

Therapist Disclosure Statement & Client Informed Consent

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I am pleased to welcome you to my private practice. Over time, I have found that clarity in regard to professional and business policy is essential in establishing a strong and trusting therapeutic relationship. My ability to be explicit in this regard, and your willingness to discuss any issues of concern with me, will support the work that we do together. In order for you to be well informed about your rights as a client, and my policies, therapeutic approach and background, I am providing the following information. Please read this material carefully and ask for any clarification you need before signing the attached form. Although therapy offers no guarantee of positive change, many people do find that it provides the safe space needed to explore, address and alleviate problematic patterns in behavior, mood, and thoughts.

Education, training, and experience: I hold a Masters in Social Work from the University of Washington, Seattle, and a Masters in Slavic Philology from Charles University in Prague, Czech Republic. I completed a 3-year post-graduate program at the International Masterson Institute and earned a Certificate in Psychotherapy in the Disorders of the Self. Other post-graduate training include: a Certificate in Ecopsychology from the Pacifica Graduate Institute, a Certificate in Clinical Theory and Practice, Lifespan Integration, and coursework in chemical dependency, mindfulness, acceptance and commitment therapy (ACT), Motivational Interviewing, Community Reinforcement Approach to Family Training (CRAFT), and trainings on LGBT+ issues, social justice and other areas of clinical practice. In addition to my experience working as a clinical therapist in outpatient and inpatient settings (community mental health and a psychiatric hospital), I have also worked in a shelter for victims of domestic violence. I have worked on numerous research projects in education, including higher education, providing services to students with disabilities, and volunteering as an ESL tutor in rural Mexico. I continually seek trainings to further my knowledge as a therapist.

Services provided: I provide mental health counseling to adult and adolescent individuals, integrating a number of different therapeutic styles and modalities, depending on what fits best for the client and situation.

Methods/Treatment Modalities: My approach to therapy is holistic and client centered, with a focus on social justice. My main therapeutic modality is the Masterson approach based on the work of James Masterson, which combines object relations, attachment theory, self psychology, neuroscience, and developmental theory. According to James Masterson, all humans are born with the capacity for real self, however, when this real self is not accepted, especially in early childhood, we may develop a false self as a way to secure connections with our caregivers and to protect ourselves. Additionally, the false self refers to the persona or mask we put on to fit societal norms and expectations. It's shaped by external influences, such as family, culture, and societal pressures. On the other hand, real self is the authentic core of our being, encompassing our true thoughts, feelings, desires, and values. The real self is who we are when we strip away the layers of societal expectations and external pressures. It's often associated with inner peace

and fulfillment, as embracing the real self can lead to a more genuine and satisfying life. In our work we will explore these concepts and ways to balance them.

Therapeutic Orientation: I incorporate an eclectic approach that draws from psychodynamic and person-centered approaches, as well as integrating elements of existential and cognitive therapies. The psychodynamic approach focuses on the unconscious mind, early life experiences, and the impact these have on current behavior and emotions. It explores how early relationships, especially with primary caregivers, shape personality and current relationships. Understanding these early influences can help in addressing current issues. The cornerstone of the person-centered approach is creating a supportive and empathetic environment for self-discovery and growth, allowing clients to express themselves freely. Regardless of what orientation is employed, we know that a good, supportive therapeutic relationship is the most important vehicle for change.

Client Rights: Clients have the right to refuse treatment and the right to choose a therapist and treatment modality that best suits their needs and purposes.

Fees: Individual sessions are \$175 for a 55-minute intake (first session), then \$150 per 55-minute session. If you need to cancel or reschedule an appointment, I request a 24-hour notice to avoid a charge. The charge for no-shows and late cancellations is \$100. If you are more than 10 minutes late for your appointment, your appointment will be cancelled, and you will be charged a late cancellation fee of \$100. In certain circumstances, I might arrange a reduced fee for you. Please inform me of any change in your financial situation that impacts your ability to pay for services. As a general rule, if a client is behind in payment for two sessions, I will place our meetings on hold until the client has caught up with payments. You are not liable for any fees or charges for services rendered prior to receipt of the disclosure statement. Phone calls more than 10 minutes in length will be charged at 15-minute increments based on the hourly fee as well as any work that you need me to do outside of our session.

Refunds: Refunds are determined on a case-by-case basis at my discretion.

Payment: I accept all major credit, debit and HSA cards. Fees are due at the end of each session for all cash paying clients. If you are using your insurance that I am in network with, I will submit a claim to the insurance company directly and wait to receive an EOB (Explanation of Benefits) to see what your out-of-pocket expenses are (a deductible, copay, or coinsurance may apply). Insurance companies take between 1-4 weeks to process claims and I do not collect any fees in advance. I use IvyPay for out-of-pocket payments, a secure payment system developed for therapists. Services will be suspended if you are more than 30 days overdue with payment.

Course of Treatment: The course of treatment is determined in partnership with the client and therapist based on the client's presenting problem, clinical diagnoses, level of acuity, treatment goals, and other factors.

Emergencies: A message may be left on my voicemail any time by calling 425.223.7749. Please clearly indicate that it is an emergency and leave a number where I may reach you. Please note that SMS (normal phone text messages) are not designed for emergency contact. SMS text messages occasionally get delayed and on rare occasions may be lost. So, please refrain from using SMS as your sole method of communicating with me in emergencies. In a crisis situation, you may need assistance before I have the opportunity to receive your call. If this is the case, you may call the **Crisis Clinic at 206.461.3222 or 911.**

The **National Domestic Violence hotline is 800.799.7233** and operates 24/7. You may also contact your local emergency room for assistance.

Legal services: The services I provide are clinical in nature, not forensic (legal). I do not write letters as it pertains to custody, parenting, or emotional support animals because to do so is out of my scope of practice. I do not perform custody evaluations or make recommendations as to court decisions. I do not testify in court as an expert witness, including divorce, child custody, other family law cases, civil, or criminal cases. I do not get involved in legal disputes. Legal testimony can often be damaging to the relationship between a patient and his/her practitioner. Because of this, I require that you employ independent forensic psychiatric or psychological services should this type of evaluation or testimony be required. If, however, I am subpoenaed or for any reason required to testify in deposition or in any legal process, your signature below acknowledges that you will pay for all my professional time, even if it is not you who chose to subpoena or request my testimony or participation, and even if my testimony does not serve your interests. I charge \$150 per hour for my professional time related at any legal involvement. Professional time includes preparation and attendance for legal proceedings, testimony related matters like case research, report writing, travel, consultations and phone calls with the attorney, depositions, actual testimony, cross examination time, and court room waiting time, even if my services are ultimately not required, such as if a settlement is reached.

Insurance: For a list of insurances and EAPs that I am credentialed with, please visit my website (<http://radkachapin.com/pricing/>). I can provide you with a Statement of Services that you can submit to your insurance company for reimbursement for out of network services. Please note that it is your responsibility to determine what your insurance offers in mental health coverage for out-of-network providers. If using insurance, please note: You are responsible for securing accurate and up-to-date coverage information. Should insurance claims be denied for any reason other than my error, you are responsible for the remaining balance on your account. Additionally, insurance companies will only pay for services rendered; you will be responsible for the full fee for any missed appointments.

No Surprises Act. In compliance with the No Surprises Act effective January 1, 2022, I am required to notify all healthcare consumers of their Federal rights and protections against “surprise billing.” This Act requires that I notify you of your federally protected rights to receive a notification when services are rendered by a non-participating provider (outside of network) with an option to instead receive care from an in-network provider if one is available. Additionally, if you are not using any insurance, I am required to provide you with a Good Faith Estimate of the charges for the services for the duration of treatment. It is difficult to determine the true length of treatment for mental health care without ever seeing a client, but in general I estimate budgeting for three (3) months of treatment.

Phone Consults: I offer a free introductory 15-minute phone consult to all new clients to see if we may be a good fit and work well together. We can discuss the reasons that bring you to therapy, talk about your goals and I can answer any questions you may have about counseling.

Appointments: We can schedule our appointments via phone, email, or at the end of a session. We can also schedule a standing appointment. I generally recommend that 55-minute sessions be scheduled each week to support the continuity and depth of our work together. If, however, this is not workable for you, I am open to other arrangements based on your needs. Please note that I do not send appointment reminders.

Termination: You have the right to terminate services at any time, for any reason. Termination of therapy should not occur by telephone. Completion is an essential part of the process. For this reason, I strongly suggest that we use one to three sessions to conclude our work in therapy. However, if at any time, you find that this therapeutic process is not meeting your needs, you have a right to request a change in direction or discontinue treatment. If more than 30 days have passed since our last contact and I have not received any word from you, I will accept that as your notice that you no longer wish to continue counseling and that our therapeutic relationship is terminated. I also have the right to terminate treatment for reasons including nonpayment, nonattendance, poor fit, and abusive behavior.

Social Media Policy: 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. This is not for a lack of interest or care.

Confidentiality: Sessions in my practice are held in the strictest confidence and protected by law. This means that no information can be released about you unless legally required. There are some exceptions to confidentiality where I am required by law to disclose information you share with me:

- When I have written authorization from you, or, in the case of your death or disability, your representative;
- When I suspect abuse of a child or vulnerable adult;
- When I reasonably believe you are likely to cause serious harm or death to yourself or someone else;
- For clients utilizing insurance benefits to pay for therapy, I may be required to share information with your insurance company about types of service provided, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries
- If you waive privilege by bringing charges against me;
- In response to a valid subpoena from a court or from the Secretary of Health for records related to a complaint or report;
- If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency;
- If I have any other legal duty, obligation, or right to report.

I invite you to raise questions about confidentiality at any time in the course of our relationship. It is important for you to understand how your information will be handled before you share it.

Telehealth: All services are provided via telehealth / Zoom. Telehealth includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communication. It is important that you understand and consent to the benefits and limitations of such services. Please note that telehealth services will not be the same as direct client/therapist visit due to the fact that you will not be in the same room as your provider. • The same confidentiality rules that apply to in-person therapy also apply to telehealth. • If you are located outside of the State of Washington, the counseling services I am allowed to provide to you may be limited or prohibited. If you are located outside of the State of Washington, we will discuss what services I can provide to you. • Distance counseling services are not appropriate for all clients and all situations. If you or I determine that distance counseling services are not appropriate for you, I will assist you in obtaining face-to-face counseling. Some

clients want or need in-person therapy. • Successful use of distance counseling services requires a reasonable level of access to computer hardware, software, as well as a good internet connection. If you do not have access to such resources, we can discuss available alternatives. • You are responsible for the information security on your computer. If you choose to keep copies of emails or communications on your computer, you are responsible for keeping this information secure. • Risks of telehealth therapy include disruptions due to technology problems, confidentiality breaches either physical due to lack of privacy or technological due to unauthorized interceptions, and emerging crises. We will work together to mitigate these risks by implementing plans to address them. • At times it may become necessary for me to allow access to my computer hardware and software for purposes of system maintenance, repair, upgrades, or other similar purposes. In such cases, I will make every effort to protect your confidential information. • Distance counseling services are sometimes not reimbursed by insurance. • In case of hardware, software or other system failure, you may reach me by phone to coordinate our continued work together. Please note that as a healthcare provider I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation. • To maintain confidentiality, please do not share your telehealth appointment link with anyone unauthorized to attend the appointment. • During our telehealth appointment, ensure that there is nobody else in the room and nobody else is included in the appointment. • Please be fully clothed, sober, and do not use any other screens during our appointment. Please never join a telehealth therapy session while operating a vehicle. • As with in-person therapy, therapists cannot guarantee results with telehealth therapy. • Telehealth is not an emergency service. If you experience an emergency during a telehealth session, please call the **Crisis Clinic at 206.461.3222 or 911**. The **National Domestic Violence hotline is 800.799.7233** and operates 24/7. You may also contact your local emergency room for assistance.

Case consultations: In an effort to provide quality care, I may review your case with a consultant(s) following the guidelines of confidentiality to protect your identity. Consultation with colleagues helps me to provide the best counseling service to you.

Communication by Email, Text Message, and Other Non-Secure Means: It may become useful during the course of treatment to communicate by email, text message (e.g. “SMS”) or other electronic methods of communication, even though it may not be secure. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages;
- Your employer, if you use your work email to communicate with me;
- Third parties on the Internet such as server administrators and others who monitor Internet traffic.

If there are people in your life that you don’t want accessing these communications, please let me know so we can explore ways to keep your communications safe and confidential. Generally speaking, because text, email, and other electronic communications non-secured means of communication, I recommend using them only for scheduling or cancelling appointments, billing, and payments (see **CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS** below) and reserving more substantive content for therapy sessions.

Electronic Records Disclosure: I keep and store records for each client in a record-keeping system produced and maintained by Microsoft. This system is “cloud-based,” meaning the records are stored on servers which are connected to the Internet. Here are the ways in which the security of these records is maintained:

- I have entered into a HIPAA Business Associate Agreement with Microsoft. Because of this agreement, Microsoft is obligated by federal law to protect these records from unauthorized use or disclosure.
- The computers on which these records are stored are kept in secure data centers, where various physical security measures are used to maintain the protection of the computers from physical access by unauthorized persons.
- Microsoft employs various technical security measures to maintain the protection of these records from unauthorized use or disclosure.
- I have my own security measures for protecting the devices that I use to access these records:
 - On computers, I employ firewalls, antivirus software, passwords, and disk encryption to protect the computer from unauthorized access and thus to protect the records from unauthorized access.
 - With mobile devices, I use passwords, remote tracking, and remote wipe to maintain the security of the device and prevent unauthorized persons from using it to access my records.

Here are things to keep in mind about my record-keeping system: While my record-keeping company and I both use security measures to protect these records, their security cannot be guaranteed.

- Some workforce members at Microsoft, such as engineers or administrators, may have the ability to access these records for the purpose of maintaining the system itself. As a HIPAA Business Associate, Microsoft is obligated by law to train their staff on the proper maintenance of confidential records and to prevent misuse or unauthorized disclosure of these records. This protection cannot be guaranteed, however.
- Washington State law requires the retention of records for seven years after last contact.

Complaints: If you have a complaint about my professional service, I hope you will speak to me directly so that the problem can be clarified and resolved. However, you have the right to file a complaint with the Washington State Department of Health if you believe you experienced professional misconduct. You may call DOH at 360.236.4700 and send a complaint to: Department of Health, Health Professions Quality and Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. <https://doh.wa.gov/about-us/file-complaint>. Email: HSQAComplaintIntake@doh.wa.gov

Acknowledgments:

I, the client, have been provided a copy of the Therapist Disclosure Statement & Client Informed Consent for Radka Chapin Counseling, PLLC and have read and understand the information provided. I have been given ample opportunity to ask questions and all of my questions have been answered to my satisfaction. I fully understand the contents of this form including the risks and benefits or the procedure(s). I understand that this document does not grant me new rights and is not intended to supersede state or

federal laws and regulations or professional standards. I give my consent for treatment as outlined in this Disclosure Statement.

I, the client, understand that I am free to terminate the treatment process at any time by giving appropriate notice with respect to the therapeutic relationship established and the cancellation policy mentioned above. I understand that new behaviors I may institute as I progress in this treatment may lead to changes in the interactions between me and others, thereby altering those relationships. I will take responsibility for ensuring my personal safety throughout the therapy process. I understand that there is no guarantee that my insurance company will make payment and that I am ultimately responsible for any financial obligation to my therapist.

_____ We have agreed that the fee for a _____ minute session is \$_____. (For cash clients.)

_____ I wish to use my insurance/EAP benefits and give permission to Radka Chapin to bill my insurance/EAP company directly (EAP benefits can only be used once).

Signature of Client

Date

Radka Chapin MA, MSW, LICSW

Date

On behalf of Radka Chapin Counseling, PLLC

This form will be retained in the mental health record.

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I consent to allow Radka Chapin to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

(Signature of client)

Date