

Disclosure Statement and Agreement for Services
Melinda Moats, M.Ed., PLLC

Melinda Moats, M.Ed., LMHC
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360-629-8232

Disclosure Statement and Agreement for Services

Thank you for your interest in working with me as a client. I am providing you with the following information so you can make an informed choice about your decision to engage my services. Please read this information carefully and let me know if there is any part you do not understand. Although I will share my skills and abilities to support your well-being, my work with you is only a resource. As an intentional and conscious participant in your growth, you will ultimately take all responsibility for and actions related to your health and well-being.

You have the right to refuse any treatment you do not want, and the responsibility to choose a mental health provider and treatment modality which best suits your needs. You also have the right to terminate your treatment at any time for any reason. The following information is provided to help you determine if what I offer as a mental health counselor meets your needs as a client. This document contains important information about my therapeutic approach, my education, my fees, and your rights as a client including your rights regarding your private health information. Please read this document carefully and ask any questions that help you fully understand the contents of this disclosure statement and agreement for services.

My Education, Training, and Experience

I am a Mental Health Counselor regulated by Washington State (Credential Number LH00003535).

My educational background includes a Bachelor's degree in Psychology from Lewis and Clark College in 1980 and a Masters degree in Education in Counseling at Seattle University in 1993. I became a licensed counselor with the state of Washington in 1999 and regularly participate in continuing education training. I became a Diplomate in Comprehensive Energy Psychology from the Association of Comprehensive Energy Psychology in 2006. Services may include individual, couple, family or group counseling for adults, adolescents or children.

Therapeutic Philosophy

The aim of psychotherapy is to empower you to meet your goals. Exploration on all levels is encouraged while respecting your individual pace in the process. Our family of origin influences our behavior and beliefs; therefore, it is useful to understand the experiences you had in your family as we deal with your current life issues and challenges. Psychotherapy can have benefits and risks. For example, therapy often involves discussing unpleasant aspects of your life which may bring up uncomfortable feelings. Psychotherapy has also been shown to have benefits such as better relationships, solutions to specific problems and significant reductions in feelings of distress. There are no guarantees of what you will experience. Active participation brings the best results.

An integration of cognitive, insight and/or humanistic psychology may be used, among other modalities. Based on an assessment of your individual needs and desires, some methods or techniques offered may be 'talk therapy', behavioral, play therapy, or energy psychology. I have been trained and have used Energy Psychology techniques since 2000 and am a Diplomate in Comprehensive Energy Psychology (D.CEP). Energy psychology is an alternative clinical approach, currently under research and is an

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emerging standard of practice, which appears to assist in resolving trauma and emotional issues. A variety of articles, book titles and websites on energy psychology are available upon request. Typically, after an initial consultation period there will be an opportunity to talk with you about impressions and treatment goals. With this information and your own opinions, you can decide whether to continue. You have the right to discontinue treatment at any time. If you have questions, please ask whenever they arise.

I do not intend to provide any services in anticipation of litigation. If you are seeking counseling primarily in order to obtain documentation for use in a legal proceeding, please let me know so that I can provide you with appropriate referral resources.

Confidentiality

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 individual;
- 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 the contemplation of a crime or other harmful act is revealed;
- If I have any other legal duty, obligation, or right to report.

I may also be required by law to disclose certain confidential information including suspected abuse of children under RCW 26.44 and RCW 18.19.180(3), suspected abuse of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

Even though confidentiality is asked and required of all participants in couples or family treatment, I am unable to guarantee confidentiality as any participant may choose to not honor the confidentiality of the counseling session. If you have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let me know. I will be happy to discuss this with you further.

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 session in consultation with colleagues, in which case I will withhold your name and other easily identifiable information. I have an agreement with Darlene Kildow, LMHC 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 Darlene Kildow, LMHC accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

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The nature and character of the proposed treatment

The treatment I will provide to you will include psychotherapy as indicated by your individual circumstances. 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, I will discuss it with you.

The anticipated results of the proposed treatment

I cannot make any guarantees regarding specific outcomes or results of the treatment I provide to you. However, I will discuss with you my observations, and your evaluation, of the treatment I provide to you in order to best monitor the progress and results.

The recognized possible alternative forms of treatment

There are alternatives to the modality and treatment I provide. You have the right to choose alternative treatments, including no treatment at all. I will be happy to provide you with a referral to a different treatment provider if you so request. There are possible risks of alternative forms of treatment, including non-treatment. These risks can include aggravation, or an increase in severity of, your underlying mental and/or physical condition or symptoms.

Risks of Treatment

There are recognized possible risks of treatment. You may experience some reactions to psychotherapy including uncomfortable feelings, emotions and personal experiences or the worsening of some symptoms. You may find some of these experiences to be difficult or troubling. If you experience any negative feelings, emotions, or experiences, please inform me as soon as possible.

Financial Requirements

The cost of each session is \$110 for individual online appointments at 45-50 minutes, and \$150 for 60-75 minute appointments. Payment is due at the beginning of each session. If you are unable to keep your appointment, you must give me 24 hours advance notice or you will be charged the full price for the missed session. Insurance does not generally cover online sessions. Under Washington State Law, you are not liable for any fees or charges for services rendered prior to receipt of this disclosure statement.

Contacting Me

I do not regularly make use of email, a cellular phone, or other portable communication device, to communicate with clients although I may under certain circumstances. In such cases, I will limit the information I store in any portable communication device to the minimum necessary. Please be aware that such forms of communication do have inherent risks to client confidentiality. If you would prefer that I do not store your name and telephone number in a portable communication device, or if you would prefer that I do not communicate with you via email or cellular phone, please inform me so that we can make alternative arrangements.

I have confidential voice mail that I monitor regularly during business hours on Monday through Thursday. I make every effort to return calls within 24 hours with the exception of weekends, holidays and vacations. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary. If you feel that you cannot wait for me to return your call, you may call the Care Crisis Line at 1-800-584-3578 or 911.

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State of Washington Disclosures

The State of Washington requires that I provide you with the following information. You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want. You have the right to choose a Counselor who best suits your needs and purposes. Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety. Credentialing of an individual with the department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake
Post Office Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700
E-mail: HSQAComplaintIntake@doh.wa.gov

I maintain a referral list of other Counselors with a wide range of specialties. I will provide you with a referral to another Counselor if I feel your needs are beyond the scope of my expertise, or if you request such referral information.

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, and that you are consenting to participation in counseling services provided by Melinda Moats, M.Ed., LMHC.
