

## Counseling Disclosure & Agreement

Jordan Klekamp, LMHC, CMHS

*Counseling is a relationship between people that works because of clearly defined rights and responsibilities. Because those rights and responsibilities are important for you to understand, Washington State law requires me to provide you with detailed information about them before you begin counseling. As an individual, you have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits your needs. This disclosure of information is provided for your benefit and your signature indicates that you have read, understood, agreed, and given your consent for counseling to begin. If you would like to have more information about the laws, statutes, and ethics that guide my work as a counselor, please ask. I am happy to provide you with copies of my codes of ethics and applicable Washington State laws.*

## The Counseling Process

Counseling looks different for each person, and how it helps you will be unique to you. I am not able to propose an appropriate course of treatment for you until we have spent some time together. As soon as I am able to identify an appropriate course of treatment, however, I will discuss it with you. What you can expect from me when you start counseling is that I will treat you with respect, I will integrate your values and resources into our counseling work, and I will encourage you to be creative and experiential in the way we work toward your goals. My counseling style is warm, active, and engaging, and I utilize a variety of expressive and strengths-focused techniques. I regularly seek feedback on what does or doesn't feel helpful, what style of counseling is most comfortable, and what goals we will work toward next. Because you are the only person who knows what it feels like to be you, I treat you as the expert.

To support you, I utilize every aspect of my education, training, and experience. I have worked with children and adults ages 2-70, providing support for the following concerns:

- Depression
- Anxiety
- Anger
- Divorce
- Posttraumatic stress
- Disruptive behavior
- Family conflict
- Parenting challenges
- Low self-esteem
- Self-Harm
- Suicidal thoughts and behaviors
- ADHD
- Poor communication
- School performance
- Family reunification
- Disordered eating
- Substance use
- Attachment
- Domestic violence
- Grief and loss

My counseling sessions are often experiential— I believe that play, art, music, and movement are the most natural forms of self-expression for children and teenagers. My primary goal as your counselor is to provide a safe place for you to talk about or play out your concerns. At the same time, I wholeheartedly invest in supporting your whole family by advocating for you within your educational, medical, or extended family systems.

In your first few counseling sessions, we will focus on reviewing and signing initial paperwork, learning more about you and how I can support you, and setting goals for counseling. We will revisit your goals frequently throughout counseling; they are a roadmap for you

during our work together. These first few weeks of counseling allow me to identify how I can help, and they are also an opportunity for you to decide if I am the right counselor for you.

Counseling often takes 8-20 sessions if you are seeking support for a specific problem and longer if you are dealing with multiple or longstanding concerns. Throughout this process, I will support you utilizing various therapeutic techniques. I like to meet weekly when we first start meeting together and then meet together less often as you start feeling better and are making progress.

If a third party, such as an insurance company, is paying for all or part of your bill, I am required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) that describe the nature of your problems and whether they are short-term or long-term. If I do use a diagnosis, I will discuss it with you.

## **Risks and Benefits**

Counseling often involves expressing intense and painful emotions, facing difficult situations in the present, or recalling frightening or challenging parts of your past. This is understandably stressful, so it is *normal* for your symptoms to feel worse in the short term before you start to feel better. However, counseling has been shown to have valuable benefits. Some of the benefits include learning more about yourself, improving your relationships, developing healthy ways of managing stress, and overcoming personal challenges or barriers in your life. Counseling requires your active participation both in sessions and in between sessions in order to be effective.

## **Confidentiality**

Privacy, also called confidentiality, is an important and necessary part of good counseling. Your participation in therapy, the content of our sessions, and any information you provide to me during our sessions is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give me written consent to have the information released to another party;
- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;
- 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.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

### **For clients age 13-18**

If you are over age 13, I am legally required to have your written permission to speak with your parents or guardians about anything having to do with your counseling unless one of the above exceptions to confidentiality applies. This includes talking to your parents about billing, scheduling, your goals, your progress, and ways to support you. When we begin your counseling, I will ask you to sign a written release for me to speak with them at minimum about billing, scheduling, and your general progress. If you are under age 13, your parent or guardian has the legal right to review any written records I keep about our sessions, but will do their best to protect your privacy in counseling sessions.

*Parents:* Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private counseling sessions. This includes activities and behavior that they would not approve of or would be upset by but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I believe that you are in such danger, I will communicate this information to your parent or guardian. You can always ask me questions about the types of information I would disclose. You can ask in the form of "hypothetical situations"; in other words, "If someone told you that they were doing \_\_\_\_\_, would you tell their parents?"

Even if I have agreed to keep information confidential—to not tell your parent or guardian—I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell them and will help you find the best way to do so. Also, when meeting with your parent or guardian, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

### **Supervision and Consultation**

I seek ongoing supervision and consultation from colleagues in order to provide you with the best services possible. I may disclose information about your counseling sessions in consultation with colleagues, in which case I will withhold your name and other easily identifiable information. I have an agreement with Krissy Perry, MEd, LMHC, RPT-S to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Krissy Perry, MEd, LMHC, RPT-S accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

### **About Me**

After spending over five years working as a counselor, supervisor, and administrator in social service and nonprofit counseling agencies, I opened Atlas Counseling PLLC in 2017. Before Atlas, my counseling experience included working at a domestic violence shelter (2012-2013), a rural community mental health agency (2013-2014), and a nonprofit youth service agency (2014-2017). In addition to working as a counselor, I have managed a team of counselors (2015-2016), developed a master's level internship training program (2016-2017), and provided counseling supervision and mentorship to intern counselors and associate counselors (2015-present). I am a Licensed Mental Health Counselor (License #LH60550824), Child Mental Health Specialist, National Certified Counselor, and Washington State Approved Supervisor.

### **Treatment Modality and Therapeutic Orientation**

I am primarily trained in play therapy, person-centered therapy, cognitive behavioral therapy, and family systems therapy; and I also have training and experience in narrative therapy, dialectical behavior therapy skills, and solution-focused therapy. For children ages 3-11, my primary counseling method is play therapy.

### **Education and Specialized Training**

2011: Bachelor of Arts in Intercultural Studies from MidAmerica Nazarene University (Olathe, KS)

2013: Master of Arts in Marriage, Couples, and Family Counseling from MidAmerica Nazarene University (Olathe, KS)

2014: CBT+ Learning Collaborative by Harborview Sexual Assault and Resource Center/University of Washington (Tukwila, WA)

2014-2015: Alcohol and Drug Counseling classes at Bellevue College (Bellevue, WA)

2015-2016: Approved supervisor trainings from Antioch University and ATTC Network (Seattle, WA)

2013-2018: Specialized Training and Supervision toward credentialing as a Registered Play Therapist

## **Professional Memberships**

American Counseling Association (2011-present)  
National Board for Certified Counselors (2013-present)  
Washington Counseling Association (2014-present)  
Association for Play Therapy (2015-present)  
Washington Association for Play Therapy (2015-present)  
Association for Child and Adolescent Counseling (2017-present)

## **Record Keeping**

I keep brief notes of each counseling session, including the date we met, topics we discussed, interventions, impressions, and next steps. These records are kept private and not shared with others in accordance with HIPPA requirements. My phone system, e-mail server, cloud document storage, and electronic medical record are supported by advanced encryption; and my computer and phone are password-protected and their drives encrypted. Paper documents are scanned, uploaded securely, and duplicates destroyed.

## **Communicating Outside of Sessions**

### **Email**

If you wish to communicate with me via e-mail about your counseling, I am willing to send and receive emails. However, because email, text messaging, VOIP, and other forms of electronic communication may not be completely secure, please try to limit your messages to only what is necessary to communicate (e.g. billing or scheduling questions). Generally, email communication should be used only to schedule and reschedule appointments unless we've made prior arrangements.

### **Social Media**

Professional ethical standards do not permit me to communicate with clients via personal social media. For this reason, I cannot accept any client requests to connect on Instagram, Facebook, or other similar social media platforms.

### **Appointment Reminders**

If you would like for me to send you reminders for your regular counseling appointments, I am happy to schedule reminder e-mails or text messages for you. Appointment reminders are scheduled through TheraNest, my electronic medical record. Choosing to receive reminders in this way means that you understand the security risks of e-mail or text messaging.

I would like to receive appointment reminders via text \_\_\_\_\_ and/or email \_\_\_\_\_ (client or parent/guardian initials)

## **Scheduling**

I am currently available to schedule counseling appointments Tuesday-Thursday with additional days and times made available on a case-by-case basis. I return all phone calls and emails within 24 hours Monday-Friday. If you are under 13, your parent or guardian needs to remain onsite during your counseling appointment.

I am away from the office several times a year for holidays, professional meetings, or other travel purposes. As much as possible, we will discuss my absence in advance and plan how you will receive support until I return. For unplanned absences due to illness, injury, or other unforeseen circumstances, I will contact you as early as possible.

I will be away from the office on the following holidays each year:

- Memorial Day
- Independence Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Eve through New Year's Day

## Emergencies

If you are in crisis, please call the Crisis Clinic at 866.427.4747 for immediate support. In case of emergency, call 911 or go directly to the nearest hospital emergency room.

## Professional Fees

Below is a list of the fees for counseling services.

Initial Session (Parent Only)	55-60 mins	\$160
Individual Counseling	50-55 mins	\$130
Parent Counseling	50-55 mins	\$130
Family Counseling	50-55 mins	\$130
Group Counseling	50-55 mins	\$45 per person
Interactive Complexity	Add On	\$15

In addition to direct counseling, I provide consultation and case management support services. Unfortunately, these services are not currently covered by insurance providers. Below is a full list of what support is classified as consultation or case management.

Initial Phone Call	10-15 minutes	No Charge
Initial School Introduction	10-15 minutes	No Charge
Initial Doctor Introduction	10-15 minutes	No Charge
Attendance Verification	0+ minutes	No Charge
Requests for Records	0+ minutes	Cost of Request
Telephone Calls   E-mails	15+ minutes	\$32.5 per 15 minutes
Reports   Correspondence	15+ minutes	\$32.5 per 15 minutes
Meetings   Consultations	15+ minutes	\$32.5 per 15 minutes
School Observation	15+ minutes	\$32.5 per 15 minutes
Legal   Court Involvement	15+ minutes	\$50 per 15 minutes

*Insurance:* I bill as an out-of-network provider for most insurance plans. I am happy to assist with verifying your out-of-network benefits before our first meeting. It is important for you to remember that if insurance companies pay all or part of your bill, they will require that I comply with the rules of your specific plan. Insurance providers may ask for any of the following information before they pay for your counseling: your diagnosis, the dates and times you have seen me, your counseling goals, your session notes, and how well I think you are doing.

*Interactive complexity:* Interactive complexity is an insurance add-on code and is listed separately in addition to the primary procedure of counseling. Because interactive complexity is often present in sessions with child and adolescent clients who have a legally responsible caregiver, I may use this add-on code with your therapy sessions. Use of this code will impact your overall coinsurance or deductible owed.

*Method of Payment:* You are responsible for paying your deductible, copay, coinsurance, or full fee at the time of your session. I accept payments by cash, check, or card. If you choose to pay by card, I will automatically charge your card after each session, which will allow us to use your session time to focus on counseling rather than paperwork.

*Paying in Advance:* You may pay ahead of time for future counseling sessions if that works better for you. If you do not remain in counseling long enough to use the money you already paid, I will provide a full refund of the positive balance on your account. Refunds are made by check and may take 2-3 weeks to process.

*Returned and Late Payments:* In your first appointment, I will request that you keep a credit card on file to pay any outstanding balance unless we have made prior arrangements. If you make a payment by check and it is returned by the bank due to insufficient funds, I will charge an additional \$35 to your counseling bill to cover the bank's returned item fee. If a second check is returned by the bank or if you do not pay your counseling bill in full after two sessions, I will only accept payment for future sessions by cash or card and may delay scheduling with you until payment has been made. Any unpaid payments on your account will be charged 1.5% interest for each month they are unpaid. After three months, if you have not paid your bill, I will use a collection agency to secure payment, and any fees incurred in the collections process will be added to your counseling bill. I will notify you in writing before taking this action.

*Cancellations:* You may cancel or reschedule an appointment anytime as long as you provide 24 hours notice. If you cancel an appointment with less than 24 hours notice or fail to show up, you will be charged your usual fee for the appointment. My cancellation policy is not a penalty or a punishment. This cancellation policy is important for my counseling practice because I reserve for you a full hour of my time for your session and clinical notes. If you cancel with less than a full 24-hour notice, I won't be able to fill that time slot, and I'll lose an entire hour from my work schedule. I'm never upset with you when you miss an appointment. I know that's life. In return, I ask that you understand that scheduling an appointment with me is like buying tickets to an event. If you miss the event, it doesn't matter why you missed it or even if it was your first time; you still can't turn in your tickets for a refund. It's important to remember that insurance will not pay for missed appointments, so you will be responsible for the full appointment fee, not just a copay.

## **Termination**

If, without having made prior arrangements, I have not heard from you in 30 days, I will assume that you would like me to end our current episode of care and close your active clinical file. In such cases, we may re-open the file and initiate a new episode of care once we meet in person.

## **Concerns and Complaints**

If you are unhappy with what is happening in counseling, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with respect and care. You may also request that I refer you to another therapist and are free to end counseling with me at any time. You have the right to considerate, safe, and respectful care, without discrimination due

to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. Additionally, you have the right to ask questions about any aspects of counseling and about my specific training and experience.

If you have any serious concerns about counseling and do *not* feel that I have taken them seriously, you may file a complaint directly with the Department of Health. I have included their contact information below, and a copy of the acts of unprofessional conduct can be found in RCW 18.130.180.

Department of Health  
Health Systems Quality Assurance (HSQA)  
Complaint Intake  
P.O. Box 47857  
Olympia, WA 98504-7857  
360-236-4700  
Email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

### **Consent for Treatment**

*By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you have received a copy of your HIPAA Notice of Rights and Privacy Practices, have read and fully understand these rights, and have been given the opportunity to ask questions.*

*By signing this document, you are attesting to your consent to participation in counseling services provided by Jordan Klekamp, LMHC, CMHS.*

_____	_____	_____
Client Name	Client Signature (required if client is over age 13)	Date
_____	_____	_____
Parent Name	Parent Signature (required if client is under age 13)	Date
<u>Jordan Klekamp, LMHC, CMHS</u>	_____	_____
Counselor Name w/ Credentials	Counselor Signature	Date