

Disclosure Statement

JAMES FAUST & ASSOCIATES • PLLC COUNSELING • COACHING • TRAINING

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(360) 754-4712

James Faust MA LMHC NCC

Washington State Licensed Mental Health Counselor
License Number LH00009712

DISCLOSURE OF INFORMATION, POLICIES, FEE AND OTHER AGREEMENTS

YOUR RIGHTS AS A CLIENT IN COUNSELING

As a client in counseling, you have certain rights and there are also certain limitations to these rights of which you should be aware. As a client of a counselor licensed by the State of Washington you have **privileged** communications under Washington State law. With the exceptions listed below, you have the right to have information you share with me held in strict confidence, including the fact that you are seeing me. This privilege is yours and cannot be waived without your consent. **I will always act to maximize your privacy even when you waive your right of confidentiality.**

The following situations are examples of exceptions to your right of confidentiality:

If I believe you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.

If I believe you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about possible abuse or neglect of a child or vulnerable adult I am required by law to report this to Children's Protective Services (CPS) or Adult Protective Services, both agencies of the State of Washington.

If you are currently in litigation, or become involved in litigation during treatment or file a complaint against someone for malpractice, you may be asked to disclose information regarding your therapy as part of that process. Although I will request your consent to release information, I can be legally obligated by subpoena or court order to turn over my records and testify in court. Please inform me as soon as you know that you are likely to become involved in such a legal situation so that I can exercise due caution so as to protect your privacy.

If you have been referred to me by an Employee Assistance Program (EAP), an insurance company, or by the Department of Social and Health Services (DSHS) for evaluation and/or treatment I may be required to disclose information about the evaluation or treatment. I will share with you all the information I will be sending to the EAS, your insurance company, or DSHS at your request.

If you are seeing me in couples or family therapy, and you, your partner, or another family member should happen to see me in an individual session, information shared with me in that meeting may be shared by me in joint couple or family sessions if I believe it to be in the best interest of the work we are doing together. Also, if you are a group therapy member and you share with me information outside the group, it may be shared by me in subsequent group sessions if I believe it to be in the best interest of the work we are doing together in the group.

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GENERAL INFORMATION AND POLICIES

Sometimes it is useful for your therapy for me to discuss your situation with others such as your physician, your former therapist, your child's school counselor, etc. In such cases, I will obtain your **written** permission for this exchange of information.

I regularly consult with colleagues and/or receive supervision regarding my work with clients to gain feedback and suggestions about treatment. This is a normal and necessary part of any counseling practice. My work with you may be discussed in formal or informal sessions with my colleagues or staff here, or with other professionals I seek consultation or supervision with elsewhere. During these consultations, neither your last name nor other unique identifying information will be used. All discussions of this type with other professionals are subject to the same provisions of confidentiality discussed above.

If you have been referred to me by someone else, I may, as a good business practice, acknowledge to them that you have contacted me and thank them for the referral. I will not discuss your situation with them unless I have your written permission.

You always have the right to refuse treatment or request a change in treatment. It is important to me that what we do together meets your needs. If you believe you are not being helped, please tell me so that we can work the difficulty together. If we cannot do so, I will assist you in finding another counselor.

I am normally available by telephone, however, I may be with a client or otherwise be unable to answer the telephone. I have voice mail, check it regularly, and will return your call as soon as practical. There may be times, however, when I am unavailable. If such is the case I will refer you to a colleague. If you cannot reach me and are not responded to by one of my colleagues and are urgently in need of help, call the Olympia Crisis Clinic at 1-800-627-2211 or call 911 for immediate help.

You are free to terminate therapy at any time. It is my request, however that you discuss your decision with me, and reasons for termination at the beginning of a regularly scheduled session. I consider it of therapeutic value to you that the counseling relationship be closed in a straight-forward manner, ensuring that all counseling issues have been dealt with to the best of your and my ability. In any case, notice of termination will result in my scheduling other clients into your regularly scheduled time slot. If you cancel an appointment or miss an appointment without your leaving notice of rescheduling on my voice mail, notice of termination will be assumed and your time slot will be given to the next available client.

I maintain an e-mail account for my practice and check it daily. This e-mail account is not encrypted or otherwise protected and I cannot guarantee the privacy of any patient communication. If you wish to communicate with me via e-mail please restrict your messages to housekeeping matters such as appointment times, changes, etc.

CLIENT RECORDS

I am required by law to maintain certain records regarding your treatment. As a matter of course, I commonly keep records concerning treatment plans, session progress notes, diagnosis, various notes taken during session, audio and video tapes, and financial records. Copies of these records are available to you upon request, however, I do charge a fee commensurate with my costs in producing such copies, i.e., time, paper, copier uses, etc. These costs vary according to material to be copied and are set by state law.

APPOINTMENTS AND FEES

Appointments are usually scheduled once per week or once every other week. The session lasts for 50 minutes, unless we arrange in advance to meet for a longer time. Longer sessions will incur an extra charge based upon the time we take. The scheduled time for your session is set-aside for you. If you miss a session without canceling, or if you cancel without 24 hours notice, I will bill you in full for that time. If you are late for a session, you will be seen for the remainder of your scheduled time and charged for the full session.

The fee you will be charged will be discussed and set at our first session. It may be renegotiated later in treatment depending on changes in your financial status. Changes in fees will only be made after a discussion with you has taken place at least one session before the change will take place. **Payment must be made at the conclusion of each session. You may want to write out your check before entering the session to save on your time in session.** I accept cash, checks, VISA, and MasterCard. If you pay by cash please have exact change. I cannot take medical coupons or barter.

All bills are due upon receipt. I charge a \$5.00 re-billing fee for all bills not paid with 30 days. All bills 60 or more days delinquent are turned over to a collection agency for collection. I have a HIPAA Privacy Act business associate agreement with the collection agency to safeguard the privacy of your medical information.

A word about insurance. If you choose to use your insurance to pay for your counseling you must understand that you are ultimately responsible to pay your bill for services. Your insurance is a contract between you and them. I do bill directly a number of insurance companies, however, any denied claims, co-pays, deductibles, or other non-covered charges are your responsibility to pay. Your insurance coverage is your responsibility. You should also be aware that your insurance company may request from me copies of your treatment records in order to justify the medical necessity of your treatment. Failure to release these records may result in denial of coverage for your counseling.

If I am doing work related to your treatment outside the bounds of your scheduled counseling (meeting with other professionals regarding your case, writing reports, preparation time, etc.) I will bill you on an hourly basis for all time spent, including travel time to another location (the hospital, attorney's office, your home, etc.). My fee for this type of work is \$120.00 per hour.

MY APPROACHES TO THERAPY

Methodologies

I am trained in and use several therapeutic methodologies in my practice. As mine is an integrative, client-centered practice I may use one or all the methodologies as best benefits the client. All of them rely on the motivation of the client to become an active partner in the therapeutic relationship. All the methodologies embody the utmost non-judgmental, respect for the individual and present that the factors that are needed for change already lie within the individual.

I also believe in coordinated treatment. I seek to work with other practitioners involved with the client, such as personal care physicians, in coordinating treatment for the greatest benefit of the client. I have access and do refer clients to other professional practitioners such as massage therapists, and other specialists when doing so advances the treatment of the client.

Education / Experience

I hold an accredited Master of Arts Degree in Applied Behavioral Science with an emphasis on Systems Counseling from Bastyr University's School of Applied Behavioral Science. I have received demanding, in-depth, experiential and academic training in counseling at Bastyr University. I also hold a Bachelor of Arts Degree from The Evergreen State College.

Additionally, I have completed a mental health therapy internship with a community mental health agency where I have received hands-on, supervised experience in providing individual, couples, group, and family mental health therapy for a wide range of mental health problems. I have completed the rigorous experience, training, and supervision requirements for licensure as a Mental Health Counselor in the state of Washington and have been board certified as a National Certified Counselor by the National Board for Certified Counselors.

I have also received significant postgraduate training in a variety of mental health, and counseling related areas including autism spectrum disorders, couples counseling, sexual abuse, trauma, and domestic violence.

I have completed a successful twenty-five-year career with the state of Washington in specialized law enforcement that involved analysis, assessment, and intervention of targeted violence toward individuals and groups.

QUALITY OF SERVICE

I ascribe and adhere to the Code of Ethics of the American Counselors Association. I must also answer to the ethical and professional standards of the Washington State Omnibus Credentialing Act for Counselors and the Uniform Disciplinary Act for the Regulation of Health Professionals.

If you feel that I have behaved in an unprofessional manner, please advise me so that the problem can be clarified and resolved. If you feel this does not resolve the issue, you may contact one or both of the following:

**American Counseling
Association**
5999 Stevenson Avenue
Alexandria, VA 22304
800-347-6647

**State of Washington
Department of Health**
Attn: Counseling Division
P. O Box 47869
Olympia, WA 98504-7869
(360) 236-4918

— Notice of Privacy Practices —

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

This notice becomes effective April 14, 2003

Purpose

Recognizing the trust you place in me as your counselor, I am committed to protecting the privacy of your personal information. I am also required by law to maintain this privacy, and to provide you with this detailed notice of my legal responsibilities and privacy practices relating to your personal healthcare information

This is a legal document required by federal regulations and therefore contains specific legal terms specified in federal law.

Record Keeping Practices

Standard practice requires me to keep an official record of your therapy process, including a general description of your emotional or psychological functioning, a diagnosis if required for insurance purposes, agreed-upon treatment goals, a list of symptoms, any medications, and some description of your progress throughout the time we work together. The content of your record is altered somewhat if I am seeing you as a member of a couple or family.

Your Rights Relating to Your Personal Healthcare Information

You have specific legal rights relating to your personal healthcare information. First, I am required by law to maintain the privacy of your information and to provide you with this document describing my legal duties and privacy practices with respect to the information I maintain about you. You also have the following rights:

You have the right (which may be restricted only in certain limited circumstances) to inspect and receive a copy of your personal healthcare information for as long as I maintain it. I am permitted to charge a reasonable, cost-based fee for copies.

You have the right to request that I amend your personal healthcare information if you believe that it is incorrect or incomplete. I am not required to agree to the amendment, but you have the right to file a statement of disagreement with me, and I am allowed to prepare a rebuttal to your statement— all which will go into your official record.

You have the right to request restrictions on certain uses & disclosures of your healthcare information for purposes of treatment, payment or operations of my practice. You may also request that any parts of your personal healthcare information not be disclosed to your family members or friends who may be involved in your care. I am not required to agree to such a request. If I believe it is in your best interest to make such disclosures, I will not honor your restriction request.

You have the right to request confidential communications from me by alternative means or at an alternative address. I will accommodate reasonable requests and will not require an explanation of your request. I may condition an accommodation on your providing information how payment will be handled, and/or for an alternative address or other method of contact.

You have the right to receive a copy of the required accounting of disclosures that I make of your personal healthcare information. This accounting documents non-routine disclosures or those made for purposes other than treatment, payment or operations of my practice. It also excludes disclosures I might have made to you or disclosures made at your request and accompanied by a specific written authorization of disclosure.

You have the right to obtain a paper copy of this notice.

If you believe your privacy rights have been violated by me, you have the right to file a written complaint with me and/or with the Secretary of Health & Human Services. I will not retaliate against you for filing such a complaint.

Uses & Disclosures of Your Healthcare Information

I may use your personal healthcare information for providing you treatment. To coordinate and manage your care, I may disclose your information to others of your current providers, and to the extent you have not raised an objection in writing, to your prior providers, or to other persons (including family members), involved in your care.

I may use your personal healthcare information on billing statements I send you and in my system for tracking charges and credits to your account. With your authorization, I may disclose your information to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment and disclose your healthcare information for medical necessity and quality assurance reviews.

I may use and disclose your personal healthcare information for the healthcare operations of my practice in support of the functions of treatment and/or payment. Such disclosures would include those for administrative, legal, or financial services to assist me in providing your healthcare treatment.

Other Uses and Disclosures that do not Require Your Authorization or An Opportunity to Object

I may use or disclose your personal healthcare information to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. I must also make disclosures to the Secretary of the Department of Health & Human Services for investigating or determining my compliance with the requirements of the Privacy Rule.

I may also disclose your personal healthcare information to a health oversight agency for activities authorized by law such as my professional licensure. Oversight agencies also include government agencies and organizations that audit the provision of financial reimbursement to me, such as third party payers.

I may disclose your healthcare information when necessary to minimize an imminent danger to the health or safety of you or any other individual.

I may use your personal information to contact you to remind you of your appointments with me.

I may disclose your personal healthcare information to Business Associates that are contracted by me to perform professional services on my behalf that may involve their collection, use or disclosure of your personal information. My contract with these entities requires them to safeguard the privacy of your information.

I may disclose your personal healthcare information if a court of competent jurisdiction issues an appropriate order. I will also disclose your personal healthcare information if: 1) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the personal healthcare information sought, and the date by which a protective order must have been obtained to avoid my compliance; 2) no qualified judicial or administrative protective order has been obtained; 3) I have received satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand; and 4) such time has elapsed.

Uses & Disclosures of Your Personal Healthcare Information Made With Your Authorization

I will make other uses and disclosures of your personal healthcare information only with your written authorization. You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization such as providing you with health care services for which I must submit subsequent claim(s) for payment.

Changes to this Notice of Privacy Practices

I am required to abide by the terms of this Notice of Privacy Practices, but I am also permitted to change the terms of this Notice at any time. Once a revision is in effect, it applies to all your personal healthcare information that I maintain whether you are still in treatment with me. You may request a copy of my revised Notice of Privacy Practices at any of your appointments or ask that one is mailed to you by leaving me a message on my answering machine.

Contact Information – Privacy Officer

If you have any questions regarding the Notice of Privacy Practices please contact the Privacy Officer listed below.

James Faust MA LMHC
677 Woodland Square Loop SE
Lacey, WA 98503
(360) 754-4712

Complaints

If you believe I have violated your privacy rights, you may file a complaint in writing with me. I will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health & Human Services, Office for Civil Rights, 2201 Sixth Avenue, Suite 900, Seattle, Washington 98121-1831, (206) 615-2287.