

## Therapist Disclosure Statement & Client Informed Consent

Radka Chapin, MA, MSW, LICSW  
Radka Chapin Counseling, PLLC  
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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 have two master's degrees in both Social Work from the University of Washington, Seattle, and Master of Arts in Slavic Philology from Charles University in Prague, Czech Republic. My main therapeutic modality is the Masterson approach based on the work of James Masterson, which combines object relations, attachment theory, self psychology, neuro science, and developmental theory. My post-graduate training includes a Certificate in Clinical Theory and Practice, Lifespan Integration, chemical dependency, mindfulness, ACT, Motivational Interviewing, CRAFT informed approaches, classes and trainings on LGBT issues and other areas of clinical practice. In addition to my experience working as a clinical therapist in both outpatient and inpatient settings, 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 counselor.

**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 the best with the client and situation. My approach to therapy is holistic, client centered, and with focus on social justice.

**Fees:** Individual sessions are \$125 per 55-minute session, \$165 for 90-minute intake. 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 \$125. 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 \$125. 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, such as filling out FMLA or disability paperwork.

**Nonpayment of fees:** Any unpaid balances will be turned over to a collection agency if you are no longer in treatment and our attempts to collect from you are unsuccessful. If your account is turned over to a collection agency, a collection fee of 35% will be added to your total balance and will be listed on your credit report. If this course of action is necessary, then your patient rights and privileges may be revoked. If we utilize collection, we will disclose demographic information for this purpose, including the dates you received services, and the amount of your unpaid balance.

**Payment:** I accept cash, check and all major credit cards. Fees are due at the end of each session. There is a \$30 fee for any returned checks. Services will be suspended if you are more than 30 days overdue with payment.

**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**. You may also contact your local emergency room for assistance.

**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.

**Free Introductory Session:** I offer a free introductory 30-minute session 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 in person at the end of a session. We can also schedule a standing appointment. I generally recommend that 50-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.

**Termination:** 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.

**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 office are held in the strictest confidence and no information can be released about you without your written permission. There are some exceptions when I am required by law to break confidentiality: when a client is posing threat to self or others, or is unable to provide minimal life-sustaining care; when a client reveals a contemplation of a major crime or harmful act; suspected abuse of a child, elder or a mentally disadvantaged person; in response to subpoena from the Secretary of Health. I hope these situations do not arise, but it is my responsibility to care for you when you are not able to care for yourself. If that occurs, I will contact the appropriate authorities or someone on your emergency contact list.

**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. 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 talk with me about ways to keep your communications safe and confidential.

**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.

**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.

I, the client, have read the Therapist Disclosure Statement & Client Informed Consent for Radka Chapin Counseling, PLLC, and all of my questions have been answered. 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 \$\_\_\_\_\_.

\_\_\_\_\_ 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.

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(Signature of client)

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Date