

### **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 your 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 our web site where you found this document*. Please ask me any questions you may have.

### **EDUCATION, TRAINING, AND EXPERIENCE FOR SUSA HOLT ND, MA, LMHCA, SEP**

I am a Supervised Mental Health Counselor Associate regulated by Washington State (Credential Number MC60551730). This means that I have earned a Master of Arts degree in Mental Health Counseling, and I am in the process of obtaining Washington State licensure under the guidance of a supervising clinician.

I am also a licensed as a naturopathic physician by the State of Washington. I do apply the knowledge I have obtained as a naturopathic physician to my mental health counseling where it is appropriate. However, my services, which I am providing to you are limited in scope and are limited to mental health counseling only. These services I am providing to you are not offered to diagnose or treat any medical condition or disease.

I completed my Master's of Arts degree in Psychology, with a specialization in Systems Counseling, from the Leadership Institute of Seattle (LIOS) at Saybrook University. As mentioned previously, I am also a Naturopathic Physician and graduated from Bastyr University in 1985. I went on to become a Physician Assistant and graduated from the Medex Program at the University of Washington in 1988. For the next thirty years I focused on working in family practice and women's healthcare settings, in Integrative Private Practice, and at a local healthcare maintenance organization. My interest in systems thinking, led me to attend the Organizational Systems Renewal program, where I received a masters at Seattle University, in 2010.

During my clinical internship at the Center for Human Services, I worked with low-income families, children, teens, individuals and couples. I had the opportunity to work with families in their homes, as well as working with kids at their school or at our office. This allowed me to experience clients in settings where they actually spend a lot of their time, giving me a valuable window into their lives. I learned a lot about how families often repeat patterns, passed down through generations, and how each of us, once aware of these patterns, has the ability to make different choices.

### **CURRENT PROFESSIONAL ACTIVITIES**

I am a professional member of the Washington Mental Health Counselors Association and the American Counselors Association, Seattle Counseling Association, Washington Family Therapy Association, The Somatic Experience Trauma Institute, U. S. Association of Body Psychotherapy, and the Washington Association of Naturopathic Physicians. I am a core faculty member at The Haven Institute in BC, Canada, where I lead personal and professional development programs. Our programs are group process learning, where I teach communication skills and body-centered practices with the intention of supporting people to live their life with fullness and meaning.

Through my independent private practice, Susa Holt Integrative Counseling, PLLC, I provide psychotherapy for adults and couples. I regularly attend ongoing professional training, workshops and seminars to further my own skills and development.

### **PSYCHOTHERAPY SERVICES**

Psychotherapy is not easily described in general statements as it varies depending on the personalities of the therapist and the patient/client, and the particular issues you are experiencing. 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. Reaching your goals calls for active effort on your part.

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. However, there are no guarantees of what you will experience.

You may have found yourself here, because something in your life isn't working as well as you would like. As a therapist, I believe the foundation of helpful and healing therapy begins with a good relationship and connection between therapist and client. I will work with you to accept all parts of yourself, and move towards health and healing.

I practice a range of different modalities, including Family Systems Theory, Relational Schemas, mindfulness, expressive therapies, Lifespan Integration, Cognitive Behavioral Therapy, and Narrative Therapy, and somatic or body-centered awareness. Working with the body, offers elegant ways to modulate traumatic memories as well as heal more subtle developmental wounds. I have training in somatic therapy (body-centered), and I am a Somatic Experiencing Practitioner (SEP), which is an integrative body-mind process. It focuses on helping one to learn how to release withheld energy from past traumas. The body holds on to this energy as a body-memory, which can cause a myriad of emotional and physical symptoms. SE helps to restore balance of the nervous system, giving one the skill to self-regulate going forward.

Because I find the ultimate responsibility for making choices and taking action is yours, I will expect you to be very active in your own treatment, inside and outside of the therapy office. Though I may make observations and interpretations and/or make suggestions, the emphasis of treatment will be on finding the answers within yourself. It is my responsibility to do all that I can to help you find those answers within yourself and to help you identify and eliminate any obstacles to change that become apparent.

To ensure the success of our work together, it is very important that we communicate openly with each other. It may take us a little while to create a sense of trust and comfort in our relationship but it should grow as we work together. In addition to open communication, the success of our work also hinges on your working on things both during our sessions and at home.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will discuss these first impressions of your needs and begin to develop a treatment plan. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

I do not specialize in court or legal matters. If you anticipate being involved in any legal proceedings or are looking for advocacy or an assessment for legal purposes, I will be happy to provide you with names of other professionals who do specialize in those services. If I am deposed or involved in any other legal activities in relation to our work together, I will be able to speak to our treatment together only, which will automatically void the confidentiality of our sessions.

### **SUPERVISION AND CONSULTATION**

I seek ongoing supervision and consultation from colleagues in order to provide you with the best services possible. I may disclose information about your counseling session in consultation with colleagues, in which case I will withhold your name and limit the information I disclose to the minimum necessary. I have a current supervision agreement with K. Alexandra Onno, PhD, LMHC and I may disclose information about your counseling session as part of ongoing supervision. I also have an agreement with Dr. Onno to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Dr. Onno accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

### **ETHICS AND PROFESSIONAL STANDARDS -- STATE OF WASHINGTON DISCLOSURES**

The State of Washington requires that I provide you with the following information.

You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want. You have the right to choose a Counselor who best suits your needs and purposes. Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety. Credentialing of an individual with the department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake  
Post Office Box 47857  
Olympia, WA 98504-7857  
Phone: 360-236-4700  
E-mail: HSQAComplaintIntake@doh.wa.gov

I maintain a referral list of other Counselors with a wide range of specialties. I will provide you with a referral to another Counselor if I feel your needs are beyond the scope of my expertise, or if you request such referral information.

### **PSYCHOTHERAPY MEETINGS AND CANCELLATION POLICY**

Most psychotherapy sessions last approximately 50-55 minutes and are held once a week, unless we agree upon a different schedule. **Once an appointment hour is scheduled it is reserved especially for you and you are responsible for the fee for that hour. Unless you provide 48 hours advance notice of cancellation you will be expected to pay for it. Please note, insurance companies do not provide partial reimbursement for cancelled sessions. You will, therefore, be held responsible for the full fee for that hour.** If it is possible, I will try to find another time to reschedule the appointment within my limited work week. If no alternative time is available during that week, you are responsible for the cancelled appointment.

### **CONTACTING ME**

#### **REGULAR WORK HOURS AND AVAILABILITY**

I work at Bluestone PS, on Mondays, and my hours are 12:00 pm -6:00 pm. I work in my private practice on Queen Anne Hill, Seattle, on Tuesday – Thursday. When I am unavailable, my telephone may be answered by a BPS administrative assistant, who has been trained in all manners of confidentiality as it relates to a therapy practice, or by an answering system that I monitor frequently every day during the work week. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some good times to reach you and any alternative phone numbers where you will be available.

If you need to contact me between sessions, the best way to do so is by phone. Direct email at [sholt@bluestoneps.com](mailto:sholt@bluestoneps.com) is second best for quick, administrative issues such as changing appointment times. Please do not email me content related to your therapy sessions, as this email is not encrypted and, therefore, not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my internet service providers. If you contact me via email, I will assume that you approve of my replying to you and that you accept these risks.

### **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. It will be up to you to decide how you feel about that. I have no expectation that you will follow any of these.

I do not accept friend or contact requests from current or former clients on Facebook, LinkedIn, or Google+. Please note, that these networking pages are associated with the clinic and not with me personally. Again, please be mindful of your own privacy and confidentiality as you consider participating on this page. 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.

### **EMERGENCIES**

In emergencies, you can try me at the office. A message can also be left for me there if I am unavailable. Again, if I miss your call, I will make every effort to return your message at the earliest possible moment. If you are unable to reach me 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.

### **PSYCHOTHERAPY AND PROFESSIONAL FEES**

My hourly fee, subject to change, is \$120 for the initial, diagnostic session and \$100 for each session thereafter, depending on the length of the session. If this rate is not possible for you, I am open to having a conversation regarding a possible rate reduction, before our first scheduled appointment. Under Washington State Law, you are not liable for any fees or charges for services rendered prior to receipt of this disclosure statement. In addition to scheduled appointments, I charge \$100 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.

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for preparation of litigation or other legal action, I can help you find a referral to a forensic expert. I do not normally serve as an expert witness at this time, however, for the cases I do chose to participate in, my fee for appearing as an expert witness at trial is \$250.00 per hour.

### **BILLING AND PAYMENT POLICIES**

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. Payments can be made by cash, check, through your on-line bill pay services with your bank, or by credit/debit card through link on our web site: [www.bluestoneps.com](http://www.bluestoneps.com). If you have an HSA type of account or work benefit we will be happy to provide you with a receipt with all the necessary information for you to gain reimbursement. Any psychological services provided by BPS are tax deductible as a medical expense. A clinic receipt will be provided for such purposes, if requested.

BPS may, at its discretion, choose to have all its billing, accounting, and/or bookkeeping handled by a contracted provider. In this case the provider may have knowledge of some of your HIPAA Protected Health Information necessary for accounting/billing purposes but not your confidential clinical information.

### **PRIVATE PAY CLIENTS**

Many individuals choose not to use their health benefits for their mental health care. In such cases my regular fees apply and payment can be made by cash, check, on-line bill pay or with a credit/debit card through a link on our website: [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 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 your provider are free to design any treatment plan that would work best for your individual needs.

### **INSURANCE REIMBURSEMENT**

I do not bill insurance at this time, however, you should contact your individual insurance plan for specific coverage for an out-of-network provider as a LMHCA.

**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 BPS to know the details of your individual plan. If it is necessary to clear confusion, please call your plan administrator. A comprehensive list of important questions to ask can be found on the Forms page on our website.

To qualify for coverage reimbursement by your health insurance plan you must receive a mental health diagnosis. This diagnosis indicates that your symptoms meet certain criteria and indicate a mental disorder. This information will become a permanent part of your medical record. While there are a great variety of mental health diagnoses indicating a wide range of impairment, insurance companies will only pay for certain ones. Treatment is also often limited to short-term 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. Although much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. In such cases, patients can continue treatment on a private pay basis.

Your contract with your health insurance company requires that I provide it with 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 copayments 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. 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.

### **UNPAID BALANCES AND RETURNED CHECKS**

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 collections 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. Payment for the fee and unpaid balance must be made in cash, money order or by credit card before an additional session can be scheduled.

### **LIMITS ON CONFIDENTIALITY**

The law attempts to protect the privacy of communications between a patient and a therapist. The Notice 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 disclosure 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 this 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 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. In most situations, 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.

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

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**Patient Signature**

**Date**

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**Patient Signature (Couples Only)**

**Date**

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**Susa Holt, ND, MA, LMHCA, SEP**

**Date**