



People Bloom Counseling, PLLC
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DISCLOSURE STATEMENT

Welcome to my practice. The following information is provided to introduce myself, my professional services and my business practices. Please do not hesitate to bring up any concerns or questions you may have about this information. Remember that it is your responsibility to choose a therapist that will be helpful to you.

Education, Credentials and Specialties

I am licensed with the Department of Health as a Marriage and Family Therapist, License No. LF60307974. Previously I was licensed in California, from 1993 until moving to Washington in 2013.

I received a BA degree in Psychology from the University of California at Davis in 1976, and an MA in Clinical Psychology from Antioch University, Los Angeles, in 1988. I have been involved in the individual and group counseling of youth, ages 13 to 30 and their families, since 1977.

I have worked in in-patient psychiatric hospitals, out-patient treatment, in-home treatment, group homes and foster homes, Social Services and Probation. More recently, I have worked in private practice with adults, couples and families in addition to children and adolescents. I have experience with most psychological disorders and am strong in my ability to accurately assess and diagnose. I am also comfortable working with individuals from diverse backgrounds.

Counseling Style

I am trained and educated in the many complex elements that make up an individual's mentality, such as personality, mood, emotions, thoughts and personal identity. I subsequently learned about a similar complex of elements that comprise human relationships, also known as Systems Theory. I strive to positively affect the personal and relational process of my clients as I get to know them, being mindful of how these elements interact in systemic ways, in what is called the "process" of living. I employ a variety of approaches depending upon their usefulness, from my roots in Psychodynamic Theory, to Bowen (Attachment Theory), Minuchin, Self Psychology, Cognitive Behavioral, Ericksonian Developmental Theory, Rogerian and Narrative Therapy. My clinical experience has influenced me in an eclectic direction, inclining me to utilize whatever seems most clinically relevant at the moment, rather than trying to impose any one agenda on my clients.

I am engaging and conversational in style. I value making the connection with my clients, second only to my responsibility for client safety. With adolescents I utilize my understanding of where their developmental level seems to be, as "times change" relatively rapidly in terms of thoughts and emotions prior to the mid-twenties. I am pragmatic in attitude, interested in "what works" to bring relief, understanding, calmness, happiness, or other things that a client might be earnestly seeking. I will be happy to explain more about any part of the above you may be interested in.

What to Expect

Before we meet face-to-face, my executive assistant will call and briefly discuss your reasons for seeking treatment. There will be no fee for this initial discussion. Should my executive assistant decide that we could be a good fit, she will direct you to my secure client portal to review forms and to fill out demographics information before our first session.

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Our first session will be about 60 minutes long and will focus on obtaining background information, assessing your needs, and discussing potential areas of strength and growth. We will discuss confidentiality, payments for services, and appointment making. During the next sessions, we will come up with a treatment plan and discuss tangible ways to reach your goals. Throughout our time together, we will continually revisit how you are doing and whether counseling is helping, and evaluate whether we need to add or change goals.

It is vital we continue to communicate. If you are concerned about how therapy is going, I need you to tell me. You may stop therapy at any time for any reason.

In the event you request or require me by subpoena to provide ancillary professional services relating to my role as your therapist, such as preparing a treatment summary, report writing, deposition or trial preparation and attendance, travel time, etc., you agree to compensate me, in advance, at the rate of \$195 per hour.

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for preparation of litigation or other legal action, I can help you find a referral to a forensic expert. I do not normally serve as an expert witness, however, for those case I do chose to participate in, my fee for appearing as an expert witness at trial is \$195 per hour. My actual travel and preparation time will also be billed at \$195 per hour.

Couples and Family

When I work with couples and family, I may see one of the individuals separately for one or more sessions. And, I may need to share information learned in an individual session with the couple or family. I will use our best judgment as to whether, when, and to what extent I will make disclosures to the couple or family, and will also, if appropriate, first give the individual being seen the opportunity to make the disclosure. Generally, what is shared in the absence of the other will *not* be kept private from the absent person(s).

You may ask to inspect and receive a copy of the protected health information (“PHI”) that I maintain with consent from your partner or family. I will not disclose your PHI to others unless all parties consent and direct me to do so or unless required by law.

Specific to couples, at any time during our work together, if one person in the relationship decides to terminate treatment, I can still see the remaining partner for individual therapy with the other partner’s consent. However, if the couple wants to resume couple’s counseling thereafter, I will be referring them to another couple’s therapist.

Fees, Payment and Insurance Information

You are responsible for all fees and costs related to your therapy. Insurance may cover all or some of those costs; nonetheless, if you participate in therapy you are acknowledging your obligation to pay for those services.

My fee for individual therapy is \$135 (approximately 45 minutes) or \$165 (approximately 55 minutes.) Couples and family therapy will be slightly longer (about 60 minutes), and will cost \$175. I charge \$195 for our first session (about 60 minutes.) Longer sessions will be prorated at the couples and family therapy rate past the first 60 minutes. Unless it is a very brief conversation, you will be charged in a tenth of an hour increments for telephone discussions, letter writing, and other communications outside of the therapy session. You may pay using a credit card, check, or cash. There is a \$35 charge for checks that do not clear the bank.

If your insurance company agrees to cover the costs of your therapy, you are expected to pay any deductible or co-pay by the end of each session. I encourage you to contact your insurance company to find out what benefits are available to you and discuss with them what they will need from me to receive those benefits. Please do this before we meet or shortly after our first session. Alternatively,

Disclosure Statement, cont.

I can have my biller check your benefits for you, but you will need to provide me with your insurance information prior to our first session. If you have no insurance benefits and/or cannot pay my full fee at the time of service, please discuss that fact with me and we will explore options.

I cannot carry a balance on your therapy costs beyond two sessions. I will suspend therapy if your account is not paid in full after that.

Please contact me as soon as possible if you are going to miss a scheduled appointment. If you do so less than 24 business hours before your appointment or you do not show for a scheduled appointment, you will be charged the full amount of an appointment. If you are more than 25 minutes late to an appointment, it is considered a late cancellation, and you will be charged the full session's fee. Insurance companies generally do not reimburse clients for such costs. If you have a card on file, you authorize me to bill that card for the balance owed unless you have contacted me to make other arrangements.

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 court order or subpoena 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 I have any other legal duty, obligation, or right to report.

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.

Please discuss with me any concerns you have now or in the future about the privacy of our discussions. Note that if you pay by check or credit card, the banks know the nature of my business and will see your name. Further, if you receive benefits from an insurance company, the insurance company may know some information about your treatment.

Minors and Confidentiality

In the State of Washington, anyone over the age of 13 can consent to mental health treatment. Information learned in sessions, unless required, or allowed, by law to disclose confidential information or per minor's written consent, will be kept confidential between me and the minor. This means that no information (including confirmation of treatment) will be shared with parents/guardians/or any other inquiring professionals without the explicit permission of the minor.

In the case of divorce/separation, a legal Parenting Plan will be required before treating a minor, along with signatures of permission from both parents who are given decision making power via the Parenting Plan.

Benefits and Risks of Treatment

Therapy has the potential to help people grow by becoming more self-aware and by learning new life skills; all of which can provide a more satisfying life. However, nearly all clients experience times of being uncomfortable in therapy. This is usually temporary. We may cover subjects that bring negative or upsetting emotions. I encourage you to discuss with me if you are uncomfortable or having difficulty.

Consultation

I seek ongoing consultation with 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. The supervisors of People Bloom Counseling have the explicit permission to access my client files for coordination of care, employee supervision, notification purposes, and billing.

State Information

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

Communication

If you wish to contact me between our appointments, you may do so by calling me on the phone. If you reach my voicemail, please leave your phone number with area code and the best times to reach you. My voicemail is protected by a password and I will be the only one listening to your message. Please understand text messaging and email should be used only for scheduling or changing appointment. It is also important to understand that any clinical information you send to me via secure messaging or email will become a part of your medical record.

For your convenience and at your request, I am able to arrange for you to receive automated reminders about upcoming appointments by phone, email or text. I am also able to provide you with an after-visit-summary through secure messaging or encrypted email with recommendations in between sessions. Please let me know if you would like to receive such communications and how you would like to receive them.

Professional and ethical standards do not allow me communicate with clients via personal social media. For this reason I ask that you not communicate with me via social media. If you have feedback about my services, I would welcome you to give that feedback to me directly rather than posting them on online platforms or social media.

Emergencies

If you are experiencing an emergency of any kind, please dial 911.

The following contact information may also be helpful:

Crisis Clinic	(800) 244-5767 or (206) 461-3222
National Suicide Prevention Hotline	(800) 273-TALK (8255)
Teen Hotline	(866) TEENLINK (833-6546)

Disclosure Statement, cont.

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 and Washington State 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 Robert Russell, MA, LMFT.

Client's Name (printed)

Date

Client or Legal Guardian's Signature

Relationship to Client

Minor's Signature (ages 13-17)

Date

Additional Client Signature

Date

Additional Client Signature

Date

Additional Client Signature

Date

Provider's Signature

Date