



NEW VISION COUNSELING

Jennifer Hutchinson, PsyD, LMHC
Disclosure Statement
Licensed Mental Health Counselor #LH61304710

Welcome! I am a state licensed mental health counselor in the state of Washington. I work as an intensive outpatient therapist and as a counselor in private practice. My work with clients focuses on helping them achieve personal and professional success. I offer assistance based on my experience, training, and your goals. The following guidelines describe your rights and our mutual responsibilities during our counseling relationship:

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 adolescents and adults. My primary treatment method is relational psychodynamic and existentially focused with a myriad of integrative methodologies. What this means is that I use a variety of methods and techniques with a philosophically informed foundation, which adjusts based on client needs. I will conduct an initial assessment and then together, we will discuss an appropriate treatment plan and goals. My counseling specialties include exploring personal identity, emotional problems including stress, depression and anxiety, 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.

Education and Experience

I have both master's and doctoral degrees in clinical psychology from Antioch University, Seattle. I have worked in a myriad of settings, including community mental health, inpatient state hospitals, partial hospitalization and intensive outpatient settings, college counseling centers and various agency outpatient therapy clinics. I completed my internship with Antioch University Community Counseling Clinic and Monarch Children's Justice and Advocacy Center where I treated clients of all ages from diverse backgrounds and needs. I have acquired a breadth and depth of skills and knowledge in my 11 years in the field of psychology.

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 15 minutes or less. I will soon be able to bill most insurance companies, but am currently only accepting private pay. As soon as I can accept insurance, it will be 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.

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

My office number is 360-504-8526. My email address is jen@newvisioncounseling.net. 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.

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 of the Notice of Privacy Practices and the Good Faith Estimate Disclosures Form.

Client Name Date of Birth Signature Date

Therapist Name Signature Date