

Ellen Hresko, MA, LMFT, *Therapy for Children, Adolescents, Individuals, Couples, and Families*

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Dear New Client,

Thank you for choosing to work with me. This packet includes the information you will need to begin counseling services.

My ***Disclosure Statement*** describes: (a) how I conduct therapy; (b) my education and training; (c) billing and insurance policies; (d) fees for therapy services; (e) appointment scheduling guidelines; (f) your client rights and responsibilities; (g) my responsibilities as your therapist and a mandated reporter; (h) confidentiality in therapy; and (i) how therapy is initiated and terminated.

Please read and sign in advance of your initial appointment. Feel free to contact me by phone or email with any questions.

I look forward to beginning our work together.

Warm Regards,

Ellen Hresko, MA, LMFT

INFORMED CONSENT FORM

Washington State law requires that all mental health professionals present to new clients a disclosure statement that specifies the therapist's background, experience, theoretical orientation, and approach to therapeutic services. This disclosure statement is intended to help you become an informed consumer about these aspects of my clinical practice and your rights as a client. Please don't hesitate to ask any questions you have about this information.

General Information

Welcome. I believe individuals seek therapy in order to relieve emotional suffering, restore hope, increase peace and a sense of well-being, and know themselves better. I hope to provide you a safe, supportive environment in which you may come to know yourself more fully in order to create sustainable, desired change and enhance the quality of your life and relationships. My approach is educational, therapeutic, direct, deeply empathic, and at times,

experiential and playful. I pay attention to life stages, particularly periods of change and transition. I believe that each person is intrinsically oriented towards growth and health, and that healing, meaning-making, and lasting change is facilitated in the context of trusted relationships. I value and honor the dignity and diversity of all people. I look forward to beginning our work together to help you achieve your goals.

Philosophy and Therapeutic Approach

Each of us has a unique life story comprised of varied histories and experiences (some that we choose, and others we don't) that influence and shape the way we feel about and see our present lives. The meaning we assign to these events—our interpretation of our history and what we tell ourselves about these events—influences the way we feel about and view our present lives, how we behave, and the choices we make—which orient us to our future. In our fast-paced world, it is often increasingly challenging to find time to slow down and evaluate our lives, our stories, in order to make conscious choices that reflect our authentic, best selves. It is my hope therapy will provide you a safe space to slow down, in order to explore, develop insight, and grow—to create the changes you desire.

I work with individuals, couples, and families experiencing a wide range of psychological and relationship difficulties. My approach is systemic, meaning that I try to understand human problems in terms of the complex set of psychological and social systems in which they are embedded – your family, social, cultural, educational and emotional experiences. Therapeutic modalities I utilize include attachment, emotionally focused (EFT), accelerated experiential dynamic psychotherapy (AEDP), family systems, Lifespan Integration (LI), and cognitive behavioral (CBT).

Course of Treatment

I am likely to ask questions about your relationships with the important people in your life—past and present. I often explore significant themes in your life and in your family of origin and try to determine how these themes are manifested in your current attitudes and behaviors. I may give you personal feedback, ask clarifying questions, support you, or challenge you. Sometimes I use clinical tools and assessments and sometimes make contact with referral sources, physicians, other therapists or family members (with your permission) to gather needed information. In carrying out therapy, I may utilize art or play interventions, yoga and mindfulness exercises and even alternative activities like hiking or outings - whatever is required therapeutically. If an outing is required, I will ask your permission in advance of that session in order to ensure that everyone involved is in agreement. I am also likely to assign homework or ask you to read an article/book, which may be helpful to the therapeutic process.

Length of treatment will vary according to the nature of your difficulties. Some treatment is very brief (several sessions) and sometimes I work with people for much longer periods. I

generally suggest that we agree to meet weekly for three sessions and then decide on a treatment approach that makes the most sense to both of us.

Platform and Time Difference in Which I Work

I work both in person and online. While I am on Bainbridge Island, I mostly work in person. While away, I work online.

Specific Populations:

Children and Adolescents. In my work with children and adolescents, I utilize attachment-based and cognitive behavioral therapies to uncover the meaning and functions of problematic behaviors. Our work in therapy will incorporate the introduction and practice of new behavioral strategies to help reduce the need for the behaviors that prompted you to seek therapy. When working with children and adolescents who have experienced loss and/or trauma, I include attachment therapy (our early attachment figures impact the quality of our present relationships), and evidence-based trauma focused cognitive-behavioral therapy. Often, trauma-focused work involves the creation of a trauma narrative. The inclusion of art and play assists in modulating the pace of this therapy. My work style with children and adolescents is empathic, playful, firm, and encouraging.

Couples Counseling. My work with couples combines three evidence-based practices from Dr. Sue Johnson (Emotionally Focused Couple Therapy, EFT), Dr. Diana Fosha, (Accelerate Experiential Dynamic Psychotherapy, AEDP), and Dr. John Gottman (Gottman Institute of Seattle). Myriad life factors and transitions impact the health and well-being of couples including emotional disconnection, death/loss, infertility, parenting, career changes, moves, infidelity, financial problems, or illness. Over time, unaddressed issues often result in the emergence of coping strategies which engender isolation, emotional disconnection, false beliefs, and negative cycles of interaction.

I work with couples to assist them in expanding and reworking their emotional responses to one another, in order to achieve new, more effective and supportive means of interaction, and to facilitate enhanced closeness and intimacy. Ultimately, the goal of couples therapy is to create a secure bond, where each partner feels seen, understood, and valued by the other, while accepting, even embracing each other's differences and unique qualities.

Couples work often involves sessions where I meet individually with each partner. It is important for couples to understand that I have a "no secrets" policy regarding individual sessions. Instead, I hope to assist you in finding a way to share with your partner what has not yet been disclosed, so that you may begin to work towards restoring open communication and trust in your relationship.

With divorced or separated parents of children, my goal is to help parents to develop strategies for effective problem-solving and communication, to assist them in parenting collaboratively, in ways that support the most positive outcomes for their children.

Families. I work collaboratively with families to help each family member openly communicate and appreciate their own uniqueness as well as that of other family members. Using strength-based therapies tailored to each individual's needs, I consider the socio-cultural context of clients' lives, and work in partnership *with* families to help them set goals in order to create positive change in their lives. Typical areas of focus in family therapy are:

- Developing problem-solving skills
- Enhancing communication and understanding among family members
- Navigating family changes – i.e. loss and divorce or separation - while enhancing broader support systems
- Fostering understanding and insight while working through family lifecycle transitions

Education, Training and Experience

I am trained in child, individual, couple and family therapy. I have an M.A. in

Psychology from Antioch University's School of Applied Psychology, Counseling and Family Therapy. I did my clinical training at Kitsap Mental Health, Child and Family Services, a well-regarded community mental health agency, where I worked till October 2016 while also working in my private practice.

I am licensed by Washington State Department of Health as a marriage and family therapist (LMFT), license number LF60831499. Licensure indicates that a practitioner has met basic education, competency, and supervision standards. If more information is needed, contact the Department of Health, PO Box 47890, Olympia, Washington 98504-7890, (360) 236-4030.

I am a member of the American Association for Marriage and Family Therapy.

Fees and Scheduling

For individual sessions I charge \$200 for 55 min. For relational sessions I charge: \$220/60min; \$275 per 75min and \$330 for 90min. Occasionally, I may find it necessary to increase my fee due to inflation. If this occurs during our work together, I will inform you one month prior to the increase.

I will provide both telephone consultation and written reports, as requested, to support treatment. I do not charge for telephone consultation under 15 minutes. After that, I charge my normal fee for services, pro-rated to the appropriate amount of time. I do not charge for letters or reports that require less than 30 minutes to prepare. For reports that require more than 30 minutes to prepare, I charge my normal fee for services, pro-rated to the appropriate amount of time.

Full payment is required at the end of each session. I do not bill insurance, however I can provide you with a statement that you may submit to your insurance provider for reimbursement. **Please check with your insurance provider to determine reimbursement.** Couples counseling is often not covered, so again, please check with your insurer.

Missed Appointments. I commit to hold the time we schedule for your appointment. If you cannot keep your scheduled appointment, 48 hours' notice is required when cancelling or rescheduling appointments to avoid a full fee charge for the missed appointment. I will waive the cancellation fee only if you (my direct client) are ill with an emergent illness (fever, vomiting) and are not physically able to attend. If I miss a scheduled appointment without notifying you, I will make up the session with you.

Phone Calls. I use voicemail that will confidentially record your messages. Please let me know in your message if you would like me to call you back. I will do my best to return a call within 24-48 hours. If you have a mental health emergency please call 911 or the 24-hour Crisis Clinic of the Peninsulas at (360) 479-3033 or (800) 843-4793.

Benefits and Risks of Therapy

With therapy, as with any health care treatment, there are some risks as well as many benefits. Counseling can be difficult, and even painful. Clients may recall unpleasant memories. Clients may uncover problems with people important to them. Symptoms may temporarily increase after beginning treatment. Most of these risks are to be expected when people are making important changes in their lives. And even with our best efforts, there is a risk that therapy will not work for you.

While you consider these risks, you should know also that the benefits of therapy have been documented in hundreds of well-designed research studies. Therapy can help people feel less depressed or anxious. Clients' relationships and coping skills may improve greatly. Their personal goals and values may become clearer. And they may grow in many ways.

Client Rights and Responsibilities

You have a right to confidentiality. The only exceptions are: the reporting of child abuse as required by law, reporting of patient's potential danger to self or others, reporting of

patient's grave mental disability or when ordered by a court of law to release information. As a client, you have the right to choose a therapist who best suits your needs and goals. If you work with me, you have a right to raise questions about my therapeutic approach and to request a referral if you believe you might make better progress with another therapist. If you believe I have engaged in unethical or unprofessional conduct, you also have the right to report your concerns to the Department of Health Counselors Program, HSQA Complaint Intake, PO Box 47857, Olympia, WA 98504-7857, (360) 236-4902, www.doh.wa.gov, e-mail: HSQA ComplaintIntake@doh.wa.gov. You should also know that I am but one therapist employing one particular approach to psychotherapy. If our time together is not useful, there are many competent therapists in the Bainbridge area that I would willingly refer you to. Also, if for some reason treatment is not going well, I might suggest you see another professional in addition to or instead of me. To assure quality of care, it is your responsibility to keep me fully up-to-date about any changes in your feelings, thoughts, and behaviors and to cooperate with treatment to the best of your ability.

Consultation

Like other clinicians, I consult regularly with other professionals for feedback and supervision and you are therefore releasing me to do so with the understanding that I will keep your identity confidential, as I am legally bound to do. Finally, please be aware that the office space I use is shared with other professionals, who like me are independent practitioners. This means our practices are completely unrelated.

Termination of Service

I believe that we should end our relationship in person. I do not recommend that you end therapy over the phone or by simply ceasing to come to appointments. However, you have the right, at any time in the therapeutic process, to ask for a change of direction, or to discontinue.

I may terminate therapy with you in the following situations: 1) you fail to pay the negotiated fee; 2) you are not cooperating with my appropriate treatment recommendations; 3) there is a discovered conflict of interest; or 4) I am moving or closing my practice.

Emergencies

In a crisis or emergency, please do not call me since I am often not immediately available by phone. Instead **call 911 or the Crisis Clinic of the Peninsulas at (360) 479-3033**

1-800-843-4793.

Legal Disputes

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court unless expressly discussed and agreed to. You should hire a different professional for that service.

Multiple Relationships

I can only be your therapist. It is unethical for a therapist to be a close friend or socialize with a client. Therapists cannot ever have a sexual or a romantic relationship with any client before, during or after the course of therapy.

Please be advised that should we run into each other in a public setting, in order to protect confidentiality, I will not acknowledge the existence of a relationship with my clients outside of the therapy session. However, you are free to initiate contact with me should you choose to.

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.

The Health Insurance Portability and Accountability Act (HIPAA) mandates the protection and confidential handling of protected healthcare information. This statement informs you of your rights regarding your healthcare information under HIPAA. Your health information includes any information that I record or receive about your past, present, and future healthcare. HIPAA regulations require that I maintain this privacy and provide you a copy of this statement.

Record keeping practices. Standard practice requires me to keep a record of your treatment. This includes relevant data about dates of service, payments for service, insurance billing, and relevant treatment information. This record of treatment is your protected health information (PHI). I may use or disclose your PHI for payment, treatment, and healthcare operation purposes:

Treatment: I may use or disclose your PHI to coordinate or manage your treatment. An example of treatment would be when I consult with another healthcare provider or therapist. Consultation with colleagues is an important means of ensuring and maintaining the competence of my work. APA ethical standards permit discussion of client information with colleagues without prior consent as long as the identity of the client can be adequately protected. In some instances, the obligation to provide the highest quality service may

require consultation that reveals a person's identity without prior consent; such disclosures occur only when it cannot be avoided and I only disclose information that is necessary.

Payment: I will disclose your PHI if you request that I bill a third party. An example of payment is when I disclose your PHI to your health insurer to obtain reimbursement or to determine eligibility or coverage. If your account with me is unpaid and we have not arranged a payment plan, I can use legal means to get paid – the only information I will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met, and the amount you owe me.

Healthcare operations: I may disclose your PHI during activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment activities, case management, audits, and administrative services.

Uses and disclosures that do not require your authorization or an opportunity to object: You have the right to confidentiality. Under most circumstances, I cannot release any information to anyone without your prior written permission, and you can change your mind and revoke that permission at any time. The following are legal exceptions to your right to confidentiality. I will do my best to inform you of any time I have to break confidentiality.

- *Abuse and threat to health:* In the instance when you or someone else is in imminent danger of harm I may disclose your PHI for the purpose of safety.

- a. If I have good reason to believe that you will imminently and seriously

harm another person, I may legally give this information to the police or the disclosed victim.

- b. If I believe you are in imminent danger of harming yourself, I may legally break confidentiality by calling the police, calling the county crisis team, or contacting your family.

- c. In an emergency where your life is in danger, and I cannot get your consent, I may give another professional some information to protect your life.

- d. If I have reasonable cause to believe that a child or vulnerable adult has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services within 48 hours.

- *Criminal activity:* I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against me.

- *Court proceedings:* I may be required to disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will comply with this order if (a) you and I have

each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, (b) no protective order has been obtained, and (c) I have satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand.

In these cases, I am required to submit information to the court unless I have reason to believe that this disclosure will harm the client.

Your rights regarding your protected health information

1. You have the right to inspect and copy your PHI, which may be restricted in certain limited circumstances, for as long as I maintain it. I will charge you a reasonable cost-based fee for copies.
2. You have the right to ask that I amend your record if you feel that the PHI is incorrect or incomplete. I am not required to amend it; however, you have the right to file a statement of disagreement with me, to which I am allowed to prepare a rebuttal and it will all go into your record.
3. You have the right to request the required accounting of disclosures that I make regarding your PHI. This documents any non-routine disclosures made for purposes other than your treatment, as well as disclosures made pertaining to your treatment for purposes of quality of care.
4. You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or operations of my practice. I am not required to agree to your request; and in instances where I believe it is in the best interest of quality care, I will not honor your request.
5. You have the right to request confidential communication with me. An example of this might be to send your mail to another address or not call you at home. I will accommodate reasonable requests and will not ask why you are making the request.
6. If you believe I have violated your privacy rights you have the right to file a complaint in writing with me and/or the Secretary of Health and Human Services. I will not retaliate against you for filing a complaint.
7. You have the right to have a paper copy of this disclosure.

Children. When I treat children 12 and under, the parents or guardians have access to the child's PHI.

Couple and family therapy. If I see you together with your family members, confidentiality extends to all those involved in therapy and I will not release to third parties any information without first obtaining signed releases from everyone involved. ***However, I will not necessarily be bound by confidentiality in joint sessions with information I have obtained in individual sessions and discussions. This means I reserve the right to discuss in joint sessions information that you have shared in individual sessions and discussions if I believe it helps facilitate the achievement of the goals set forth in therapy.***

See each other in public. If I see you outside of therapy (e.g., the grocery store),

I will protect your confidentiality by not acknowledging that I know you. However, you are free to initiate communication if you choose to do so.

Email and text. If you elect to communicate with me by email, please be aware that email is not completely confidential, and that I may not be able to respond quickly to your emails. If you do not wish to communicate in this way, tell me and I will do my best to accommodate you. Please be advised that I do not communicate with clients via text messaging.

These confidentiality rules apply after the death of the client. The privilege passes to the executor or legal representative of the client.

The following uses and disclosures of PHI will be made only with a client's (or authorized representative's) written authorization: 1) most uses and disclosures of psychotherapy notes, if applicable; 2) uses and disclosures of PHI for marketing purposes; 3) uses and disclosures that constitute a sale of PHI; and 4) other uses and disclosures not described in the Notice of Privacy Practices. Individuals will be notified if there is a breach of unsecured PHI. You have the right to restrict certain information to health plans when you pay out-of-pocket. Additionally, if I intend to send fundraising communications to you, I must specify this and give you the right to opt out of the fundraising communications.

Records

I maintain your records in a secure location that cannot be accessed by anyone else. This documentation shall include:

- a. Intake form: Client name, date of birth, address, phone, email, family members, etc.
- b. The fee arrangement and record of payments
- c. Dates counseling was received
- d. Disclosure form, signed by you and me

e. The presenting problem and diagnosis

f. Notation and results of formal consults, including information obtained from other persons or agencies through a release of information

g. Progress notes sufficient to support responsible clinical practice