

Therapist Disclosure Statement, Informed Consent, and Financial Agreement

Stephen W. Best, MS, MDiv, LMFT
Licensed Marriage and Family Therapist
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I am pleased to welcome you to my counseling practice. To make sure it is the most positive experience possible, the following information and therapy agreement is provided to establish a strong, trusting, productive, and lasting working relationship.

Training and Professional Background of Your Therapist

I hold a BA in Psychology from the University of Washington, a MDiv from Princeton Seminary, and a MS from Seattle Pacific University. Additionally, I have received three years of specialized training and supervision in child and adolescent therapy as well as ongoing peer consultation and continuing education. I am also an ordained minister in the Episcopal Church and a clinical fellow in the American Association for Marriage and Family Therapy.

Theoretical Orientation and Approach to Therapy

I have been practicing counseling professionally since 1983 in both secular and religious contexts. I enjoy working from a wholistic perspective which seeks to integrate healing of mind, body, spirit, and heart. I work collaboratively with professionals of other healthcare disciplines. I provide services that are inclusive of all races, sexual orientations, and socio-economic levels. I am comfortable working with a wide range of religious or spiritual backgrounds, including agnostics and atheists. I am committed to not imposing my personal values or beliefs and desire to provide you with a safe, welcoming, and non-judgmental experience of healing and growth.

Services Provided

My principal areas of expertise are working with adults, teens, children/adolescents (ages 5-18) who are experiencing anxiety and depression caused by stress, relationship difficulties, family conflict, work/career issues, school-related problems, unresolved issues from childhood and other trauma. I also work extensively with couples of all ages and stages. I draw from a variety of therapeutic styles and modalities, depending on what fits best with the client and their goals. Some of the models I use include Bowenian family of origin therapy, cognitive behavioral therapy (CBT), family systems therapy, solution focused therapy, and evidence-based approaches such as those advocated by John Gottman, PhD.

Confidentiality

The content of our communication, sessions, and clinical records are protected by law and are held in the strictest confidence. The only exceptions are:

- (1) Reasonable suspicion of child or elder abuse or neglect, or of a person that is disabled and meets the criteria of being a vulnerable adult.
- (2) Clear and immediate risk of harming self or others.
- (3) Communication that reveals the contemplation or commission of a major crime or harmful act.
- (4) A response to a valid and lawfully executed subpoena by a Court of Law or the Department of Health.
- (5) If the client waives the privilege by bringing up charges against a therapist or signs a release of information permitting the therapist to disclose information to another party.

In the special case of couples or family therapy where I may see you both individually as well as conjointly, it is assumed that any information disclosed to me privately may, depending upon my professional judgment, be shared, or discussed with the rest of the group receiving therapy unless there is a compelling reason not to. If a client is 13 or older, he or she will need to give written permission for me to release information to his or her parents or any third party and will need to give his or her own independent consent for therapy.

Counseling Records and Privacy

As required by law, I will keep a record of the clinical services provided and grant you access to your records within 15 working days after you have made a written request unless there are extenuating circumstances. I am required to maintain records for a minimum of 5 years after the end of therapy or 5 years after a client turns 18, whichever is longer. Please see my addendum which outlines my Notice of Privacy Practices and the safekeeping of Protected Personal Information as outlined by HIPPA.

Client Rights and Grievances

Therapy is a collaborative process, and you are encouraged to voice your concerns at any time in the process. You have the right to decline therapy, seek a second opinion, ask for a referral, to discuss dissatisfaction with progress or change the goals or direction of therapy. Licensure of a clinician by the State of Washington does not guarantee that any form of therapy or a particular provider will be effective. In the event we are unable to resolve any misunderstandings that might arise in the therapeutic process, you are encouraged to read the addendum attached and contact the following:

Washington State Dept. of Health: 360-2364700; WWW.DOH.WA.GOV/HSQA

American Association for Marriage & Family Therapists: WWW.AAMFT.ORG

Emergencies

Please use my confidential voicemail at 425-451-4749 at any time and mark it as urgent delivery. But if it is a life-threatening emergency be sure to call 911 or Crisis Connections (24 hr. access) at 866-427-4747 for an immediate response.

Social Media

Due to the importance of maintaining confidentiality and minimizing the confusion that may occur when professional, personal, or business relationships intersect, I do not accept friend or contact requests from current or former clients on any social networking site (i.e., Facebook, LinkedIn, etc.).

Telehealth and Electronic Communication

Please note that a separate consent form needs to be signed for telehealth which includes all forms of electronic communication (email, videoconferencing, and phone, etc.). All email needs to be encrypted and should be primarily used for the scheduling of appointments rather than the sending of sensitive information. Due to confidentiality concerns, I do not use text messaging.

Financial Responsibility/Cancelation Policy

You have agreed to and are responsible for a fee of \$130 per fifty-five-minute session unless I have a contract for another rate with your insurance carrier. If you cancel or fail to show up for your appointment without giving a minimum of 24 hours advance notice other than for the reasons of an illness or emergency, you will be charged for a full session. Your co-payment is due at the time the service is rendered. I reserve the right to apply a 1.5% finance charge for all unpaid balances past 60 days and utilize a collection agency if the balance goes past 90 days. If you are experiencing financial hardship and need a payment plan, please let me know as soon as possible so we can come to a mutually agreeable solution.

Insurance Billing

In most cases, I will bill your insurance company directly as a courtesy to you. You are ultimately responsible for payment if your insurance fails to cover the service due to ineligibility, plan limitations, benefit exclusions or deductibles. It is my expectation that you will share the responsibility of monitoring the processing of your insurance claims and intervene with your insurance company if needed.

Consent

I have read, understand, and consent to the terms of the disclosure statement, use of telehealth (when chosen) and financial agreement. I have received and read the Notice of Privacy Practices (PHI) Policy, and the DOH's document regarding unprofessional conduct.

If I choose to use health insurance, I am authorizing my therapist to release any medical or mental health information needed to process insurance claims and authorize payment of benefits directly to the undersigned provider below.

I give my consent to receiving therapy and understand the potential risks and benefits. I verify that I have received a written copy of this document signed by all parties for my records.

PLEASE SIGN ON NEXT PAGE

Client Signature	Printed Name	Date
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Client Signature	Printed Name	Date
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If you are a parent of a minor child (under age 18) who is receiving services, please sign below:

Client/Parent Signature	Printed Name	Date
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Client/Parent Signature	Printed Name	Date
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THERAPIST SIGNATURE:

STEPHEN W. BEST, MS, MDIV, LMFT

Date

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

For the purposes of providing the best possible level of professional care, I will need to collect and create personal information about you and your health. State and federal law protects your privacy by limiting me in how I may use and disclose such information. Protected health information (“PHI”) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

Your Rights Regarding Your PHI. The following are rights you have regarding PHI that I maintain about you:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and receive a copy of the PHI that I maintain. I may charge a reasonable, cost-based fee for the copying process. As to your PHI that I maintain in electronic form and format, you may request a copy to which you are otherwise entitled in that electronic form and format if it is readily producible, but if not, then in any readable form and format as we may agree (e.g., PDF). Your copy request may also include transmittal directions to a third party.
- **Right to Amend.** If you feel the PHI I have about you is incorrect or incomplete, you may ask me in writing to amend the information although I am not required to agree to the amendment. You may write a statement of disagreement if your request is denied. The statement will be maintained as part of your PHI and will be included with any disclosure.
- **Right to an Accounting of Disclosures.** I am required to create and maintain a prescribed accounting of certain disclosures I may have made of your PHI. You have the right to request a copy of such an accounting.
- **Right to Request Restrictions.** You have the right to request in writing a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am generally not required to agree to such a request. If I have been paid in full for all of the services covered by such a request, then I will honor a request to restrict disclosure to your insurance.

- **Right to Request Confidential Communication.** You have the right to request that I communicate with you in a certain way or at a particular location. I will accommodate reasonable requests and will not ask why you are making the request.
- **Right to a Copy of this Notice.** You have the right to obtain a paper copy of this notice upon request.
- **Right of Complaint.** You have the right to file a complaint in writing with me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. *I will not retaliate against you for filing a complaint.*

My Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations

Treatment. I may use your PHI for the purpose of providing you with health care treatment, including management, coordination, and continuity of your care with other of your current providers.

Payment. I may use your PHI in connection with billing statements I send you. I may use your PHI for the purpose of tracking charges and credits to your account. Unless you have requested and I have specifically agreed to restrict disclosure of your PHI to your health plan, I may disclose your PHI to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability as well as to submit claims for payment.

Health Care Operations. I may use and disclose your PHI for the health care operations of my professional practice in support of the functions of treatment and payment. Such disclosures would be to Business Associates for health care education, or to provide planning, quality assurance, peer review, administrative, legal, or financial services to assist me in my delivery of your health care.

Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object

Required by Law. I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Health Oversight. I may disclose your PHI to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to me, such as third-party payers.

Threat to Health or Safety. I may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual.

Business Associates. I may disclose your PHI to the extent minimally necessary to Business Associates that are contracted by me to perform health care operations or payment activities on my behalf, which may involve their collection, use, or disclosure of your PHI. To safeguard the privacy of your PHI, such contracts are regulated by the Department of Health and Human Services and must contain provisions designed to limit the use and re-disclosure of your PHI, to require compliance by the Business Associate with your individual rights, to subject the Business Associate to specified security obligations, and to require the Business Associate to require such obligations of a subcontractor.

Compulsory Process. I will disclose your PHI if a court issues an appropriate order. I will also disclose your PHI if (1) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid my compliance, (2) no qualified judicial or administrative protective order has been obtained, (3) I have received satisfactory assurances that you received notice of your right to seek a protective order, and (4) the time for your doing so has elapsed.

Uses and Disclosures Requiring Your Opportunity to Agree or Object

Prior Providers. I may disclose your PHI to your prior health care providers, unless I have given you the opportunity to agree or object, and you have objected in writing.

Close Personal Relationships. In accordance with good professional practice, I may disclose your PHI to your person(s) who are close to you that are involved with your care, unless I have given you the opportunity to agree or object, and you have objected. When you are not present or in situations of your incapacity or in an emergency, and where disclosure, in my clinical judgment would be in your best interests, I will disclose your PHI as minimally necessary.

Disaster Relief Purposes. In situations of your absence, incapacity, or emergency and in accordance with good professional practice, I may disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, which are directly relevant to your identification and care.

Uses and Disclosures of PHI with Your Written Authorization

I will make other uses and disclosures of your PHI only with your written authorization. One example is my psychotherapy notes from our sessions (unless I am otherwise required by law). Unless I have taken a substantial action in reliance on the authorization such as providing you with health care services for which I must submit subsequent claim(s) for payment, you may revoke an authorization in writing at any time.

Certain Uses and Disclosures of PHI I Do Not Make

I do not engage in academic or commercial research involving patient PHI. I do not engage in marketing activities using patient PHI. I do not engage in the sale of patient PHI. I do not

fundraising using patient PHI. I do not maintain directory information for public disclosure. I do not receive compensation for recommending any health care product or service.

This Notice

This Notice of Privacy Practices informs you how I may use and disclose your PHI and your rights regarding your PHI. I am required by law to maintain the privacy of your PHI and to provide you with notice of my legal duties and privacy practices with respect to your PHI, and to notify you following a breach of unsecured PHI related to you. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice of Privacy Practices by providing you a copy upon your request or by providing you a copy at your next appointment.

Complaints

Because I am a solo practitioner, I serve as my own Privacy/Security Official. So, if you have any questions about this Notice of Privacy Practices or complaints about how your PHI has been utilized, please contact me directly. My contact information is: Stephen W. Best, MS, MDiv, LMFT; 425-451-4749 OR steve@stevebestcounseling.com.

I will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

The effective date of this Notice is March 18, 2021

DEFINITION OF UNPROFESSIONAL CONDUCT OF A LICENSED HEALTHCARE PROFESSIONAL IN THE STATE OF WASHINGTON (RCW 18.130.180)

Unprofessional conduct.

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW.

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) Except when authorized by *RCW 18.130.345, the possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

- (8) Failure to cooperate with the disciplining authority by:
- (a) Not furnishing any papers, documents, records, or other items;
 - (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;
 - (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or
 - (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
- (9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
- (10) Aiding or abetting an unlicensed person to practice when a license is required.
- (11) Violations of rules established by any health agency;
- (12) Practice beyond the scope of practice as defined by law or rule;
- (13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
- (14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
- (15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health.
- (16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service.
- (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter [9.96A](#) RCW.
- (18) The procuring, or aiding or abetting in procuring, a criminal abortion;
- (19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority.
- (20) The willful betrayal of a practitioner-patient privilege as recognized by law;

(21) Violation of chapter [19.68](#) RCW or a pattern of violations of RCW [48.49.020](#) or [48.49.030](#);

(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;

(23) Current misuse of:

- (a) Alcohol;
- (b) Controlled substances; or
- (c) Legend drugs;

(24) Abuse of a client or patient or sexual contact with a client or patient;

(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards;

(26) Violation of RCW [18.130.420](#);

(27) Performing conversion therapy on a patient under age eighteen;

(28) Violation of RCW [18.130.430](#).