



*Jessica L Miller* MA, LMHC

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## 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 and see patients on Tuesdays and Thursdays. I am a Licensed Mental Health Counselor in the State of Washington (#LH60638069).

**Counseling Orientation:** My psychological training is founded primarily in the psychodynamic, relational model. I additionally value and employ existential, family systems, object relations and Jungian theories as part of my standard of practice. Ultimately, my goal is to connect personally with each individual I see, working to build a relationship where past hurts and wounds can be explored, grieved and ultimately healed. Another component which I find important to therapeutic work are the dynamics that arise between us as we work together. The majority of the clients I see are high functioning and find themselves wrestling, grieving or struggling, needing something extra to help weather current circumstances. I will work with you to discover what you would like to accomplish and plan a course of treatment best suited to your needs. At times, I believe that some issues can have a physical component; in such cases, further medical consultation will be advised.

**Billing and Insurance Information:** The fee for counseling will be \$150 for an initial consultation and \$115.00 per 50-minute subsequent session. Payments are to be made at the beginning of each session and may be made using cash, check or credit card payments. Returned checks are subject to a \$25 Non-Sufficient Funds charge. If you miss an appointment for any reason and have not provided me with 48 hours notice, you will be billed in full for the session. I do take vacation several times a year and observe major holidays. I will provide appropriate warning for these absences. My fees may increase periodically, and thus the fees are subject to change with two weeks' prior notification.

I am in network with Regence Blue Cross/Blue Shield and First Choice and I bill out of network for Premera. If you are with any of these companies, please bring your insurance card to your initial session and be prepared to pay for the first session out of pocket. **Please note: Insurance companies do not pay for missed appointments.**

Outside of these providers, I am an out of network provider of mental health therapy services. I will provide you appropriate documentation at the end of the month so you may seek

reimbursement from your insurance company if you would like to do so. 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. I work to maintain the highest ethical standard of confidentiality available. There are, however, legal exceptions to this rule and they are outlined as follows:

- 1) The client gives written permission to share confidential information.**
- 2) In response to a medical emergency.**
- 3) Anything that suggests the admission or contemplation of a crime or harmful act, I am required to alert and release information to the appropriate authorities.**
- 4) Any situation in which elder or child abuse is suspected or confirmed.**
- 5) The client is threatening suicide or major self-harm or harm to someone else and I am unable to obtain their agreement not to engage in such acts. If threats are made against another person, I may need to also inform the one to whom the threat is against.**
- 6) If the client is a minor, and there is indication that she/he was the victim or subject of a crime.**
- 7) In any situation where charges, lawsuits or complaints are made against me.**
- 8) If any attorney subpoenas records they will be released unless the client files a Protection Order within 14 days of the subpoena.**
- 9) If any order is received by a judge or any other judicial officials.**
- 10) As required under chapter 26.44 RCW.**

Situations may occur where we encounter one another outside the counseling setting. In the event this should happen, I am not permitted to 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](mailto: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 billing, scheduling and appointments. I also do not provide communication via text message. For the fastest, most secure response, please email me at the information listed below.

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, Doug Hansen, MSW regarding clients with whom I am working. I also participate in a weekly consultation group for therapists.

**Scheduling Appointments:** I practice therapy seeing patients on a weekly basis sometimes more often. It is my experience that this provides the most therapeutic benefit. However, if you prefer an alternative schedule, please let me know and I'll do my best to help you find a provider that meets your needs. Each appointment should be verified at the end of each session. Please double check and reschedule at the end each 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. If you are ending because of something I have done or an unmet expectation within our work, it is my hope that you will permit a session with me to allow me to hear these grievances and respond to them.

**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:** 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 47857  
Olympia, WA 98504-7857  
**Phone:** 360-236-4700

**Methods of Contact:** You may leave me a voice mail 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.

**Office Hours:** My office hours are Monday 10am-4pm (email and phone only), Tuesdays, 10am-9pm, Wednesdays 10am-4pm (email and phone only), Thursdays 10am-9pm and I am not available on Fridays and the weekend. If you email or leave me a message outside of these office hours I will return your call or message as soon as I can once my office hours resume, usually within 24 hours.

**Emergencies:** If you are in an emergency and cannot reach me or I am not available due to office hours, 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

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### 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, LMHC according to the terms described above.

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Client Signature

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Date

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Therapist

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Date