



NEW VISION COUNSELING

Alta Swinford, MA LMHC
Disclosure Statement
Licensed Mental Health Counselor #LH60171150

Welcome! I am a psychotherapist trained in systems theory. Systems counseling embraces each client as an individual living system. It examines how clients' memberships in other living systems (such as family, friends, co-workers, partnerships, etc.) interconnect, influence, and impact each other. It is my aim to enhance the quality of life for clients. My clients' needs and goals set the focus for therapy. We will work together to use your insights to examine life events, to help guide you to wisdom and balance. An exploration of your life experience is provided in a caring environment.

Client Rights

As a client, you have the right to refuse treatment or to ask me to refer you to a different therapist. If you have any concerns about the counseling I provide, please let me know. You may also contact the Washington State Department of Health, Professional Quality Assurance Division, PO BOX 47869, Olympia, WA 98504 or call 360-236-4902.

Approach to Treatment

I work with adults. My primary treatment method is eclectic, which means that I use a variety of **methods and techniques, depending upon the client's needs. I will conduct an initial assessment and then** together, we will discuss an appropriate treatment plan and goals. My counseling specialties include workplace issues, emotional problems including stress, depression and anxiety, co-dependency, **relationship issues and grief and loss. My work with clients is focused on an individual's strength while** helping them to develop an understanding of their past and present, their inner beliefs and resulting underlying issues. I strive to provide clients with a safe, supportive and caring environment in which to explore their personal issues. I dedicate myself to serving the best interests of each client. I believe each of us possesses the capacity for wellness and wholeness and that all people are valuable, unique and should be treated with dignity and respect

Education and Experience

I have a **bachelor's degree** from the University of Washington and a **master's degree** in Applied Behavioral Science - Systems Counseling from the Leadership Institute of Seattle (LIOS) at Bastyr University. I have worked with many diverse populations over my years of experience, including individuals, families, and military

Fee Information and Payment Policy

The fee for each 55 minute counseling session is \$150. Payment is due at each session. There is no charge for phone calls of 5 minutes or less. I am happy to bill most insurance companies however, it is

your responsibility to determine if your insurance company will pay for counseling and if it is not covered, payment will be your responsibility. Please be sure to pay your co-pay, deductible or full payment at the beginning of each session. If I am not in-network with your insurance company, you will be responsible for any difference between what I charge and what your insurance company pays for the service. If you choose to pay by credit card, there will be an additional \$1 service fee per session.

The signature at the end of this form will be considered your signature on file for the purpose of billing your insurance company and payment will be submitted directly to me. Any letters written on your behalf will be billed at my normal hourly rate. I cannot bill insurance for these letters. Your appointment time is held especially for you. If you are unable to keep your appointment, please call me to cancel or change your appointment at least 24 hours in advance otherwise you will be charged \$100 unless there is an emergency. I am unable to bill your insurance company for missed appointments so this fee will be your responsibility. The session will begin and end at the scheduled time regardless of when you arrive.

I will not be able to provide a diagnosis or a proposed course of treatment until I have spent some time with you. Additional services may be recommended. Sessions will be provided bi-weekly or weekly until treatment is terminated. If I am in network with your insurance, my biller will provide you with an estimate of the cost to you based on your deductible and co-pay. This estimate of your costs is only an estimate, and your actual charges may differ. You have the right to initiate the patient-provider dispute resolution process if the charges you are actually billed substantially exceed the expected charges in this estimate. This estimate of costs is not a contract and does not obligate you to obtain clinical services from me. If you have an out-of-network benefit or are paying privately for services, then you will receive a Good Faith Estimate. Please refer to the Good Faith Estimate Disclosure Form.

My TAX ID number is 47-4373520. My NPI number is 1285816421.

My office number is 425-364-6455. My email address is alta@newvisioncounseling.net. Email is the most effective way of communicating with me. If I am not available, I will do my best to return your call as soon as possible. If your call is due to a life-threatening emergency, please call 911 or go to the nearest emergency room. I am not available after hours. If you need to talk with someone right away, please call the Crisis Clinic at 206-461-3222.

Confidentiality

All issues discussed in therapy are confidential. However, the law requires the release of confidential information for the following reasons: if you disclose that you wish to harm yourself or someone else, suspected child abuse, elder abuse or a court subpoena.

Substance Abuse

It is important to think clearly within a therapy session. Please do not drink alcohol or take any non-prescription medication before a session. If you appear to be impaired during the session, we will need to terminate the session and reschedule, however, you will still be responsible for payment of the session.

State Laws

WAC 30-109900 **"Counselors** practicing for a fee must be registered or certified with the Department of Licensing for the protection of public health and safety. Recognition of an individual with the Department does not include any recognition of practice standards, or necessarily imply any effectiveness of any **treatment."** SHB 1828 **"A record of the mental health care provided to you is kept by this office. You may ask to see a copy of this record. You may also ask the office to correct the record if you believe the information is in error. A copy of the correction to the record will be placed within your record, at your request. This office will not disclose your record to others unless you request me to do so in writing or if the law authorizes or compels me to do so. You may see your record, or get more information about it, at this office."**

Telephone contact numbers

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Client Acknowledgement I have read and understand this disclosure information and have been given the opportunity to ask questions and clarify its content. I have also been given a copy, and signed the Notice of Privacy Practices.
