

Caitlin Saunders, LICSW

Caitlin Saunders Counseling & Psychotherapy, PLLC

206-485-3559

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Licensure #: LW60772409

EIN #: 824360151

NPI #: 1023319084

State Law (WAC 246-809-700) requires all persons counseling for a fee to register with the Department of Licensing for the protection of public health and safety. The Department of Licensing requires that the following information be provided to you, the client.

PART I: THERAPEUTIC PROCESS

BENEFITS/OUTCOMES: The therapeutic process seeks to meet goals established by all persons involved, usually revolving around a specific complaint(s). Participating in therapy may include benefits such as the resolution of presenting problems as well as improved intrapersonal and interpersonal relationships. The therapeutic process may reduce distress, enhance stress management, and increase one's ability to cope with problems related to work, family, personal, relational, etc. Participating in therapy can lead to greater understanding of personal and relational goals and values. This can increase relational harmony and lead to greater happiness. Progress will be assessed on a regular basis and feedback from clients will be elicited to ensure the most effective therapeutic services are provided. There can be no guarantees made regarding the ultimate outcome of therapy.

EXPECTATIONS: In order for clients to reach their therapeutic goals, it is essential they complete tasks assigned between sessions. Counseling is not a quick fix. It takes time and effort, and therefore, may move slower than your expectations. During the counseling process, we identify goals, review progress, and modify the treatment plan as needed.

RISKS: In working to achieve therapeutic benefits, clients must take action to achieve desired results. Although change is inevitable, it can be uncomfortable at times. Resolving unpleasant events and making changes in relationship patterns may arouse unexpected emotional reactions. Seeking to resolve problems can similarly lead to discomfort as well as relational changes that may not be originally intended. We will work collaboratively toward a desirable outcome; however, it is possible that the goals of counseling may not be reached.

STRUCTURE OF THERAPY:

- **Intake Phase** – During the first session, therapeutic process, structure, policies, and procedures will be discussed. We will also explore your experiences surrounding the presenting problem(s).
- **Assessment Phase** – The initial evaluation may last 2-4 sessions. During this assessment phase, I will be getting to know you. I will ask questions to gain an understanding of your worldview, strengths, concerns, needs, relationship dynamics, etc. During this relationship building process, I will be gathering a lot of information to aid in the therapeutic approach best suited for your needs and goals. If it is determined that I am not the best fit for your therapeutic needs, I will provide referrals for more appropriate treatment.
- **Goal Development/Treatment Planning** – After gathering background information, we will collaboratively identify your therapeutic goals. If counseling is court ordered, goals will encompass your goals and court ordered treatment goals, based on documentation from the court (please provide any court documents). Once each goal is reached, we will sign off on each goal and you will receive a copy.
- **Intervention Phase** – This phase occurs anywhere from session two until graduation/discharge/termination. Each client must actively participate in sessions, utilize solutions discussed, and complete assignments between sessions. Progress will be reviewed, and goals adjusted as needed.
- **Graduation/Discharge/Termination** – As you progress and get closer to completing goals, we will collaboratively discuss a transition plan for graduation/discharge/termination.

LENGTH OF THERAPY: Typical sessions are typically weekly or biweekly for 53-60 minutes depending upon the nature of the presenting challenges and insurance authorizations. It is difficult to initially predict how many sessions will be needed. We will collaboratively discuss from session to session what the next steps are and how often sessions will occur.

APPOINTMENTS AND CANCELLATIONS: You are responsible for attending each appointment and agree to adhere to the following policy: ***If you cannot keep the scheduled appointment, you MUST notify our office to cancel or reschedule the appointment no less than 24 hours prior to the scheduled appointment time*** After the second late cancellation with less than 24 hours' notice or appointment no-show, you will be responsible for the full session fee (negotiated sliding scale fee, insurance reimbursement equivalent, or private pay full session cost) for the missed session. Late cancelled/missed appointments are not billable to insurance and are patient responsibility.

If you cancel or rescheduled more than THREE APPOINTMENTS, we may re-evaluate your needs, desires, and motivations for treatment at this time. Each insurance panel has a different policy on whether clinicians can charge for missed appointment/s. See above for policies regarding cancellations and/or no shows.

Counseling is a uniquely personal service; therefore, consultations may be briefly interrupted. I may periodically take time off for vacation, seminars, and/or become ill. Attempts will be made to give adequate notice of these events. If I am unable to contact you directly, a colleague may contact you to cancel or reschedule an appointment.

FEES: The fee for each 53-60-minute session is \$140. The cost for a 30-minute abbreviated session is \$70, and an abbreviated 45-minute session is \$130. If insurance will be charged, your patient responsibility will be dependent on your plan. A credit card is required to be held on file, and payment is due at the time of service unless otherwise agreed upon in advance. Acceptable forms of payment are check (insufficient-funds checks will be returned upon full payment of the original amount plus \$140 for any returned check), or credit/debit card. In the event that a scheduled appointment time is missed or cancelled less than 24 hours prior, please refer to the “Appointments and Cancellations” policy above.

Monte Medical Billing, LLC. manages all billing and insurance information. Please contact them at Info@MonteMedicalBilling.com with any questions about your plan’s coverage, your account balance, or the automated payment system and its charges.

The clinician reserves the right to terminate the counseling relationship if more than 3 consecutive sessions are missed without proper notification.

The clinician charges his/her hourly session rate of \$140 in quarter hours for phone calls over 10 minutes in length, email correspondence, reading assessments or evaluations, writing assessments or letters, and collaborating with necessary professionals (with your permission) for continuity of care. All costs for services outside of session will be patient responsibility and cannot be billed to insurance. For clinician call with patients more than 15 minutes, an abbreviated telehealth session will be billed.

TRIAL, COURT ORDERED APPEARANCES, LITIGATION: Rarely, but on occasion, a court will order a therapist to testify, be deposed, or appear in court for a matter relating to your treatment or case. In order to protect your confidentiality, I strongly suggest not being involved

in the court. If I get called into court by you or your attorney, you will be charged a base fee of \$300 plus \$140/hr. with a 6-hour minimum to include travel time, court time, preparing documents, etc.

COPIES OF MEDICAL RECORDS: Should you request a copy of your medical records, please allow at least 2 weeks to prepare them. If more than one copy of medical records is needed, a fee may be assessed. Medical Records will be sent electronically and will require signed consent.

PHONE CONTACTS AND EMERGENCIES: If you need to contact the clinician for any reason, please call or text (206) 485-3559, leave a voicemail, I will attempt to return your call within 24 hours. In case of an emergency, you can access emergency assistance by calling the National Suicide Prevention Lifeline at 9-8-8. If either you or someone else is in danger of being harmed, dial 9-1-1. The Crisis Clinic at (866-427-4747) is also a valuable asset if you find that I am unable to get back to you immediately in time of emotional crisis.

PART II: CONFIDENTIALITY:

Anything said in therapy is confidential and may not be revealed to a third party without written authorization, *except* for the following limitations:

- **Child Abuse:** Child abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out/abuse, physical abuse, etc. If you reveal information about child abuse or child neglect, I am required by law to report this to the appropriate authority.
- **Vulnerable Adult Abuse:** Vulnerable adult abuse or neglect. If information is revealed about vulnerable adult or elder abuse, I am required by law to report this to the appropriate authority.
- **Self-Harm:** Threats, plans or attempts to harm oneself. I am permitted to take steps to protect the client's safety, which may include disclosure of confidential information.
- **Harm to Others:** Threats regarding harm to another person. If you threaten bodily harm or death to another person, I am required by law to report this to the appropriate authority.
- **Court Orders & Legal Issued Subpoenas:** If I receive a subpoena for your records, I will contact you so you may take whatever steps you deem necessary to prevent the release of your confidential information. I will contact you twice by phone. If I cannot get in touch with you by phone, I will send you written correspondence. If a court of law issues a legitimate court order, I

am required by law to provide the information specifically described in the order. Despite any attempts to contact you and keep your records confidential, I am required to comply with a court order.

- **Law Enforcement and Public health:** A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or action; limited information (such as name, address DOB, dates of treatment, etc.) to a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; and information that your clinician believes in good faith establishes that a crime has been committed on the premises.
- **Governmental Oversight Activities:** To an appropriate agency information directly relating to the receipt of health care, claim for public benefits related to mental health, or qualification for, or receipt of, public benefits or services when your mental health is integral to the claim for benefits or services, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.
- **Upon Your Death:** To a law enforcement official for the purpose of alerting of your death if there is a suspicion that such death may have resulted from criminal conduct; to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- **Victim of a Crime:** Limited information, in response to a law enforcement official's request for information about you if you are suspected to be a victim of a crime; however, except in limited circumstances, we will attempt to get your permission to release information first.
- **Court Ordered Therapy:** If counseling is court ordered, the court may request records or documentation of participation in services. I will discuss the information and/or documentation with you in session prior to sending it to the court.
- **Written Request:** Clients must sign a release of information form before any information may be sent to a third party. A summary of visits may be given in lieu of actual "session/progress notes", except if the third party is part of the medical team. If sessions involve more than one person, each person over the age of 18 MUST sign the release of information before information is released.
- **Fee Disputes:** In the case of a credit card dispute, I reserve the right to provide the necessary documentation (i.e., your signature on the "Therapy Consent & Agreement") that covers the cancellation policy to your bank or credit card company should a dispute of a charge occur. If there is a financial balance on account, a bill will be sent to the home address on the intake form unless otherwise noted.

- **Dual Relationships & Public:** Our relationship is strictly professional. In order to preserve this relationship, it is imperative that there is no relationship outside of the counseling relationship (i.e.: social, business, or friendship). If we run into each other in a public setting, I will not acknowledge you as this would jeopardize confidentiality. If you were to acknowledge me, your confidentiality could be at risk. There will be no public discussion regarding your therapeutic work with you or anyone around, and discussion will be referred to a scheduled session.

- **Social Media:** No friend requests on our personal social media outlets (Facebook, LinkedIn, Pinterest, Instagram, Twitter, etc.) will be accepted from current or former clients. If you choose to comment on our professional social media pages or posts, you do so at your own risk and may breach confidentiality. I cannot be held liable if someone identifies you as a client. Posts and information on social media are meant to be educational and should not replace therapy. Please do not contact me through any social media site or platform. They are not confidential, nor are they monitored, and may become part of medical record.

- **Electronic Communication: If you need to contact me outside of our sessions, please do so via phone.**

- **Clients often use text or email as a convenient way to communicate in their personal lives. However, texting introduces unique challenges into the therapist–client relationship.** While I do have a HIPAA protected texting software, texting is not a substitute for sessions. **Texting may not be confidential.** Phones can be lost or stolen. **DO NOT** communicate sensitive information over text. The identity of the person texting is unknown as someone else may have possession of the client’s phone.

- **Do not use e-mail for emergencies.** In the case of an emergency call 911, your local emergency hotline or go to the nearest emergency room. Additionally, e-mail is not a substitute for sessions. While I do have a HIPAA protected texting software, email is not a substitution for sessions. If you need to be seen, please call to book an appointment. **E-mail may not be confidential.** Do not communicate sensitive medical or mental health information via email. Furthermore, if you send email from a work computer, your employer has the legal right to read it. E-mail is a part of your medical record.

- **Email:** Currently, I use G-Suite, to ensure that information transmitted would be at the highest level of HIPAA Compliance possible. “HIPAA Compliance with G Suite and Cloud Identity” <https://support.google.com/a/answer/3407054?hl=en>

- **Telephone and Text:** Currently, I use Spruce Health. This application provides HIPAA-compliant text message, voicemail and outbound calling. This application utilizes the security features of the iPhone that requires a passcode or facial recognition. I also will work to ensure that storage of client information on this app is limited to maintain privacy.

- **Sessions Outside the Office:** From time to time, clients like to meet in an alternate location (i.e., their home, in public, or somewhere more conducive for them). We may be able to accommodate this request, however, this can put your confidentiality at risk.

- **Consultation:** Consultation is a common practice within the therapeutic field with the purpose of improving clinical work. To the extent possible, case presentations will provide no identifiable patient information. However, understand that if identifiable information is provided about a situation regarding which the consultant has an ethical or legal obligation to report confidential information.

PART III: HEALTH INSURANCE

YOUR INSURANCE COMPANY: By using insurance, I am required to give a mental health disorder diagnosis that goes in your medical record. The clinical diagnosis is based on your current symptoms even though you may have been previously diagnosed. We will discuss your diagnosis during session. Your insurance company will know the times and dates of services provided. They may request further information to authorize additional services regarding treatment.

IMPORTANT: Some psychiatric diagnoses are not eligible for reimbursement with some plans. In the event of non-coverage or denial of payment, you will be responsible to pay the full amount billed for services provided. Caitlin Saunders, LMHC of Caitlin Saunders Counseling & Psychotherapy, PLLC. reserves the right to seek payment of unpaid balances by collection agency or legal recourse after reasonable notice (60 days) to the client.

PRE-AUTHORIZATION & REDUCED CONFIDENTIALITY: When visits are authorized, there may be a limited number of sessions granted at a time. When these sessions are complete, we may need to justify the need for continued service, potentially causing a delay in treatment. If insurance is requesting information for continued services, confidentiality cannot be guaranteed. Sometimes, additional sessions are not authorized, leading to an end of the therapeutic relationship even if therapeutic goals are not met. While we will do our best, it is ultimately the patient's responsibility to track their numbered visits and/or know if a Prior-Authorization is required. Should a claim be denied for any reason, the fully billed amount will become patient responsibility.

PART IV: CLINICIAN INFORMATION

Counselor Education and Training: I have a Master in Social Work degree from Tulane University in New Orleans, Louisiana in 2013. I have been licensed in the state of Washington as a Licensed Independent Clinical Social Worker with a license to practice independently since September 2017. My license is in good standing with the Washington Department of Health and maintain the hours of continuing education and training as required by law. I opened my private

practice in 2018 with working experience in community mental health counseling, medical midwifery social work, and contracted medical case management with the Army National Guard.

DISCIPLINE: Counselors are subject to discipline by the Department of Licensing when they violate codes of conduct found in RCW 18.130.180. Violations include but are not restricted to: False advertising; Incompetence or malpractice resulting in risk of harm to the client; Practicing with a suspended license; The possession, use or distribution of controlled substances in any way except for legitimate therapeutic purposes; Aiding or abetting uncertified persons to engage in counseling practice; Counseling involving contact with the public while suffering from a serious, contagious or infectious disease; Procuring aiding or abetting a criminal abortion; Offering or agreeing to cure by a secret, unofficial method; The use of threats or harassment against clients; Drunkenness or impairment from the use of drugs or alcohol; Abuse or sexual contact of a client.

Anyone having questions or wishing to file a complaint should contact, Department of Licensing, Business and Professions Administration, P.O. Box 9012, Olympia, WA, 98504. Phone (360) 753-1761 **OR** through the Washington State Department of Health, HSQA Complaint Intake, PO Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-4700 or access online forms and information at www.doh.wa.gov/hsqa.