

**Sue Moreland, MSW, LICSW
11415 NE 128th St, Suite 100
Kirkland, WA 98034
(425) 820-7100**

DISCLOSURE STATEMENT AND PERMISSION TO PROVIDE TREATMENT

WASHINGTON STATE LICENSER NUMBER: 020704 LW0005341

PURPOSE: This statement provides you with information about myself and my work. This may help you decide if I am the right therapist for you. It is your right to refuse treatment at any time, with or without notice to a treatment provider.

HOW TO REACH ME: My business telephone is (425) 820-7100. I rarely answer this phone directly but check for messages several times throughout the day during the week and at least once or twice a day on weekends. Non-urgent calls received after 3 PM on Friday will be returned on Monday.

QUALIFICATIONS: I have a Masters Degree in Clinical Social Work (1984) and a Bachelor of Science Degree in Psychology (1981) and 20 plus years experience in the field of mental health, both in public as well as private settings. I have been in private practice since 1989. I received my Certification as a Social Worker from the Washington State Dept. of Health in 1987. Although I address a broad range of mental health issues in my practice, I have specific interest and training in couples and relationship therapy, family therapy, Post Partum Mood Disorders/New Parenting, the treatment of anxiety and depression, stress and trauma related conditions, and the treatment of children and adolescents (age 10 and up).

APPROACH TO TREATMENT: Currently, I use a variety of approaches to help clients resolve specific problems and/or develop personal potential. They include among others, Psychodynamic, Interpersonal, Cognitive Behavioral, and Mindfulness Techniques. The scope of our work together would include looking at what is happening now, a thorough assessment, and goal setting, as well as making connections between what is happening now and with past experience and relationships. In general, it will be your decision what the focus of each session will be. If you prefer the length of your treatment with me to be limited in time, we will discuss this at the beginning of your treatment. We can discuss the progress of your work at any time, and I will make treatment recommendations accordingly. Please feel free to ask any questions.

FEE INFORMATION AND PAYMENT POLICIES: My fee is 180.00 for an Evaluation, \$125.00 for a 50-minute individual session, 130.00 for a 50-minute family session, 180.00 for a 75-minute session and 240.00 for a 100-minute session. If you have insurance coverage for outpatient psychotherapy I can bill

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them directly for you if you provide me with all information regarding eligibility, deductibles, limit of coverage and relevant identification numbers. I bill your insurance company electronically and do my own bookkeeping. I will send you a statement monthly if you owe me money and not if you don't. Please review the statement carefully and if you have any questions you may contact me. It will be your responsibility to call your insurance company regarding any claims processed incorrectly resulting in non-payment. **No matter what happens with your insurance company, you, your guardian or parent, are solely responsible for paying my fee.** The actual insurance subscriber is responsible for the payment of deductibles (not necessarily the client). The payment of your co-pay or my fee is due each session unless other wise arranged.

I reserve your appointment time exclusively for you. It is important that you be on time and minimize missed or canceled appointments. If you come late, you lose the time that you missed. If you cancel an appointment with out 24 hours notice you will be charged my full fee rate for the missed appointment. Monday appointment cancellations must be made by Friday at 6 PM to avoid charge.

CONFIDENTIALITY: I am bound by my professional ethics to protect your right to confidentiality. Therefore, the fact that you are seeing me and what we discuss in session will be held in confidence with the following exceptions:

1. I have written permission from you to share this information
2. In the event of a medical emergency, necessary information may given to emergency personnel or services.
3. In the event that you threaten to harm yourself or someone else and that threat is perceived to be serious, the proper individuals will be contacted; this may include the individual against whom you are threatening.
4. In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed by anyone to warrant reporting.
5. If ordered by a judge or other judicial officer, information regarding your treatment must be disclosed.
6. If you bring a complaint against me with the State of Washington, Department of Health, information will be released.
7. If subpoenaed by an attorney in the State of Washington, records will be released unless you file a protective order within 14 days of the subpoena.
8. In the event of your death or disability, the information may be released if your personal representative or beneficiary of your insurance policy signs a release authorizing disclosure.
9. In the event you reveal the contemplation or commission of a crime or harmful act, information may be released to the appropriate authorities.

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10. Information indicating that a minor client was the victim of a crime may be released to the proper authorities.

I may discuss your case with other therapists in a peer consultation setting or a hired consultant for the purpose of gaining further insight and expertise in meeting your clinical needs. Care will be given to protect you identity. These professionals are also bound to protect your confidentiality.

REVIEW OF RECORDS: You have a right to review and copy the record of services I have provided you. You may also ask to correct that record. You will be charged for photocopying the record.

NOTICE TO CLIENTS: Clients of licensed social workers in the State of Washington may file a complaint with the Department of Health a any time they believe a social worker has demonstrated unprofessional conduct. Social workers practicing counseling or psychotherapy for a fee must be registered or certified with the Department of Health for the protection the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, or necessarily imply the effectiveness of any treatment. You may direct questions or complaints to:

Department of Health
Business and Professional Administration
P.O. Box 9012
Olympia, WA 98504-8001
(360) 753-1761

By evidence of the signature below, you have read and understand this Disclosure Statement and are granting my permission to treat you or the child you are the parent or guardian for. A copy of this statement has been offered and/or provided to you.

Client's Signature date

Sue Moreland, MSW, LICSW date

Client's printed name date

Client's Parent or Guardian's signature date

Client's Parent or guardian's printed name date