**Welcome!**

Counseling can be a powerful and valuable venue for healing and growth. This document seeks to inform you of procedures and clarify questions you may have concerning the process. Please feel free to ask Jennifer if you have any further questions or concerns moving forward.

**Qualifications:**

Jennifer Lubanski is a Licensed Mental Health Counselor Associate (#MC 60253070) with the State of Washington with a Masters of Arts in Counseling Psychology, a Bachelor’s of Arts in Elementary Education, and is a member of the American Christian Counseling Association. She has experience working with individuals, couples, families, and groups. Her work also includes specific experience with special needs children and adults.

**Contact and Emergency:**

You can reach me by phone at **(425) 891-2695** My voicemail is confidential. I usually return calls within one business day. You can also e-mail me at jenn@jenniferlubanski.com. **In case of emergency**, call **911** or go to an emergency room. You may also contact the Crisis Line 24 hours a day at **866 4CRISIS (866.427.4747)**

**Office Policy and Fees:**

When you want **cancel** an appointment, please leave a phone message or e-mail **24 hours in advance.** If you arrive late for an appointment, I cannot extend the session into another person’s time. Please help me start on time for you and the next person.

Each 60 minute video session is **$100.00,** 45 minute sesssions are **$85.00**, and 30 minute sessions are $**55.00** There is no charge for a cancellation with 24 hours notice. **Without 24 hours notice, you will be responsible for full payment**

**Dual Relationships:**

A dual relationship exists if a counselor has any other relationship with a client other than counselor. Best practices suggest avoidance of any dual relationship since such relationships have the potential to cause harm to the client and complicate the role of counselor. However, ther are times when duel relatioinsips are unavoidable, in those cases we must discuss expections and acceptable boundaries.

**Client rights:**

**Right to refuse treatment:** You have the right as anytime to discontinue these services. You also have the right to refuse any particular intervention in session with which you are uncomfortable.

**Right to choose a practitioner:** Counseling is very personal and broad. It is your right and responsibility to choose a practitioner with whom you feel comfortable and who is trained to help with the issues you wish to address.

**Right to choose treatment modality:** Counselors vary in training and theoretical approaches; you have the right to choose the theory and/or clinical approach to your treatment.

**Right to refuse or withdraw consent:** You have the right to refuse or withdraw your consent to this agreement.

**Right to complain:** You may file a complaint about my services to the Secretary at the Department of Health (DOH) with no fear of retaliation. You may do so by calling: 360-236-4700 or by sending a written complaint to:

Washington State Department of Health

Health systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia, WA 98504-7857

I am always open to hearing frustrations and hope you would speak with me before filing a complaint to work through any issues. Further, given the gravity of an official complaint it would be assumed that you are displeased with my clinical services on a level that would prohibit my further provision of these services to you.

**Confidentiality:**

Counselors are bound by law to maintain confidentiality. This means you can expect me to handle information regarding you with careful concern about your privacy. There may be times when speaking with others is beneficial. As a therapist who seeks to offer you the best therapeutic experience, I may from time to time consult with approved supervisors or a peer in the profession who operates under the same standards of legal confidentiality. In presenting your case, all identifying information will be withheld to assure your privacy.

I may also share medical information with other medical professionals including: Primary Care Physician, other medical doctor(s), nurse(s), or home health provider(s), to ensure the continuity of your care. Your information will only be shared with a family member or friend, who assists in your care, if I have a release of information signed by you on file. Further, in the course of doing business some of your information will be seen by secretaries or business managers at any given medical office.

**Limits of Confidentiality:**

I am required by law to maintain privacy of Personal Health Information (PHI) and I must notify you following a breach of your information privacy. I also regularly review and update my privacy practices based on ongoing risk assessments. However, I am legally and ethically obligated to release information with or without your written permission in the following situations:

● **Abuse:** Information discussed concerning a minor or dependent adult who is being abused or neglected, or is the victim of a crime.

● **Potential Harm:** You are presenting a threat to yourself or others, such as threat of suicide, crime, or harmful act.

● **Compulsion:** If I receive a subpoena from a court of law or the secretary of the Department of Health, I will first assert “privilege” (which is your right to deny the release records) I will release records if a court denies the assertion of privilege and orders the release.

**Patient Rights:**

● **The right to access your record**: Patients have the right to view and obtain copies of their own records unless doing so would cause harm. There may be a copying fee for more than a 10 pages.

● **The right to request restrictions**: Patients can put restrictions on who has access to their medical records.

● **The right to confidential communication**: Patients have the right to receive communication about their medical records in a confidential manner.

○ Wecounsel uses encrypted email, however, I cannot guarantee the privacy of any email once it reaches you. If you are aware of the confidentiality limits and would still like to communicate via e-mail please **initial here \_\_\_\_\_\_\_**

○ Texting cannot be guaranteed confidential. I discourage its use for any reason clinical. However, if you prefer to waive your rights and freely communicate with me via text please **initial here. \_\_\_\_\_\_**

● **The right to amend the record**: Patients can request amendments to their records when they disagree with the content; however, providers have the right to deny those requests. If your request is denied, I will provide you a written explanation and you may respond with a statement of disagreement which will be added to the information you want changed.

● **The right to an accounting of disclosures**: Patients have the right to know everyone to whom their medical records/information has been disclosed.

● **The right to confidential communication of PHI:** Patients have the right to receive all Private Health Information (PHI) in a confidential manner.

● **Obtain a Paper Copy of Notice:** Patients have the right to receive notice of privacy practices in paper form.

***I reserve to modify or change privacy practices at anytime, in accordance with the applicable law(s). I will also notify you in writing when/if changes occur.***

**Signed Consent:** Your client signature below indicates you have read and understand the information in this document, and have been provided a personal copy.

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Client Date

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Parent/Guardian of Minor Date

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Jennifer Lubanski, MA, LMHC Date

***Department of Health Mandated Statement:***

*“Counselors practicing therapy of a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of treatment.”*