, how I understand the therapy process to work, my practice policies, fees, etc. If you ever have any questions about any of this information, please do not hesitate to ask me.

Treatment Philosophy

Most individuals come to counseling experiencing some form of emotional distress and/or confusion about their life circumstances. My belief is that through the therapeutic process, individuals can learn to understand what their life means to them and how they can express themselves in a more effective manner in order to achieve their life goals. To do this, I work with people to help them identify their forms of thinking distortions (or the lies we believe) that leads to confusion, emotional distress, and unmet goals. Once we are able to understand these distortions, we can work together in order to find more helpful and adaptive beliefs. This type of therapeutic intervention is called Cognitive-Behavioral technique and forms of Solution Focused counseling.

It is important to remember that many individuals will leave counseling with mixed and challenged feelings. However, this is a normal process because we are working on new ways to think and feel. These new ways will be unfamiliar at first, but will gradually become more normal and comfortable.

I will use differing techniques to help achieve these goals. They will include homework assignments, journaling, meditation, exercise, practicing problem solving tools, etc. Additional therapeutic modalities I use are psychodynamic, family systems, and Christian therapy.

Education, Training, & Experience

I graduated from Seattle Pacific University in 1985 with a BA in Psychology and from Chapman University in 1991 with a Masters in Counseling Psychology.

For the first 10 years of my career I worked in intensive adult out patient settings in various public mental health clinics. This experience gave me a wealth of knowledge in the areas of serious chronic mental illnesses including depression, anxiety, trauma, thought and personality disorders. The most recent years of my career I have worked in more traditional out patient settings working with families, kids, adolescents, adults, and couples. I have extensive experience working with couples as well as adults with anxiety and depression. I continue to expand my knowledge by routinely attending workshops. I have worked in a group practice for 10 years and in 2005 started by own private practice.

Fees and Scheduling

My fees are as follows: Initial assessment- \$200, follow up sessions-\$140, Court testimony-\$250/hr, other court related work-\$150/hr, letters-\$100/hr. A cash discount is available to individuals who are willing to pay in full at the beginning of each session. Occasionally I will find it necessary to raise my fees so I will give my clients at least one month notice prior to the increase. The fees are based on a 45-50 minute therapy session. **Payment is due at the time of session, including all co-pays.** *(It is important to understand that insurance companies only quote eligibility and will not guarantee payment over the phone. Therefore, as the client, you are **agreeing** to make payment in full even if your insurance **does not** pay due to any reason).* I reserve the right to send unpaid balances to collections. Your fee will be _____.

Please note: When we make an appointment, I am promising to hold that time open for you. If you are unable to keep your scheduled appointment for any reason, I will need 24 hours advance notice or I must charge you \$140 (which is my private fee) for the time reserved for you. This is not intended to be punitive in anyway, but rather a way of protecting my income. If I miss a scheduled appointment without notifying you, I will make up the session with you without charge.

Regardless of whether you are here to begin your session on time, I will need to end the session at the scheduled time. If I am late in the beginning of the session, I will make up the time for you. Session length is 45-60 minutes depending on insurance.

Your Legal Rights, Including Privacy & Confidentiality

You have **the right** to refuse and/or end treatment at any time.

You have **the right** to confidentiality, including the fact that you are or have been a therapy client, except as explained below. I think of this right to privacy as you're most important right as a client. Despite numerous legal exceptions to confidentiality that have been enacted both on the federal and state level in the past few years, it is my policy and practice to keep confidential all information that you discuss with me, and to not reveal it to any other person or agency without your written permission. Should there be an instance where I ask you to provide me with written permission to reveal something about you or our work together to someone else; you have **the right** to revoke this permission. The possible legal exceptions to this policy might be:

- a) where there is reason to suspect the occurrence of abuse or neglect of a child, dependent adult, or a developmentally disabled person;
- b) where there is a clear threat to do serious bodily harm to yourself or others, or is "gravely disabled";
- c) in response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint;
- d) if you are involved in some legal action, it is possible that a court order might require that I provide the court with evidence relating to your sessions. If this should occur, I would prefer to work with you to prevent or limit such action;
- e) when the client, or if minor, their parent or guardian signs a Release of Information;
- f) when a responsible health care or legal professionals need critical information in order to provide quality care for you;
- g) if you are on probation or parole and violate the conditions of your probation or parole, I am required by RCW 71.05.630 to report this violation to the community corrections officer involved in your case.

If you are being seen with another person present, I can make a request that such a person respect the other's rights to privacy, but I can not guarantee this request will be honored. As an ongoing part of my clinical development, and in pursuit of providing you with the best care, I consult

with a team of therapists on a regular basis. Should I discuss my work with you with this team, or any other clinician, I will only relate the content of our work together. You will not be named, nor will I share any other details of your life that might identify you. If you have any concerns about this please let me know.

I do keep a record of dates of service, fees charged and paid, as well as notes to assist me in my work. I try to be cautious in creating such notes due to their potential vulnerability to legal intrusion, and I observe security precautions to protect your confidentiality. You have **the right** to review and/or request a copy of your records if you desire. You also have **the right** to ask me to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record at your request.

You have **the right** to request restrictions on certain uses and disclosures of your healthcare information. For example, you might want me to speak with your primary medical doctor, but not want me to acknowledge all that you have told me. As a treating clinician, I am not legally obligated to agree to your request for restriction, but if I believe sharing the information is required for optimum care or safety, I would want us to make a mutual decision about how to proceed.

You have **the right** to confidential communications regarding your private healthcare information, including the fact that you are my client. For example, I will not divulge specific information to anyone who answers your home or work phone (should I have occasion to call you), and /or you can request that I use an alternative mailing address if communication by mail is necessary.

You have **the right** to request a written account of the disclosures I may have made of your healthcare information (if any). The law allows many exceptions to this accounting, but my preference and practice is for you to know of any disclosures before they occur.

You also have **the right** to have this written copy of my *Disclosure and Notice*.

I am required by law to abide by the terms of this document, though I am also legally allowed to change the terms, and to make provisions of any modified version effective for all private healthcare information in my care. You may request that a copy of a modified version be given to you.

It is also important for you to be aware that if you choose to use your medical insurance as payment for services, they will need to be aware of certain private healthcare information in order to process your claim.

Complaints

If you believe that I have violated your privacy rights, you may file a complaint in writing with me, and /or with thy Secretary of the Dept. of Health and Human Services. I will **NOT** retaliate against you for filing such a complaint.

Emergencies

If a crisis situation occurs and I am not available, please call the 24 hours crisis line at 1-800-576-7764. If it is a life threatening emergency, call 911.

Your Treatment Contract

Once you have had an opportunity to read this document and ask me whatever questions you might have about either it or your proposed treatment, I will ask you to sign an **addendum** which states that you have received a copy of this document, that you have had an opportunity to ask questions about it, and that you understand it. That signed statement is our written contract to enter into the therapeutic process.

Addendum

I acknowledge that I received a copy of the Personal Disclosure Statement and Notice of Privacy Practices of Philip C. Butterfield, MA, LMHC. I have had an opportunity to ask any questions I may have about these forms and my course of treatment. I am also stating that I understand this form and agree to the fees.

“I also acknowledge that Abundant Life Counseling LLC is the solo practice of Philip C. Butterfield, MA, LMHC as is in **no way** associated with any other business at 6927 Lakewood Dr. W Suite C-4.”

Patient Name _____

Relationship to Patient, (i.e. Parent) _____

Signature _____ Date _____

Is it alright to leave a message on your phone regarding appointments or contacts? Can I leave both voicemail and/or text? You also give me permission to respond to your emails?

Yes _____ No _____

Office Use Only

I attempted to obtain the client’s signature in acknowledgement of the Personal Disclosure Statement and Notice of Privacy Practices, but was unable to do so as documented below:

Date _____ Initials _____ Reason _____