



Jessica L Miller MA, LMHCA

1400 112th Ave SE, Ste 100, Bellevue, WA 98004

jessica@jlmcounseling.com www.jlmcounseling.com 425.999.5466

Disclosure Statement

Training and Degrees: I received my Bachelor of Arts in Biochemistry and minor in Leadership Studies from Mary Baldwin College in Staunton, Virginia. A year later, I began working as a caseworker for a local adoption agency, America World Adoption Association. Later, I received the Asia Program Director position and supervised the program until my departure to attend graduate school. I graduated with my Master of Arts in Counseling Psychology from The Seattle School of Theology and Psychology in 2009. Part of my requirements for graduation included the completion of a counseling internship with Sound Mental Health in 2008, counseling, families, adolescents and children. I currently work for myself in private practice on Sundays and Mondays. I also work for a small clinic, Pacific Therapy Group on a part time basis. I am a Licensed Mental Health Counselor Associate in the State of Washington (#MC60164000).

Counseling Orientation: My psychological training is in Psychodynamic, Existential, Jungian and Relational approaches. My practice stems from a belief that we are relational at our deepest levels. Through the examination of relationship, both past and present, I believe we will uncover some roots of current unhappiness. Additionally our time will allow attention to listen to the internal, authentic parts of ourselves we may choose or have been told to ignore. The majority of my clientele are high functioning individuals coming to a crossroads in life, unable to handle current or past struggles or traumas, grieving the loss of someone close, or working to handle difficult transitions. We will work together on the burdens carried and create a personal process meant to address your individual needs. I believe that some issues can have a physical component; in such cases, medical consultation will be advised.

Billing and Insurance Information: The fee for counseling will be \$100.00 per 50-minute session. Student rates are set at \$85 per 50-minute session. Students wishing to receive a student discount, please bring a recent transcript to your initial session. Payments are to be made at the beginning of each session and may be made using cash, check or credit card payments. Credit card transactions are subject to a \$5 service charge in addition to the above-mentioned rate. Returned checks are subject to a \$25 Non-Sufficient Funds charge. You will be charged for a missed appointment if you have failed to notify me within 24 hours of our scheduled time (illness and emergencies excepted). I do take vacation several times a year and observe major holidays. I will provide appropriate advance warning for these absences. Fees may increase periodically, and thus the fees are subject to change with two weeks prior notification.

I do not file insurance claims for you. If your insurance provider will be covering the cost of your counseling then you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. I will be glad to fill out any part of the form or provide any receipts that may be necessary.

Confidentiality: You have a right to strict confidentiality regarding the information you share with me. There are, however, legal exceptions to this rule and they are outlined as follows:

1) The client gives written permission to share confidential information.

In the event you would like your file shared with a family member, an insurance company, another doctor or individual intimately involved in your immediate health, please let me know and I will provide a form for you to fill out which will then permit me to provide your information to the individual requested.

2) Anything that suggests a crime or harmful act or any abuse to individuals unable to defend themselves such as minors or elders.

Therapy holds the potential to stir up a mix of emotions some of which may be volatile in nature. If I believe my time with a client poses an immediate threat to either the client themselves or another individual, I am required to alert the appropriate authorities to ensure the safety of either individual. This includes, but is not limited to police, emergency personnel, hospital or the emergency contacts you provided. If I believe another individual may be in danger, I will be alerting the appropriate authorities to ensure their safety as well as the threatened individual.

3) The client is threatening suicide or major self-harm and I am unable to obtain their agreement not to engage in such acts.

Again, as stated above, therapy may stir up many emotions. If I feel a client is in immediate danger I will alert the appropriate authorities to maintain their safety.

4) If the client is a minor, and there is indication that she/he was the victim or subject of a crime.

In the event I am treating an individual under the age of 18 and information is revealed detailing or suggesting that client is the victim of sexual or physical abuse or a crime, I will alert the appropriate authorities and ensure the safety of the underage client.

5) The client brings charges against the counselor.

Time in therapy may not always be a smooth process. In the event a dispute occurs that we cannot resolve ourselves and a client chooses to involve litigation, I may choose to only disclose information as is pertinent to my own defense.

6) In response to a subpoena

Legal proceedings may come up during your time in therapy. In the event you choose to involve your mental health in a court case with you as the plaintiff, please be aware that the opposing side may attempt to gain and obtain the right to your psychotherapy records and/or testimony by your therapist.

7) As required under chapter 26.44 RCW.

This is the confidentiality code of the Department of Health (DOH) of Washington State. The code is subject to change as seen fit by the DOH. Any changes directly affecting my clientele will be made known to them as soon as I have knowledge of such changes.

Situations may occur where we encounter one another outside the counseling setting. In the event this should happen, I will not engage you until you choose to address me. The purpose of this is to prevent your having to explain how you know me to any others that may be present and thereby preserving your right to confidentiality. Any other concerns or exceptions to confidentiality I will look forward to addressing with you as they arise.

I do not provide communication via social networking or media sites. Please submit any desired electronic communication to my email at Jessica@jlmcounseling.com. Please also note that email is not a secure method of communication and I would highly discourage revealing information beyond that of scheduling and appointments.

I follow all HIPAA (Healthcare Insurance Portability and Accountability Act of 1996) requirements stipulated for Mental Health Counselors. Please see the notice of Privacy Practices for more on this important federal requirement for confidentiality regarding your medical records

Court Testimony Agreement: Therapeutic work often involves the revelation of personal, confidential and intimate details of a patient's life. At times, these details may be of interest in certain court cases including but not limited to, divorce hearings, custody arrangements, injuries, lawsuits etc. In the event a client enters into such proceedings, it is agreed that neither they, nor their attorney, nor any individual acting on their behalf will call upon my testimony in court or any other legal proceeding neither will the disclosure of psychotherapeutic records be requested. If you are interested in a therapist that can provide court testimony, I can refer someone to you.

Consultations: I regularly consult with my supervisor, Dr. Mary Anderson PsyD regarding clients with whom I am working. Mary's email address is mary@pacifitherapygroup.com should you wish to contact her.

Scheduling Appointments: Appointments are generally made on a *regular, weekly basis*. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of a session.

Termination: A client may terminate therapy at any time they feel they are no longer receiving benefit from treatment. As the therapist, I will also be assessing our first sessions together to ensure we are a good fit and if I am able to benefit the client in a positive way. If, after a time, I feel that our work together is not beneficial to you, I will discuss these thoughts with you and if we agree, I will suggest alternative options and referrals for treatment. If you would like, and given your written authorization, I will gladly consult with any future caregivers to make the transition as seamless as possible.

State Information: Counselors practicing counseling for a fee must be registered or certified 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 any treatment.

The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is

1. To provide protection for public health and safety
2. To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

Unprofessional Conduct: The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number:

Department of Health
Post Office Box 47869
Olympia, WA 98504-7869
Phone: 360-236-4703

Methods of Contact: You may leave me a message at 425.999.5466 or email me at Jessica@jlmcounseling.com. I will check these messages on a regular basis and will do my best to return your call within 24 hours. Please limit your phone conversation needs to appointment scheduling and emergencies. Regarding email communication, please note that I cannot guarantee complete confidentiality through use of the Internet. I am willing to use email for scheduling and canceling appointments, but I would discourage the disclosure of any information beyond that. Please do NOT use email for emergencies, but call the phone number above or the crisis lines listed below.

Emergencies: If you are in an emergency and cannot reach me, please call one of the following numbers for help:

General Emergencies	911
Care Crisis Response Service	800.584.3578 or 425.258.4357
King County Crisis Clinic	800.244.5767 or 206.461.3222

Consent for Treatment

With my signature, I acknowledge that I have read and understand this disclosure statement. I consent to therapy with Jessica L. Miller, MA, LMHCA according to the terms described above.

Client Signature

Date

Therapist

Date