

COUNSELING WEST SEATTLE
Colette Swenson MEd, LMHCA
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 Colette Swenson and is provided to help you determine if her services as a therapist match your needs as a client. It contains information about her 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 her at Counseling West Seattle would be a good choice for you.

Introduction

My name is Colette Swenson and I am Mental Health Counselor Associate licensed by the state of Washington (MC61146476) under the supervision of Toni Napoli. I received my BS in Psychology from the University of Washington in 1992 and my Masters in Education as a School Counselor, ESA M.Ed., in 1994, also from the University of Washington.

Treatment Philosophy

My primary philosophy in counseling embraces a client-centered approach, which means that I work to understand your challenges, feelings, and goals and then work together with you to determine a path forward to achieving your goals. I utilize an array of techniques to support you in reaching your goals.

Appointments and Fees

Therapy sessions are scheduled as follows: Intakes of 60-75 minutes at \$200.00 and ongoing Regular Sessions of 50-60 minutes at \$175.00. Services provided involving legal circumstances or in accordance with court orders are charged at \$250 per hour. I will notify you if I have to cancel or change appointments with 24 hours' notice unless in the case of an emergency. If you are unable to keep your appointment for any reason, please contact **Colette Swenson at (564) 654-8847**. 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 your treatment, you will be given one month's notice before the increase. If you have any questions regarding payments, I encourage you 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. On the second visit, if the client does not have the insurance information, including the co-payment or deductible amount, a retainer fee of \$150 will be collected. This amount will be used for co-payment or deductible or will be refunded to the client.

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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 such as: suspected child or elder abuse; potential suicidal behavior by you; or threats of harm to another person. In addition, in certain select circumstances, my records may be subject to subpoena and I may be required to release information without your consent.

CLIENT RECORDS

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."

CRISES

If you or your child is having a mental health crisis that **DOES NOT REPRESENT A SERIOUS THREAT TO YOU OR YOUR CHILD'S PERSONAL SAFETY OR THE SAFETY OF OTHERS**, leave a message and I'll call back as soon as possible. I check my voice mail frequently. If unable to reach me in person during a crisis, a call may be made to the Crisis Clinic's 24-hour hot line at 206-461-3222 or you may choose to go to the emergency room of a local hospital if appropriate. For any mental health crisis that **DOES REPRESENT A SERIOUS THREAT TO YOU OR YOUR CHILD'S PERSONAL SAFETY OR THE SAFETY OF OTHERS** CALL 911