

Laura Caldwell, M.S.
Licensed Mental Health Counselor
National Certified Counselor
The Academy
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PROFESSIONAL DISCLOSURE STATEMENT

Welcome to my counseling practice. This handout gives you information about my professional services, background and business policies. If you have any questions about the information provided in my disclosure statement or about any other aspect of the counseling services I provide, please feel free to discuss them with me at any time.

I am committed to providing you with services that meet the highest ethical and professional standards. It is your right and responsibility to decide whether to engage in any course of treatment and to decide whether the treatment is suitable for you.

EDUCATION AND TRAINING

I have a master's degree in counseling. I am a Licensed Mental Health Counselor in the State of Washington (**#LH00004062**) and a National Certified Counselor (**#3501**). I specialize in working with couples and individuals on relationship problems including sexual concerns and desire issues. I use a systems-based approach. I look at marriage (or any committed relationship) as a system. Each person in the relationship is part of the system and the dynamics that get played out; including where the couple gets stuck. As each individual begins to see how they contribute to a problem, based on their interpretation and reaction to it, they are often able to manage their reactivity better, which changes the dynamics of the system.

I have 23 years of clinical experience working with individuals, couples, families and groups in private practice and agency settings. I have made corporate presentations and taught a variety of university classes including: assertive communication, self-esteem, stress and anger management, overcoming depression, managing anxiety, and couples communication and problem solving. I am involved in ongoing consultation and supervision, as well as continuing education.

PAYMENT FOR SERVICES

My fee is \$150 for the initial intake session and thereafter \$130 per 1-hour session; \$195 per 1 ½-hour session; and \$260 per 2-hour session (suggested for couples). Payment may be made by check or cash at time of service.

I am covered by some **insurance** companies, including:

- * Preferred provider for Blue Cross Blue Shield of Oregon
- * Participating provider for Regence Blue Shield of Washington
- * Non-participating provider (covered at 50%) for Premera Blue Cross of Washington

I encourage you to contact your insurance company to see if they cover my services. I am glad to provide pertinent information that you may need for your carrier. Your signature on my Client Consent to Treatment Form authorizes the release of whatever information might be required to process your claim. Insurance does not cover missed appointments. The fee for professional time spent on consultation, reports or letters, telephone conversations beyond ten minutes, or other client services is charged on a \$130 per hour basis.

Laura Caldwell, MS, LMHC, NCC

CANCELLATION POLICY

My services are by appointment only. Because the appointment time is reserved only for you, I require 48 hours notice for cancellations. Without such notice you will be charged your usual fee for missed sessions.

If for any reason you are late, please understand that I must follow my regular schedule for ending appointments. If I am running late, I will make up your time at the end of the session or schedule the additional time in a future session.

INCLEMENT WEATHER

In the case of inclement weather, particularly on wintry ice or snow days, scheduled client sessions will be conducted by phone. This can also be arranged if you are homebound with a sick child or have other physical or time constraints. Call me by the morning of the appointment to arrange a phone session that day. At the time of your appointment I ask that you call me and take steps to insure whatever privacy you prefer for your session.

I conduct sessions with some clients by telephone on a regular basis because they are out of state or some distance away. They report satisfaction and progress with this service.

CONFIDENTIALITY

All issues discussed in the course of therapy are strictly confidential. By law, I can only release information with the written consent of the person treated. However, the law requires the release of confidential information in the following situations: 1) suspected child, developmentally impaired, or elderly adult physical or sexual abuse; 2) intent of physical harm to self; 3) substantial intent to harm another; and 4) receipt of a court order. Any release of information will be discussed with you. I also discuss cases on an anonymous basis in supervision.

REGISTRATION INFORMATION

Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the department 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 (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

EMERGENCIES/PHONE CONTACT

My office phone number is 360-694-4739. You can leave a confidential telephone message for me on my voice mail 24 hours a day, 7 days a week. Please leave your name, phone numbers (even if you think I have them), and some good times to reach you. I will return your call as soon as possible. There is no charge for brief phone calls. However, if you wish a telephone consultation of more than ten minutes, you will be charged at our agreed upon fee. Payment for telephone consultation is due at the time of your next office visit.

****If you are in crisis and need assistance immediately, please call:**

Emergency Services: 911

Vancouver Crisis Line: (360) 695-3416 (24 hours a day)

Portland Metro Crisis Line: (503) 223-6161 (24 hours a day)

**CLIENT PERSONAL INFORMATION
-CONFIDENTIAL-**

Date: _____

Name: _____

Address (Including Zip): _____

Telephone: (Home) _____ (Cell) _____ (Work) _____ OK to leave message? _____

Birth date: _____ Age: _____

Occupation: _____

Current relationship status: _____

Names of children:

_____	Age _____	Sex _____
_____	Age _____	Sex _____
_____	Age _____	Sex _____
_____	Age _____	Sex _____

Others living with you: _____

Relationship to you: _____

Emergency contact: (Name, address, phone number, relationship to you) _____

Any illness requiring medical or hospital treatment in last 12 months: _____

Estimate present condition of your physical health: Good ____ Fair ____ Poor ____

Are you satisfied with your current level of: Sleep ____ Exercise ____ Appetite ____ Recreation ____

Specific health complaints: _____

Physician: _____

Are you currently taking any prescription or non-prescription drugs? If so, please describe: _____

What is your history of use of alcohol and/or drugs: _____

How you were referred here: _____

It is common practice to thank a referral source. Would you have any objection? Yes ____ No ____

Previous counseling experience:

Approx. Dates

Were you satisfied with results?

Why did counseling end?

HIPAA-Free Office

Certificate of Privacy Assurance to Clients

The protection of your health information is a high priority in my office. The confidence and trust you have placed with me is appreciated and honored.

Under the new federal rules passed in the Health Insurance Portability and Accountability Act (HIPAA), your personal and health care information could be obtained without your consent by many third parties (especially government agencies). The new rules for HIPAA entity offices only require notification or a log that your records have been sent.

Any health care provider (physician, doctor) who engages in any electronic transactions with others is considered under the law to be a HIPAA entity. The initial object of the law was to stop and prevent the abuses that took place when patient health information entered the electronic world. However, under this new HIPAA law, thousands of workers and many government agencies could have virtually unrestricted access to your health care records. It is not possible to protect patient information once records have entered computer networks – no matter how many rules are in force to protect you.

Laura Caldwell’s office has chosen to be a “HIPAA-free” office. This means that I will not engage in any electronic transactions with others. My office will not subject your information to the vulnerability and risks of the electronic world. It is currently the best “protected health information” option available for my clients.

Accordingly, I will be better able to serve your needs by concentrating on your personal concerns instead of having to constantly respond to complex and ever changing HIPAA rules.

In summary, Laura Caldwell’s office will not be participating in the HIPAA program by doing electronic transactions. All insurance claims will be filed on paper. Claims processing could thus be delayed, but your privacy is assured. You may choose to file your own claim, which may result in faster payment and better reimbursement. Additionally your records will NOT be disclosed nor released to anyone without your written consent (unless specifically required by law).

I will continue to honor your trust in me and to protect your mental health information. As a HIPAA-free office, I can and will maintain the highest standards of excellence in privacy matters.

Signature _____ Date _____