
Disclosure Statement

Professional Qualifications: I am a Licensed Mental Health Counselor within the State of Washington. I received a Master of Arts in Counseling Psychology from The Seattle School of Theology and Psychology (formerly known as Mars Hill Graduate School) in 2010, and a Bachelors of Science from the University of Wyoming in 2007. I am on the board of the Child Therapy Association, the Center for Object Relations, and a member of the Northwest Alliance for Psychoanalytic Study.

Therapeutic Approach: My approach is rooted in psychodynamic and psychoanalytic principles; meaning I place a high priority on listening with attention to both what you say as well as to how you relate to yourself and me. I will explore with you patters of thought, emotions, and behavior in order to give expression, understanding, and awareness to these patterns. The intention being, to open up the possibility for new growth and change.

Payment and Appointments: The standard fee for my individual session is \$100 per 50 minute session. Payment is due at the time of each session, unless other arrangements are made. As a courtesy to others, your sessions will not be extended in the event of a late arrival. You session times are reserved for you and I will make every possible effort to be consistently available at these times (with the exception of planned holidays and other planned times that will be away from the office). **Because these sessions are reserved for you, I charge for all appointments, regardless of whether you have attended them,** with the following exception: I offer a free make-up session within the week of the session if there is a time available within my schedule. If there is no time available then you will still be responsible for the payment. You are not charged for a session when I am unavailable due to a pre-planned absence or an illness. I accept cash, check, and credit/debit card payments. For all credit/debit card payments I ask that the patient pay the 2.75% processing fee that the bank requires.

I offer a few slots available for a sliding scale fee for those experiencing financial hardship, which can be discussed at the first session. Please let me know ahead of time if you are pursuing one of these time slots. For patients on a sliding scale, I ask that payment is made at the beginning of the month for an agreed upon rate and frequency of meetings per month, regardless of missed sessions or preplanned absences by the therapist or the patient.

Insurance: I am in network with First Choice, UHC, MHN, Group Health and Medicaid. If you have another insurance provider, you can be reimbursed for our sessions with me as an out-of-network provider. I strongly recommend you to check in with your insurance plan to understand your benefits. The insurance company may request a monthly statement, which I can provide for you. Often it make take one to two months for an insurance company to reimburse you.

Also, you should be aware that some features of using insurance may compromise your experience of therapy, by placing caps or limits on reimbursement for treatment; by placing limitations on your treatment options; by indirect influences via guideline placed the therapist by the health plan; that sometimes life insurance polices can be affected by the information that an insurance company may hold. Questions or concerns about these potential factors can be discussed and clarified prior to seeking authorization or reimbursement for services from a health plan.

Scheduling and Length of Treatment: Psychotherapy is a process of commitment to change. It involves meeting once or twice a week depending on your needs. Ongoing review and dialog will allow us to consider the level of frequency that is most useful to you. It is best to find an appointment time that is consistent, and workable for the both of us. Psychotherapy, depending on the needs of the patient, can be either a short (15-sessions) or a longer (several years) process. We will regularly check in on our progress, and address any changes as necessary. If you have any questions as to the extent of your treatment, please don't hesitate to ask.

Family Counseling: In working within a family group together provides some challenges in how information is shared between family members. From time to time, I may work with each family member separately as well as together as a group. Privacy of what is discussed within the individual sessions will be arranged at the beginning of the counseling treatment. This means that the family will decide together if there will be a “no-secrets policy.” Within family counseling, confidential information can be shared among the participants. There are exceptions to confidentiality within a counseling session, which are discussed below.

Couples Counseling: At the beginning of couples counseling, arrangements will be agreed upon between the couple as to whether there will be a “no-secrets policy” within our work together. My work with a couple treats the couple as an individual, and not as two individuals. I may meet separately with each spouse from time to time, and this is meant to augment the work together of the couple.

Court or Legal Concerns: If for any reason I become involved in a legal matter which would require me to testify in court, you will be expected to pay for my time at my regular session rate per hour of my time. This includes transportation costs, any preparation time, court time, or if I am called to testify for another party.

Confidentiality with Teens: Any child 13 years of age or over is considered an adult within Washington State, and has the right to refuse disclosure of information to their parents or guardians. However, teenagers often want their parents to come with them for their initial counseling appointment even though they may want to have confidentiality with regard to their individual appointments with their therapist. With your son or daughter’s permission, I am very interested in getting your help to understand the difficulties your son or daughter is facing. It can be very helpful to learn from parents what is happening in a teenager’s life at home and at school to determine how we can best be of help.

Confidentiality with Children: For children under the age of 13 years, you the parent have the communication rights of the child. This means that the parent is entitled to information about the child and is the person who authorizes any release of information about the child. I will keep parents informed of the child’s general progress, answer questions, and discuss recommendations; however, in order to foster a trusting relationship with the child, I ask that you the parent avoid seeking specific details of what is discussed within the session. Together we will attempt to act in the child’s best interests in deciding to disclose confidential information without the child’s consent.

Client Rights: As a client starting therapy, you have the right to choose your therapist. You always have the right to ask questions about your therapist’s approach to treatment, and to refuse or terminate treatment. Because ending is a time of great potential for growth in therapy, I strongly urge you to notify me at least a month prior to our last session, so that we can end in a therapeutically beneficial way. Questions or complaints can be directed to the Department of Health, Counselor Programs, P.O. Box 47869, Olympia, WA 98504; (360)753-1761.

What we discuss will remain confidential and may not be released to anyone without your written consent. Parents have the right to information regarding their child’s treatment, though, in respect of the child’s rights, I try to keep specifics in confidence. To ensure the quality of my clinical work, I regularly attend consultation and training meetings, where I discuss my work. In these meetings, I do not reveal the identity of my clients. The following are legally mandated exceptions to the rules of confidentiality:

1. In the event of a medical emergency, emergency personnel or services may be given necessary information.
2. In the event of a serious threat of harm to oneself or someone else, the proper individuals must be contacted (this may include the individual against whom the threat was made).

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3. In the event of suspected abuse (or victimization by a crime) of a child, a developmentally disabled person, or an elderly adult, the proper authorities must be contacted.
 4. If ordered by a judge.
 5. If records are subpoenaed by an attorney in the State of Washington, they will be released unless you file a Protection Order within 14 days of the subpoena.
 6. If you bring a complaint against me with the State of Washington Department of Health, relevant information will be released.
 7. In the event of a client's death or disability, information may be released if the client's personal representative or the beneficiary of an insurance policy in the client's life signs a release authorizing disclosure.
 8. In the event serious contemplation or commission of a crime or harmful act is disclosed, information may be released to the appropriate authorities.
 9. In the event that it should become necessary to refer your account for collection or to a legal counsel in order to collect costs owed by you.
 10. If you choose to use a health insurance plan to help pay for my services, your insurance company will require some degree of access to what is otherwise considered confidential information.

Licensure: Clinicians providing psychotherapy for a fee must be licensed with the Department of Health for the protection of the public health and safety. Licensure is a voluntary process, which protects the title of practice. Licensure recognizes an individual who has qualified by examination, and has met established prerequisites—a Master's level education and extensive supervised clinical practice. My license number is MC 60395966.

Termination of Treatment: If you wish to end treatment, please inform me at least one week in advance. There is no binding obligation to treatment which precludes you from ending treatment as you wish, legal or otherwise. You may terminate treatment at any time; however, it is expected that we discuss the termination to clarify any details within the ending process. Any longer than 30 days past the last scheduled appointment without any prior arrangement, phone contact, or a missed appointment without contact will be considered a termination, with no further obligation other than any last payments owed.

Contact Information

You may contact me by phone at 206-683-2200 or email chris.a.moseman@gmail.com. Please feel free to leave a message for I check my messages regularly throughout the day, and will get back to you as soon as I am able to do so. If it is an after hours matter, you can reach me at 307-760-9053. I do not charge for brief phone calls, but any phone call that lasts longer than 20 minutes will be charged in 20 minute increments the ratio of a 50 minute session fee. Please be aware that although my voice mail and email are confidential and protected as best I am able, there is a greater risk to confidentiality. Please reserve for our in-person time any important therapeutic information. ***Do not use my voice mail or email for any disclosure of life threatening emergencies. If you cannot reach me immediately, see below.***

Emergencies

For emergencies, please call one of the following numbers for immediate 24 hour support or help:

***General Emergency call 911
Crisis Clinic: 866-427-4747***

As a part of our work, if necessary, we may create a crisis plan to address any continuing problems.

Consent for Services

I (Print name) _____ have received and read the Disclosure Statement, and my signature below indicates that I agree to its terms of treatment, and give my full and informed consent to receive services.

Patient's Signature _____ Date

Parent's Signature (if patient is under 13 years old) _____ Date

Chris A. Moseman, MA, LMHC _____ Date

Initial here that you have received the Notice of Privacy Practices: _____
(initials)