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Disclosure Statement & Informed Consent

Hello! I'm Hannah, and I am looking forward to working with you...

These documents contain important information about my professional services and business policies. They also contain summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us and your consent for treatment. We can discuss any questions you have when you sign them or at any time in the future.

LICENSURE, EDUCATION, & EXPERIENCE

I am a Licensed Mental Health Counselor (LH60940655) in the state of Washington. I received my Masters Degree in Counseling Psychology, Marriage and Family Therapy, with an Emphasis in Depth Psychology from Pacifica Graduate Institute in Santa Barbara, CA (2015). Prior to graduate school, I attended the University of Montana and completed a degree in English Creative Writing with emphasis in poetry and short fiction (2012). My clinical experience includes providing grief counseling for Providence Hospice of Snohomish County working with families, children, adults, and groups. I also currently work for the Lake Stevens School District as a Mental Health Support Specialist, working with students and their families to promote academic, social, and emotional success.

THERAPEUTIC APPROACH

My therapeutic orientation is rooted in depth psychology. This means that while working with clients, I am looking at and supporting the exploration of unconscious motives and processes. I do this through dream work, play, art, and talk therapy. I believe that our psyche lives in the world of metaphor, and I will work creatively with you (and if applicable, your family/child) to find ways to bring psyche to life in our sessions. The branches of my counseling methodology include Cognitive Behavioral Therapy, a very structured type of psychotherapy that alters unhelpful thoughts and behaviors to make room for helpful ones; Family systems therapy, which looks at issues in the context of your family of origin (how did 'you' get to be 'you'? and what roles are you functioning in), and Trauma-focused therapy, which recognizes that traumatic experiences effect our mental, emotional, physical, spiritual, relational, sexual, and behavioral selves.

ANIMAL ASSISTED THERAPY

I am currently a certified handler for Canine Companions for Independence, an organization that provides service animals to the community at no cost. (Please see more at CCI.org). I work with a dog named Bruce, who was expertly trained for 2 years to support mental health services. Bruce is able to be a part of our work together on a limited basis. If you are interested in this service, or have dog allergy concerns, please speak with me further.

SCOPE OF PRACTICE & COMPETENCY

My scope of practice is defined by what I am allowed to provide to you by training and my professional license. To stay within my scope of competence, I limit my practice to that which I am familiar and competent in. In a timely manner, I will notify you if I see a need that falls outside of my scope of practice and/or competency. If this is the case, I will provide relevant referrals for a practitioner who can adequately support your needs. I provide non-emergency counseling services by scheduled appointment. If I believe your concerns are above my level of competence or outside my scope of practice, I am legally required to refer, terminate, or consult. (Please See “Emergencies & Crisis Care” below for more information).

POTENTIAL RISKS & BENEFITS TO THERAPY

Therapy can be immensely powerful, enlightening, and meaningful- and sometimes equally as uncomfortable. You may already know that talking about painful, difficult things can be painful and difficult. If you are seeking counseling, then you likely also know that holding in your pain is its own heavy task. As you begin to explore more personal aspects of your life such as relationships and your role in them, negative thought patterns, unhelpful coping strategies, and big emotions, you allow them to rise to the surface of your present awareness. Any symptoms you have been experiencing relating to these issues may become more prominent or intensely felt. New symptoms may also occur. For example, you may feel more frustrated with a partner, or feel a new, sudden impulse to cry at work. This a common experience with beginning therapy. It is always important to weigh the benefits and risks of your health care plan. My hope is that as you notice changes in yourself during our time together, you will bring it into session to be discussed.

CONFIDENTIALITY

Under Washington State law and ethical guidelines, I am required to follow the professional code of ethics regarding confidentiality. Information shared in session is confidential and can only be released with your written consent or as required by law. Please note the following

EXCEPTIONS:

- **Mandatory Reporting:** If I have a reasonable suspicion of abuse or neglect of a child or vulnerable adult, or if you report a crime committed against a child or vulnerable adult, I am required by law to inform the appropriate authorities in a timely manner not to exceed 48 hours. In some cases this may mean Child Protective Services/Adult Protective Services, law enforcement, or both.
- **Safety:** If I believe you are in danger of harming yourself, disclosure will be made to the listed emergency contact, as well as any other medical, law enforcement, and/or community resources needed

to ensure your safety. If I believe you are in danger of harming someone else, the above steps will be taken in addition to notifying the intended victim.

- **Legal Mandates:** Counseling records may be subject to subpoena. In response, I may be required to submit notes or information regarding your case, in which I will do everything within my power to protect you as a client. However, if the Court subpoenas me, time spent in legal proceedings is charged at a rate of \$300 per hour including: case research, report writing, travel, depositions, actual testimony and cross examination, and court waiting time. Signing this disclosure statement gives permission for me to release confidential information in courtroom testimony and written reports to the Court if legally required..

- **Professional Consultations:** In order to provide the best service to my clients, to keep current with legal and ethical practices, and for accountability and coordination of care, I engage in professional case consultation. This means that I may at times discuss your case with a licensed WA State Supervisor and/or other professionals while withholding any identifying information about you. Please speak with me if you have any concerns regarding this practice.

ELECTRONIC COMMUNICATION

Please be aware that all electronic communication can be relatively easily accessed by unauthorized parties and is vulnerable to breaches in confidentiality. If you wish to connect with me via email or text message, this information may not be private. Due to this risk, I only use email and text messaging for scheduling purposes. If you choose to communicate with me via text and email you acknowledge that risk by signing this document. Additionally, I do not access my email and messaging systems 24/7. Please do not rely on these methods of contact for emergency notification.

FEES

I do not accept insurance at this time. You may be able to seek full or partial reimbursement by submitting an invoice to your insurance company. I accept cash, check, or card. Payments are due at the end of each session. I utilize a payment system called IvyPay, a HIPAA compliant payment service that allows you to keep a card securely on file with me to be charged at the end of each session.

My fee structure is as follows:

50 min session, individual	\$125
50 min session, family	\$150
Consultation services	\$150 per hour

Sliding scale fee slots are available on a limited basis. Please ask if this would be helpful.

APPOINTMENTS AND CANCELLATION POLICY

Therapy is most effective when consistent. If you need to cancel or reschedule an appointment, please notify me via phone, text, or email 24 hours in advance. If you miss your appointment and fail to give me adequate notice, you will be responsible for your session fee. If you arrive late for an appointment, you will have the remainder of the scheduled time available to you. I will need to end our session on time to honor the schedule of other clients. You will still be responsible for the

full fee of that session. If I have an emergency, I will notify you as soon as possible of my need to reschedule our appointment.

EMERGENCIES & CRISIS CARE

If you are in crisis and need more immediate attention than I can offer, please call the crisis line at 425-258-4357 or Text 741-741 for free 24/7 crisis support. If you cannot keep yourself or others safe, please go to the nearest hospital or emergency room or dial 911.

COMPLAINTS/UNPROFESSIONAL CONDUCT

If you are unhappy with what is happening in therapy, I hope that we may talk about it further so there is opportunity to respond to your concerns. I will take your concerns seriously and respectfully. It does not hurt my feelings to hear that something is not working for you. My goal as your therapist is to support you, and all feedback from you is welcome and helpful.

If you suspect that a therapists' conduct has been unprofessional in any way, you may contact the Department of Health at the following address or phone number:

Health Professions Quality Assurance Customer Service Center
P.O. Box 47865 Olympia, WA 98504-7869 Phone # 360-236-4700

TERMINATION

Therapy is a joint effort between therapist and client. In order for therapy to work, it is essential to keep the lines of communication open. Please talk with me about any concerns you have regarding our work together. It is your right to disengage from counseling with or without notice. However, I find it helpful to arrange a final session to explore termination and review counseling goals and progress. I have the right to terminate therapy with you under the following conditions:

- When I believe therapy is not longer beneficial to you
- When I believe that another professional will better serve you
- When you have not paid for a session, unless special arrangements have been made with me
- When you have failed to show up for your last two therapy sessions without notice
- When my safety has been compromised

In the event of termination, I will make every effort to provide a smooth transition to another mental health professional or other services of care when appropriate.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office and are kept, as required by state law, for 7 years post termination of therapy. I keep brief records noting when you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I received from other providers, copies of records I sent to others, and your billing records.

PARENTS & MINORS

When it comes to working with children/teens and their families, confidentiality and its limits can be confusing. In most cases, a client who is a minor is receiving services from me that are paid for

by a parent or caregiver. This can further add to confusion around confidentiality. When I provide services, I always have an “identified client.” Sometimes, the identified client is the whole family (for example, ‘mom and son’, or ‘dad, stepmom and daughter’, etc.) sometimes the identified client is the minor. Please review the following WA State laws regarding confidentiality for minors:

- **RCW 71.34.530 – Age of consent—Outpatient treatment of minors.** Any minor thirteen years or older may request and receive outpatient treatment without the consent of the minor’s parent. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to RCW 7.70.065, is required for outpatient treatment of a minor under the age of thirteen.
- **WAC 246-924-363 – Protecting confidentiality of clients.** For clients between the age of thirteen and eighteen, the counselor shall clarify any limits to confidentiality between the minor and legal guardians at the outset of services. The counselor will act in the minor’s best interests in deciding whether to disclose confidential information to the legal guardians without the minor’s consent.

This means that while Washington state law allows minors 13-17 years of age to request and receive treatment without parental consent, it does not grant them complete confidentiality. When it comes to determining the limits of confidentiality with this age group, the responsibility to determine what is “in the minor’s best interests” lies with the counselor. Please know that I will always work in the best interest of the child, and will communicate safety needs to you as allowable by law. Please review the following information regarding providing care to minors in the state of Washington:

<https://depts.washington.edu/hcsats/PDF/guidelines/Minors%20Health%20Care%20Rights%20Washington%20State.pdf>

CLIENT CONSENT TO COUNSELING

I have received, reviewed, and considered carefully the practitioner Disclosure Statement. I understand the limits of confidentiality required by law and understand my rights and responsibilities as a client, and my therapists’ responsibilities to me. I have had opportunity to ask any questions regarding this material and understand the information provided. I consent to therapy with Hannah Herkert at HANNAH HERKERT COUNSELING SERVICES, PLLC.

This authorization constitutes informed consent without exception and agreement to pay all applicable fees. By signing this document, you are stating that you have also read and have understood this agreement and have received a copy for yourself. My signature indicates accuracy of the information and my declaration to uphold these conditions.

Client Name (printed) _____ DOB: _____

Client Signature _____ Date: _____

Counselor Signature _____ Date: _____