

**Jane Palmer, MA, LMHC, BCD**  
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**Disclosure Statement and Office Policies**

I offer psychotherapy and counseling for individuals and couples. As we begin our relationship, I believe it is important that we have a clear agreement on our mutual rights and responsibilities. My goal is to provide therapeutic interventions that are tailored to your specific needs. I offer you my time, knowledge, empathy, and skills as a psychotherapist and healer. In turn, I ask for your commitment, respect, and willingness to compensate me for my time. The change process can be challenging, but also healing and positive. It requires hard work and a time commitment for therapy to be successful.

My office policies and credentials are listed below. Please read them carefully and ask me to clarify anything that you don't understand.

**Fees and Appointments**

My fee is \$108 per 45-minute therapy session or \$144 per 55-minute therapy session for ongoing psychotherapy. The fee for your first therapy session is \$180 for a 75-minute session, including the fee for assessment instruments and setting up the billing with your insurance company. After the first therapy hour, the ongoing fee is either \$108 for 45 minutes or \$144 for 55 minutes. This ongoing fee is dependent upon your treatment plan and the amount of time we agree is appropriate for you.

Payment is due at the time of service. If I am a member of your health insurance company's provider panel, I ask that you pay your co-pay or co-insurance amount at the time of service. If you have an annual insurance deductible that has not been met, I ask that you pay me the fee for the first session of \$180 at time of service. Some or all of this fee may be refunded to you, based on your insurance company's terms. If you are unsure of your deductible, co-pay, or co-insurance, it is recommended that you contact your health insurer and request information on your "outpatient mental health benefit" prior to our first session. If I am not a member of your health insurance company's provider panel, I ask that you pay me the full fee at time of service unless other arrangements are made. You may pay by cash or check or credit card. If you pay with a credit card, you will also be charged a transaction fee of \$4.00 if the transaction amount is under \$100 or 4% if the transaction amount is over \$100.

If you are on a health plan for which I am a contracted provider, I will submit your claim. If I am not a contracted provider with your health insurance company, I will not submit claims for you and I will ask you to cover payment at each session. In this case, I will be glad to provide you with monthly statements that you may submit to your health insurance plan.

You should be aware that even if you have mental health benefits, insurance plans have different criteria for reimbursement. ***Regardless of your insurance coverage, you are responsible for your bill. By signing this Disclosure statement, you are agreeing to all***

*terms, including your responsibility for your bill whatever your insurance benefit.* If we make payment arrangements and you do not fulfill your obligations, or you fail to pay any outstanding balance, you will be subject to finance fees and/or late charges, as well as potential collection agency fees. If I raise my fee, I will provide you with a one-month notice.

It can be helpful if you have your payment ready at the beginning of your therapy hour so that we will have adequate time for our closing transition at the end of the session.

Therapy sessions are usually scheduled for once a week. At the onset of treatment, I ask that you come in weekly for four weeks so that we can get acquainted. We can then agree upon a therapy plan. I believe it is important to re-evaluate progress at the end of every three months. The frequency of appointments may be altered by crisis, vacations, or indications that more or less frequent sessions will help you meet your goals.

If you miss an appointment without canceling, or if you cancel with less than one business day notice (**24 hours notice, except for Monday appointments, which require Friday notice or 72 hours**), you will be charged in full for that session. If you miss an appointment without canceling, or if you cancel with less than the required notice time, you will have to pay me directly for your missed appointment. ***I am not able to charge your insurance plan for missed appointments.*** If you are late for a session, you will be given the time remaining and charged the full rate. If you miss too many appointments, fail to call to cancel, or frequently cancel with less than one business day notice, I reserve the right to terminate therapy with you.

I understand that emergencies happen in life. Therefore, I allow clients two 45 minute sessions or two 60 minute sessions, dependent upon your treatment plan, cancelled with less than 24 hours notice **due to emergency or illness per treatment year.** If you have a social engagement you wish to attend or your work requires you to work during the appointment time and you do not give me 24 hours cancellation notice, you will be charged for the appointment at the full fee.

If you are ill, I ask that you not come for your appointment. In this case, if you are unable to give 24 hours notice, I will be able to offer you a counseling session over the telephone. If you do come into my office with an infectious disease, I reserve the right to ask you to leave and you will still be charged for your appointment.

### **Confidentiality**

I will not speak with another person about you, including the fact that you are in therapy, unless I have your written permission to do so. I do utilize the services of other mental health professionals for case consultations. Your issues, but not your identity, may possibly be reviewed in such a consultation. However, my colleagues are also bound by rules of confidentiality. In addition, if I encounter you in public, I will not acknowledge you, unless you acknowledge me first. These conditions reflect my respect for your right to confidentiality in therapy.

There are certain circumstances in which I am ethically and legally bound to break our agreement on confidentiality. They are as follows:

- If I become aware that you are physically, emotionally, or sexually abusing a minor, a developmentally disabled person of any age, or an elderly adult.
- If you have substantial intent to physically injure another person
- If I feel you are unable to take care of your basic needs or are a danger to yourself.

I am often asked about confidentiality with your health insurance plan. If you wish me to submit claims to your health insurance plan, I am required to submit a diagnosis that I will share with you. To the best of my knowledge, this information is not communicated to your employer.

If you have been in an accident in which a third party is involved in payment of your treatment, I may be willing to submit claims and your medical records to this party, as well as to your legal representative. You must inform me if you will be involved in litigation at the outset of your therapy and we will discuss our mutual responsibilities and whether I will be willing to treat you and/or participate in litigation. I will ask you to give me written permission to submit claims, medical records, other documents and /or to discuss your treatment with a third party and/or your lawyer. ***I also require that you reimburse me directly for my time in doing so at your normal hourly rate.*** I am not, however, a forensic psychotherapist. Therefore, I am **not** willing to testify on your behalf should you be involved in litigation. If you foresee the need for future testimony, I will be glad to refer you to another appropriate provider.

## **Qualifications**

I have a Master of Arts (MA) degree in Psychology from Antioch University in Seattle and a Masters of Business Administration (MBA) degree from Stanford University. I have an undergraduate Bachelor of Arts (BA) degree from Smith College. I am a Licensed Mental Health Counselor in the State of Washington #LH00005541. I am a Board Certified Professional Counselor and a Fellow of the American Psychotherapy Association. I am a Certified EMDR therapist, having completed the educational, training, and supervisory requirements of the EMDR International Association (EMDRIA). I am also a certified therapist in Somatic Transformation therapy and Lifespan Integration therapy and am a Certified Clinical Hypnotherapist, certified by the National Board for Hypnotherapy and Hypnotic Anesthesiology.

I have provided counseling services to adults on a full and/or part time basis over the last twenty-two years. I have been in private practice for twenty years and have worked at Group Health Cooperative as both a mental health counselor and chemical dependency counselor for over three years. I have also been a business executive, supervising groups of people diverse in skills, backgrounds, and job functions. I currently provide counseling, coaching, and consulting to a variety of individuals and organizations, including providing both mental health and career coaching and counseling services. I am a member of the American Psychological Association, the Washington State Psychological Association, the American Psychotherapy Association, the EMDR International Association, the International Society for the Study of Trauma and

Dissociation, the Seattle Counselors Association.

### **Philosophy & Methods**

I approach counseling from a holistic philosophy, believing healing must take place within body, mind, emotion, and spirit. I believe therapeutic change occurs first from forming and experiencing an emotionally safe and trusting relationship with your therapist. Within the context of this relationship, change also occurs by learning to tolerate and regulate increasing levels of somatic and emotional affect, gaining new cognitive, emotional, and body-based information about yourself, learning new skills, letting go of old pain, and developing new ways of processing information and behaving so that growth continues outside of therapy. In the language of neuroscience, successful psychotherapy enhances the growth and integration of neural networks in the brain. The therapies I practice are intended to change the way your brain and your nervous system processes information.

It is my job to assist you in this process. In doing so, I hope you will achieve greater levels of individuation, or growing into your full potential as a human being. I hope you will develop: (1) a sense of your own personal empowerment (2) a full range of interpersonal and life skills, (3) a balance of independence and dependence (interdependence) in relationships (4) a change in your presenting symptoms (5) an awareness of your choices and options in life and (6) an expanded consciousness of and compassion for yourself and others.

In working with individuals and couples, I use a variety of therapeutic approaches, depending upon your needs. I am most interested in what will best help you progress in our work together. The approaches I use may include: Somatic Transformation, EMDR, Life Span Integration, Ego State Therapy, Hypnotherapy, Family Systems Therapy, Humanistic, Feminist, and Transpersonal methods.

Each of these approaches has a somewhat different theoretical basis, but all share certain common features about how we will work together. Most are newer psychological approaches based on neuroscience and are designed to change the way your brain processes information. All will involve:

- Your becoming aware of and talking about your feelings, thoughts, mental images, body sensations and movements
- Alternating moderate levels of emotional arousal with periods of calm and safety
- Integrating conceptual knowledge with emotional and body experience
- Activating neural networks that are inadequately integrated or dissociated

We may often “target” memories from the past to heal the present and visualize a positive future. During somatic therapy, I may touch you to provide a sense of connection and safety. I will first ask your permission to do so.

### **Emergencies**

In an emergency, you may call me at anytime during 24 hours. My telephone number is 206-325-8989. If you have an emergency, please call my telephone number and leave a message if I do not answer directly. I will call you as soon as I am able. If you are unable

to reach me, you may call the Crisis Clinic at 206-461- 3222.

I trust that you will respect my personal time and will call me between normal business hours of eight o'clock AM and nine o'clock PM, unless you have a true emergency. Also, please be aware that I am not always able to respond immediately to a call. If I am out of town or on vacation, I will have another mental health professional serving as back up for emergencies. My charge for telephone emergencies or consultation is your hourly rate to the nearest quarter hour.

### **Endings**

Although it may seem premature to discuss ending your therapy before you have even begun, it is important to recognize the importance of all stages of the therapy process. Therapy is a relationship, the same, yet different, from all the other relationships in your life. Abrupt or unmindful endings can trigger feelings of loss or abandonment. Therefore, once you enter into the therapeutic relationship, I ask that you discuss with me periodically our progress and possible termination dates. Before you leave therapy, I ask that you allow at least two sessions to review your work and process any unfinished business. If you are not happy with your progress or any aspect of the therapy, I ask that you discuss these issues with me, in person, before you leave the relationship.

### **Exclusions**

Certain mental health diagnoses are best treated by a specialist. If you have any of the following diagnoses, or we discover you have these during the course of therapy, I may not be the best therapist to treat you and may refer you to a specialist for treatment. These diagnoses are: Attention Deficit/Hyperactivity Disorder, Antisocial Personality Disorder, Borderline Personality Disorder, Gender Identity Disorder, Narcissistic Personality Disorder, Paranoid Personality Disorder, Schizophrenia, Schizoaffective Disorder, Schizoid Personality Disorder, Other Personality Disorders, Substance Dependence Disorders.

I have read the above information and understand the conditions under which I consent to treatment. By signing this agreement, I acknowledge that I have read, understood, and agree to all terms identified above and I have received a copy of this agreement.

Signed:

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

## Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

(Mobile) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Birthdate (Mo/Date/Yr/Time): \_\_\_\_\_

Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_

Health Insurance Subscriber Name: \_\_\_\_\_

Health Insurance Subscriber Birthdate: \_\_\_\_\_

Health Insurance ID#: \_\_\_\_\_

Health Insurance Group ID #: \_\_\_\_\_

Health Insurance Contact Telephone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Telephone #: \_\_\_\_\_