

COUNSELING WEST SEATTLE
Toni Napoli MA
Licensed Mental Health Counselors
Individual, Couple, Children, Family Counseling

DISCLOSURE STATEMENT

Thank you for choosing Counseling West Seattle for services. The following information is for Toni Napoli and is provided to help you determine if my service as a therapist match your needs as a client. It contains information about my therapeutic philosophy, education, fees and your rights as a client. Please read the following and ask any questions that would help you determine whether working with us would be a good choice for you.

INTRODUCTION:

Toni Napoli is a licensed mental health counselor with the State of Washington. (LH00005796) I received a Master of Arts Degree in Counseling from Seattle University. My Bachelor of Arts Degree is in Early Childhood Education from Central Washington University. I have used my expertise in early childhood, my elementary school teaching, and my psychotherapy training at Group Health Cooperative, to offer comprehensive services in my private practice. As a result, I feel confident in treating children, families, as well as individuals and couples.

TREATMENT PHILOSOPHY:

I practice a collaborative style of therapy where client and therapist agree to enter into treatment together. Having the knowledge and skills I can make an informed decision about treatment in the first session. We agree together about the actual treatment steps. We work toward solution with evidence as basis for solution.

I was trained in existential/humanistic theory, which is client-centered, and am oriented in psychodynamic, interpersonal, developmental and solution focused approaches. I use these and other therapeutic approaches as appropriate in treatment, such as EMDR, CBT, and DBT. Please ask me about my education or treatment methods at any point in therapy.

I have a general practice working with individuals, couples, children and families. I also have the following specialty areas: early childhood development, school problems, learning disabilities and attention deficit disorder, covering preschool thru adolescence; domestic and sexual violence, both current and past. In addition, I have been trained as a Guardian ad Litem for King County and have expertise in working with divorce situations including therapeutic supervised visits or reunification therapy.

APPOINTMENT AND FEES:

Therapy sessions are scheduled for: intakes of 60-75 minutes at \$250.00 and 50-60 minute sessions at \$200.00. I will notify you if I have to cancel or change appointments with 24 hours notice unless an emergency. **If you are unable to keep your appointment for any reason, you must give at least 24 hours advance notice or you will be charged the full amount.** Please be aware that insurance companies do not reimburse for missed sessions. Payment is due at the time of service.

Occasionally I find it necessary to increase my fee. If this occurs during the client's treatment, he/she will be given a one month notice prior to the increase. If the client has any question regarding payments, I encourage him/her to ask.

INSURANCE INFO

It is the member's responsibility to discover benefits prior to services. The contact number and/or website address are on the back side of your insurance card. Every insurance plan is unique, therefore when you contact member services you will want to ask specifically for outpatient mental health benefits, in network and/or out of network, number of visits allowed, annual deductible, and co-payment and/or co-insurance amounts, if applicable.

ASSOCIATES

I am a certified supervisor for post-graduate students with their Masters Degree in Counseling/Psychology. Clients have the option of receiving counseling with these associates. They are under my close supervision as they work toward licensure. You may choose to see an associate; all the areas of confidentiality, legalities, and record keeping are the same.

CONFIDENTIALITY

I treat information exchanged between us as confidential. There are certain circumstances; however, under which information may be released. I may release such information when you provide me with a written RELEASE OF INFORMATION. I may also release information to a health care provider or insurance company who is providing treatment to you if that person needs to know that information. Under law, however, I am also required to release confidential information without your consent in special cases of suspected child or elder abuse, potential suicidal behavior by you or threatened to harm to another person. In addition, in certain select circumstances, my records are subject to subpoena and I may be required to release information without your consent.

CLIENT RECORD:

I do keep brief, written records of your treatment and the services that I provide to you. Under law, you may ask me to see and copy that record. You may ask me to correct the record, I will not disclose your records to others unless you direct me to do so or unless the law authorizes or compels me to do so. If you request records or written information to be released there will be a fee of \$28.00 for paperwork and time spent.

YOUR LEGAL PROTECTION

You have the right both to receive appropriate care and treatment, and to refuse any proposed treatment. The State of Washington has asked all therapists to convey the following information to their clients: "Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment".

EMERGENCIES

Leave a message, and I'll call back as soon as possible. I frequently check my voice mail. In extreme emergencies I have an alternate phone number for weekends. If unable to reach me in person during an emergency, a call may be made to the Crisis Clinic's 24 hour hot line at (206-461-3222) or the client may choose to go to the emergency room of a local hospital or dial **911**. When I am on vacation, I will have another therapist covering my cases, and I will give the client that person's name and number. In case of snow or other emergencies that call me out of the office, I will leave a message on my telephone notifying clients. Please check the telephone.