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**206 240 2797**

You have the right to choose a health care provider who best suits your needs and purposes. With that in mind, please read carefully the following disclosure information for counseling services. You have the right to refuse treatment.

**Credentials**

I am a Licensed Mental Health Counselor in the State of Washington. My license number is (#LH00006685). I received my Masters of Arts in Psychology From Antioch University Seattle in 1992 and a Bachelor of Arts in Business Administration from the University of Washington in 1977. In 1992 I began my private practice in Bellevue where I also served as an Employee Assistant Counselor for the local school district from 1991 until 2000. I am a member of the American Mental Health Counselors Association and the Washington Mental Health Counselors Association.

**Treatment Philosophy**

You may have already identified goals associated with the change you want to occur in your life as an outcome of your therapy process. My belief is that most change that occurs in connection with therapy comes about through forming and experiencing a trusting, emotionally safe relationship; and in the context of that relationship, increasing one's awareness of self, challenging one's old beliefs, learning new skills establishing appropriate boundaries in relationships with others and experiencing and letting go of old pain. My role is to assist you in that process.

The procedure I rely on involves talking about emotional experiences, past and present, that are sources of concern or anxiety. This is not a linear process and therefore can be a bit unpredictable. There will be times when you feel angry, frustrated or depressed and not hopeful. These reactions will probably be temporary and you should expect that experiencing mixed feelings will be part of the therapy process. Though there will be difficult periods, we will be working together to achieve the goals you have identified. If you ever become concerned that what we are doing is not in keeping with your goals, please talk with me about it. While the primary therapeutic technique we will be using is talking, you may also find that it is helpful to supplement that with additional creative processes (i.e., writing, drawing, education, yoga etc.) and other activities that may assist you to experience levels of your Self that are not accessible through talk. I tend to be fairly active in therapy. I ask questions, offer observations and look for patterns in the aspects of your life that you share with me. I will, however, greatly rely on you to set the direction for therapy as I believe you are the final expert on you and I place considerable trust on your unique healing process. I often use metaphor, guided imagery, body symptoms, gestalt, insight and cognitive behavioral therapy and relaxation training when working with individuals and couples. You may expect to receive "homework" assignments and to be an active participant in our healing process.

At times I may ask you to do some specific activities outside our sessions, such as reading a book that I think would be helpful.

The length of time you would be in treatment cannot be known early-on.

Counseling is understood to be a choice you've made among available options. Other options include: Receiving therapy from another counselor, using other therapies, using support groups, seeking self-help resources, and other modes of treatment.

### **Risks and Benefits**

Counseling can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have many benefits. It often leads to better relationships, it can provide solutions to specific problems, and there is often a significant reduction in feelings of emotional distress.

Some patients need only a few sessions to achieve their goals, while others may benefit from long term counseling.

### **Concerns about Treatment not working or Unprofessional behavior**

You have the right to terminate counseling at any time. Stopping therapy early may result in the return or worsening of the initial problems and symptoms.

I encourage you to talk with me directly if you are dissatisfied with my services or if you want a second opinion or referral to another counselor. If you intend to discontinue therapy, please discuss it with me first.

If you are concerned about my professional conduct, you may file a complaint with: Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. Their telephone number is (360) 236-4700.

### **Confidentiality**

In addition to this document, you received my Notice of Privacy Practices, which described how I might use and disclose your health information. Examples of when I may disclose information about you is: To report suspected abuse of a child, a developmentally disabled person, or a vulnerable adult; to interrupt potential suicidal behavior; to intervene against threatened harm to another, which may include knowledge that a patient is HIV positive but a patient is unwilling to inform others with whom he/she is intimately involved; and if required by court order or other compulsory process.

Disclosures may also be made if you sign a written authorization for me to release information to another person or agency, such as your physician.

If you file a complaint with the Department of Health, the minimally necessary disclosures will be made to present the Department with the full picture.

Payment by check permits bank employees to view names of my patients, because my name will appear on the check.

## **Minors**

If you are a patient under 18 years of age and not emancipated, your parents have the right to examine your treatment records.

Since privacy in counseling is often crucial to successful progress, particularly with teenagers, it is common that I request an agreement from the parents that they consent to give up access to their child's records. If they agree, I will provide them only with general information about your progress in treatment, and your attendance at scheduled sessions. Any other communication will require the your authorization, unless I feel that the you are in danger or is a danger to someone else, in which case I will notify your parents of my concern. Before giving parents any information, I will discuss the matter with you, if possible, and I will do my best to handle any objections you may have.

## **Appointments/Payment**

My counseling appointments are 50 minutes in length, and my fee per session is \$120 per hour session. While I do my best to minimize rate changes, from time to time I do find it necessary to increase my hourly rate. If you are continuing in therapy with me at that time, I will provide you with thirty days advance notice of any such increase. You are not responsible for any costs prior to you being given this notice.

Unless we have made other arrangements, full payment is due at the start of each session. You will be charged in quarter-hour increments for telephone calls to me to discuss issues or concerns between sessions. The same will be true for my telephone interactions with attorneys, physicians, and others on your behalf, and for reports and letters you request me to write on your behalf. You are expected to pay these extra costs at our next session.

Any unpaid balance on your account bears interest at the rate of 12% per annum.

***If you will be unable to attend a scheduled session, you will be charged my full fee for the missed session unless you notify me by noon of the prior business day. Health insurance companies will not pay for missed sessions, nor will they pay for telephone calls, reports, letters, or interactions with attorneys and others; you will be solely responsible for payment for these services.***

## **About Insurance**

You are responsible for payment of all treatment fees and other costs. If you have health insurance and/or a third party payer, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you may be entitled. It is very important that you find out exactly what mental health services your insurance policy covers.

Your health insurance company and/or a third party payer may require that I provide it with information about your diagnosis, treatment plan, and your attendance at therapy sessions. It is rare, but they may require a copy of your entire treatment record. If you are using insurance and/or a third party payer, you acknowledge this and you agree to allow these disclosures.

**Acknowledgement and Agreement**

By signing below, each of us confirms this disclosure document to represent the agreement between us, and you confirm receiving and reading a copy, and you confirm your understanding of the information provided and agree to allow the disclosures of health information as described above.

Signed.

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or Parent or Legal Guardian)

\_\_\_\_\_  
Date