

## DISCLOSURE STATEMENT

Welcome to my independent, private practice at Bluestone Psychological Services, LLC (BPS). This document contains important information about my professional services and my business policies. For detailed information about my privacy policies and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations as required under HIPAA, it is important for you to read and understand the information provided in the Notice of Privacy Practices Form, which can be found on the BPS web site where you found this document. Please feel free to ask me any questions you may have.

### BACKGROUND AND TRAINING FOR RANDIE CLARK MA, LMHC

I am licensed by the State of Washington as a Mental Health Counselor (#LH60503884). This means I have completed accredited graduate and post-graduate training programs in psychology and that I have passed the state examinations intended to ensure competence. I received my Master of Arts degree in Psychology, specializing in Mental Health Counseling/Trauma from Antioch University Seattle in 2002. My post graduate externship included working at Pathways for Women YWCA and both Evergreen & Stevens Hospital Grief and Bereavement programs.

From 2003-2014 I resided in British Columbia where I worked as a clinical counselor at the Community Services Adult Mental Health Clinic. I also Supervised and coordinated an on-call Emergency Mental Health response team which assisted hospital medical staff with patients experiencing a mental health crisis. I also maintained a private practice serving adults and couples, presented training workshops for First Responders and community organizations as well as performed in several of the Community Theater's theatrical productions. For more detailed information regarding my work history, a complete CV can be found at [www.randieclark.com](http://www.randieclark.com).

Over the years since graduation I have continued to pursue continuing education in the field of mental health including; and bereavement, crisis intervention and emotional first aid, psychopharmacology, and new innovations in treatment approaches. Beginning in 1985 I have participated in a series of wilderness Rite of Passage retreats, fulfilled the training as a ROP guide and co-facilitated retreats incorporating the natural world, the sacred medicine wheel and personal challenge as a metaphor for the process of change, healing and growth. I enjoy working with couples as they prepare to marry in helping them to establish healthy communication and define ground rules for their relationship. I am also a certified marriage officiant. I co-authored a book *When Your Child Dies; Tools for Mending Parents' Broken Hearts* which was published in 2012.

### CURRENT PROFESSIONAL ACTIVITIES

I am a professional member of the American Counseling Association and Washington Mental Health Counselors Association, Grief Northwest Counselors Group, and the Virginia Mason Separation and Loss Traumatic Loss Support Group facilitator team. I continue to attend ongoing professional training, workshops and seminars to further my own skills in my work and am involved in regular consultation groups to enhance my work with my clients.

If I consult with a professional who is not involved in your treatment, I will protect your identity. These professionals are legally bound to keep all information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

The other practitioners who provide services at BPS do so as independent contractors, meaning their clinical work and responsibilities are independent of mine. They make their own decisions regarding the treatment they provide, their scheduling and their fee setting at BPS as well as their professional services and activities outside of BPS. Likewise, BPS carries no responsibility for my services and has no influence or control over the clinical services I provide. My relationship with BPS is for the purposes of office space and business management services only.

## PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the patient/client, and the particular issues you are experiencing. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. Psychotherapy is a process of examining the feelings, thoughts, behaviors, and relationships that trouble you with the goal of helping you evaluate and perhaps change them. The specific goals of psychotherapy – what you want to change or achieve – are up to you.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress as well as improved self-esteem and self-respect. However, there are no guarantees of what you will experience.

My theoretical perspective to psychotherapy is rooted in Existential Phenomenology and my approach is fundamentally Client Centered-solution focused, and customized to meet each client's needs. The underlying goal of the work is for you to regain a sense of choice, purpose and meaning in your life and enhance your capacity to approach life with a sense of curiosity and engagement. It is my belief that each individual holds the key to achieving her/his life goals and needs. Therapy is a process of exploration and discovery motivated by a desire to develop a more balanced, satisfying and enriching life experience. A variety of theoretical techniques are integrated in my therapeutic approach which include CBT, Gestalt, Psychosynthesis, Narrative, Mindfulness, and Psychodynamic. My role as therapist is to work in partnership with the client(s), focusing on self empowerment, resolution of life conflicts, and the development of deeper self-knowledge and self-respect. I have extensive experience working with trauma/PTSD, grief/loss, childhood abuse/trauma, women's sexual abuse, mood disorders, life transitions as well as communication and relationship issues.

When working with couples our first goal is to establish a supportive environment in which issues may be addressed through respectful, truthful and effective communication.

Our first few sessions will involve an evaluation of your needs. We will discuss these first impressions of your needs and develop a treatment plan. You should evaluate this information along with your own opinion of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you need to be very careful about the therapist you select. If you have any questions about my procedures, please feel free to discuss them whenever they arise.

## PSYCHOTHERAPY MEETINGS AND CANCELLATION POLICY

Most psychotherapy sessions last approximately 45-55 minutes and are typically held once a week. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide at least 48 hours advance notice of cancellation, (unless in cases of an emergency). It is important to note that insurance companies do not provide reimbursement for cancelled sessions. You will, therefore, be held responsible for the full fee for that hour.** (\_\_\_\_ initial)

## ETHICS AND PROFESSIONAL STANDARDS

I abide by the ethical, professional, and legal standards established by the American Counselors Association and the State of Washington. At any time, you may ask me to discuss my treatment approach. **Please be aware that you have the right to request a change in treatment, referral to another therapist, or other resources, and/or to refuse treatment or discontinue our work together at any time.** I will make appropriate referrals if I become aware of a problem that is outside of my area of expertise. Finally, it is important that you know that you have recourse available if you feel that I have acted unprofessionally or have caused you harm. If you believe that I have acted unethically in our work together, please contact:

Department of Health  
Examining Board of Psychology  
P.O. Box 47868 Olympia, WA 98504-7868 - Telephone 360-753-2147

## **CONTACTING ME**

Due to my work schedule, I am often not immediately available by telephone. Although I am usually in my office during work hours Wednesday through Saturday, I will not answer my phone if I am with a client or in a meeting. When I am unavailable, calls may be answered by a BPS administrative assistant or by a confidential voicemail system that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of out-of-office days and holidays. If you are difficult to reach, when you leave a voicemail, please inform me of some good times to reach you and any alternative phone numbers where you will be available.

If you are experiencing an emergency and feel that you cannot wait for me to return your call, contact your family physician or the Care Crisis Line (425-258-4357). You may also go to the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time I will provide you with the name of a colleague to contact if necessary.

If you need to contact me between sessions, the best way to do so is by phone: 425-775-4059 ext 708, or by using the secure online email link available through the BPS client portal provided to you when you scheduled your first appointment.

## **SOCIAL NETWORKING POLICIES**

BPS has a web page that coordinates with a Facebook page and a Google+ page. You are welcome to access the information on both locations, as well as sign up for our e-newsletter, at any time. If you choose to interact on Facebook (FB) or Google+ and your name is easily identifiable, please be aware that the information you post there will be public, and could compromise your confidentiality. It may also create the possibility that these exchanges will become a part of your legal medical record and will need to be documented and archived in your chart.

For reasons of professional ethics as well as respect for your privacy, I do not accept friend or contact requests from current or former clients on Facebook, Google+, LinkedIn, or any other social networking sites. Please note, that these networking pages are associated with the clinic and not with me personally. My concern is for your privacy as well as the maintenance of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it. If there are things from your online life (including emails) that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

Please do not use SMS (mobile phone text messaging) or messaging on the social networking sites to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings or other means of engaging with me in a public, online medium if we have an already established client/therapist relationship. I do not interact with my clients in this manner.

**NOTE: I respect your privacy, therefore will not approach you or greet you in public unless you initiate the exchange.**

## **PSYCHOTHERAPY AND PROFESSIONAL FEES**

Effective January 1, 2018, my hourly fee, subject to change, is \$160 for the initial, diagnostic session and ranges from \$100 to \$190 for each session thereafter, depending on the length of the appointment. My Standard individual session fee is \$140. The fee for couple's sessions is \$180 for the initial assessment session and thereafter, \$160 per 50-55 minute session, \$200 per 90 minute session. In addition to scheduled appointments, I charge \$120 per hour for other professional services you may need, though I will break down the hourly cost into 15-minute increments if I work for periods of less than one 50 minute hour.

Other services include report or letter writing, telephone conversations, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me and that I agree to perform on your behalf. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge a higher per hour fee of \$200 for preparation and attendance at any legal proceedings.

I offer a sliding scale rate for clients who choose to pay out of pocket. The session fee amount will be discussed at the time of our first meeting and based upon need and ability to pay.

## **BILLING AND PAYMENTS**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. You will be expected to pay for each psychotherapy session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payments can be made by cash, check, or by credit/debit card through link on our web site: [www.bluestoneps.com](http://www.bluestoneps.com) or pay-pal device at our office. Please make all checks or money orders out to Bluestone Psychological Services or BPS.

If you have an HSA type of account or work benefit we will provide you with a Superbill (receipt), which contains the necessary information for you to gain reimbursement. Any psychological services provided by BPS are tax deductible as a medical expense. A receipt will be provided for such purposes, if requested.

BPS may, at its discretion, choose to have all its billing handled by a contracted billing provider or office assistant. This person(s) will have knowledge of some of your HIPAA Protected Health Information necessary for accounting/billing purposes but not your confidential clinical information.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name and contact information, the nature of services provided, the dates those services were rendered, and the amount due. If legal action is necessary, its costs will be included in the claim. A \$20 fee will be assessed for returned checks.

## **PRIVATE PAY CLIENTS**

Clients often choose not to use their health insurance to pay for their mental health care. In such cases, my regular fees apply and payment can be made by cash, check, or with a credit/debit card through a link on our website, or via our pay-pal device in the office: [www.bluestoneps.com](http://www.bluestoneps.com). If paying by check, please make it out to Bluestone Psychological Services or BPS.

Upon request we will be happy to provide you with a receipt to be used for tax purposes as our services can be deducted as a medical expense. We are also happy to provide you with a Superbill (receipt), if necessary, for you to gain reimbursement from your health savings account or other resource you may have.

Private pay clients are not burdened with having to meet any sort of diagnostic criteria or level of severity to access services. You and I are free to design any treatment plan that would work best for your individual needs.

## **INSURANCE REIMBURSEMENT**

If you have a health insurance policy, it will often provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees.

**It is very important that you find out exactly what mental health services your insurance policy covers and whether they will cover services with me or not.** Because plans are consistently changing, it is impossible for me to know the details of your individual plan. If it is necessary to clear confusion, please call your plan administrator. The BPS website includes a list of important questions for you to cover when calling about your benefits. You will find it on the Forms page.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to

short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. It is not guaranteed that additional services will be authorized simply because we ask for them. The decision to reauthorize or not is entirely in the hands of your insurance company. While much can be accomplished in short-term therapy, some patients feel that they need continued services after insurance benefits end (or in the case of additional sessions being denied). In such cases, patients can continue treatment on a private -pay basis.

You should also be aware that your contract with your health insurance company requires that I provide information relevant to the services that I provide to you. I am required to provide a clinical diagnosis, dates of services, types of services provided, and any co-payments already received. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purposes requested. This information will become part of the insurance company files, will be part of your medical record, and will probably be stored in a computer data base. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. **By signing this Agreement, you agree that I can provide requested information to your carrier.** It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

### LIMITS ON CONFIDENTIALITY

The law attempts to protect the privacy of communications between a patient and a therapist. My Notice of Privacy Practices Form (found in the same place where you retrieved this form on our website: [www.bluestoneps.com](http://www.bluestoneps.com)) sets out how I use and disclose your protected health information. I want to highlight that in most situations I can only release information about your treatment to others if you sign a written Authorization Form that meets certain legal requirements imposed by state law and/or HIPAA. With your signature on a proper Authorization Form, I may disclose information in the following situations:

- Disclosures required by health insurers or to collect overdue fees as discussed elsewhere in the Agreement.
- If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, such information may be protected. I will seek your written authorization prior to disclosing any information. To prevent the disclosure of information, you must work with your attorney to secure a protective order against my compliance with a subpoena that has been properly served to me and of which you have been notified in a timely manner. However, I must comply with a court order requiring disclosure. If you are involved in or contemplating litigation, you should consult with your attorney about likely required court disclosures.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer and the Department of Labor and Industries.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have reasonable cause to believe that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once a report is filed, I may be required to provide additional information.
- If I reasonably believe that there is an imminent danger to the health or safety of the patient or any other individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can help provide protection.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

Although this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

## **PROFESSIONAL RECORDS**

I keep Protected Health Information (PHI) about you in two sets of professional records. One set constitutes your clinical record. It includes information about your reasons for seeking therapy, a description of the ways in which your problems impact your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in the unusual circumstance that I conclude disclosure could reasonably be expected to cause danger to the life or safety of the patient or any other individual or the person who provided information to me in confidence under circumstances where confidentiality is appropriate, you may examine and/or receive a copy of your clinical record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. I charge the per page amount authorized by the Department of Health. I may withhold your record until the fees are paid.

In addition, there are also times when I keep a set of psychotherapy notes. These notes are for my own use and are designed to assist me in providing you with the best treatment. Although the contents of psychotherapy notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they affect your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your clinical record. These psychotherapy notes are kept separate from your clinical record. Although insurance companies can request and receive a copy of your clinical record, they cannot receive a copy of your psychotherapy notes without your signed, written Authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your psychotherapy notes unless I determine that knowledge of the health care information would be injurious to your health or the health of another person, or could reasonably be expected to lead to your identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate, or contain information that was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes, or is otherwise prohibited by law.

**MINORS AND PARENTS**

When working with adolescents my standard of confidentiality remains with the client. Parents will sometimes wish to be made aware of the content of our sessions. Under these circumstances, if the client consents, I invite the parent to join in a session so that we can openly discuss concerns. I do not share information with parents (other than that which is mandated by standards of confidentiality and disclosure outlined above) unless the client has given me specific permission.

**Randie Clark Counseling PLLC Disclosure Statement**

**SIGNATURE PAGE**

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT, AGREE TO ITS TERMS AND CONSENT TO TREATMENT. IT ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE OF PRIVACY PRACTICES FORM DESCRIBED ABOVE.**

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**Patient Signature**

**Date**

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**Patient Signature (for parent/guardians or couples)**

**Date**

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**Signature (for second parent/guardian)**

**Date**

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**Randie Clark MA, LMHC  
DBA Randie Clark Counseling PLL**

**Date**