

Pamela Woodroffe, LICSW, SUDP, MAC, CCTP
P Woodroffe PLLC dba Woodroffe Counseling Services

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Informed Consent for Treatment & Personal Disclosure Statement

Welcome to my therapy practice.

Washington State law requires that I provide a written disclosure statement to each client prior to starting a program of treatment. This document provides important information about my professional services, business policies, education, and psychotherapy approach, as well as policies with regard to confidentiality, privacy, scheduling, fees, and cancellations. Please read it carefully and write down any questions you may have so that we can discuss them at our next meeting. When you sign this document it represents an agreement between us.

The goal of counseling is to encourage a deeper understanding of yourself for the purpose of relieving symptoms of distress, enhancing functioning and coping, and to live authentically with greater life satisfaction. You have the right to know my qualifications and how I do my work. I will indicate the modality and course of treatment, when known. You have the right and responsibility to choose a practitioner and treatment modality that best fits your needs. You also have the right to refuse any treatment you do not want. After you have read this document, please ask any questions, and keep it for future reference. You will be asked to indicate that you have read this material when you sign the statement of agreement form.

Professional qualifications & training

I received my Master of Social Work (MSW) with an emphasis in clinical therapy skills in 2007 from the University of Washington School of Social Work, followed by thousands of supervised hours post-graduation. Prior to that I received a BA in Communications in 1982 from the University of Washington in 1982.

I have over ten years of experience providing counseling, therapy, and group process in multiple settings focused on stress management, life transitions, trauma, addiction recovery, grief and loss, depression, anxiety, and acute and chronic illness. I have worked in health care settings for nearly 20 years, including substance abuse treatment centers, hospitals, primary care clinics, and medical training facilities.

I hold three credentials related to my work:

- Licensed Independent Clinical Social Worker (LICSW) – 4,000 hours supervision.
- Substance Use Disorder Professional (SUDP) – 1,000 hours supervision
- Master Addiction Counselor (MAC) 6,000 hours supervision
- Certified Clinical Trauma Professional
- Certified Mental Health Integrative Medicine Provider

In addition, I keep my licenses current by completing continuing education requirements to broaden and deepen my skills and resources. I have trained in and been influenced by Strengths-Based Therapy, Family Systems, Mindfulness Based Stress Reduction, EMDR (Eye Movement Desensitization and Reprocessing), CBT (Cognitive-Behavioral Therapy), Motivational Enhancement Therapy, Relapse Prevention, Solutions-Focused Therapy, and Resilience Therapy. In addition I have received training in domestic violence survivors advocacy, pain management strategies, mild traumatic brain injury recovery, as well as multicultural and LGBT issues.

My treatment philosophy

I believe everyone has the inner ability to heal, and there are times that those callings become more intense. When this occurs, it can be helpful to have a compassionate, inquisitive, supportive professional who can provide a safe environment to create positive change. Many clients who have experienced trauma seek help coming to terms with it in a more empowered way. I believe we can explore these life events for meaning and draw strength from adversity, and sometimes emerge with a gift to carry forward in a healing way. My role is to draw your own wisdom forth, and help you find new strategies to live a more fulfilling life, and support you in the transition. My approach is interactive and co-creative. It is an honor to join you on this journey.

The process of therapy: Participating in therapy can result in a number of benefits to you, including a better understanding of yourself and others, clarifying goals and values, improved relationships, and resolution of the specific concerns that led you to seek therapy. Working towards these benefits, however, requires effort on our part and a willingness to work together. Therapy may result in your experiencing some discomfort. Change will sometimes be easy and swift, or it may be slow and challenging and even frustrating. Recalling and resolving significant life events can bring on strong feelings of anger, depression, fear, or other uncomfortable emotions. Attempting to resolve issues with others may also cause discomfort and may result in changes that were not originally sought. You can derive more from therapy if you follow recommended strategies outside of sessions. I encourage you to ask questions about any of the procedures used during the course of our therapy.

Appointments: I provide a free 20-minute 'meet and greet' (telephone or in-person) to decide if my services match what you are seeking. Regular sessions last for 53 minutes. Whether or not you are present to begin your session on time, I will need to end at the scheduled time. If I am late beginning the session, I will make up the time for you. I will give you notice well in advance of my vacation time whenever possible, usually at least 2 weeks. We will agree on specific appointment times, reserved exclusively for our sessions together. Our mutual protection of this time is important in order to preserve the integrity of our ongoing work. I ask that you give me 48 hours notice (by phone or email) if you need to cancel an appointment. This policy may be waived in cases of illness, contagiousness, or safety. You are responsible for the full cost of the session missed without due notice. I will collect the full charge directly for missed sessions. If appointments are missed for any reason with such frequency that it interferes with the integrity of our work, this policy will be re-examined.

Ending treatment: You have a right to discontinue therapy at any time. Ending a therapeutic relationship is best done in person, rather than over the phone. I recommend at least one planned session to properly bring your therapy to a close. Although the client is generally the one who decides when to end therapy, I also reserve the right to do so. If a client verbally or physically threatens or harasses my family or me, I reserve the right to terminate treatment immediately. I will provide clients with a referral to another counselor if I feel their needs are beyond the scope of my expertise, or if they request such referral information. If a client 'no-shows' for two consecutive appointments without explanation, I will consider our treatment ended. If you have an unpaid balance for over 60 days, unless other arrangements are made, I will consider our treatment ended. If you experience financial difficulties, please talk with me and I will help with an alternative plan if I am able.

Confidentiality: I am bound by my professional ethics to protect client rights to confidential communications in regard to their involvement in psychotherapy. This is covered in more detail in my Notices of Privacy Practices document. I keep a record of our sessions, and you may ask to see and correct the record. I do consult with other providers as needed, but I keep your identifying information confidential. If you wish me to release information about your participation in therapy to anyone, I will require a signed "Consent for Release of Information" from you. Otherwise, confidentiality has the following exceptions as provided by law:

1. In the event of a medical emergency, emergency personnel or service providers may be given necessary information.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
3. In the event of suspected child, elder, or vulnerable adult abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.

Insurance and financial arrangements

Insurance: I am an 'out of network' provider. I do not bill insurance companies directly. This can better preserve your privacy and the integrity of our work. Your insurance company may reimburse you for some of your session with me, usually at a lower "Out of Network" rate. I will provide you with a receipt that you then submit to your insurance company for direct reimbursement. Insurance companies require that receipt to contain a mental health diagnosis and the date and length of time of our session/s.

How to find out if my services are covered under your plan: Call your insurance company with my National Provider Identifier (NPI) number to see if you have out-of-network benefits, and if your benefits will cover my "outpatient mental health" services. My NPI number is: 1073900510. The CPT codes I use most commonly are 90791 for an initial assessment and 90834 and 90837 for regular 53-minute sessions.

Fees and Payment: My fee is \$130 per 53 minute session, with the first session at \$140. Payment is due at the beginning of each session, by cash or check or credit card. If your personal check is returned for insufficient funds, you will be charged a \$30 fee. All outstanding balances remaining after our session will be charged directly to your credit card. If the credit card company does not authorize payment, you are subject to interest accrued at a rate equal to 10% per annum of such outstanding balance.

Court appearance or preparation of records for court: Generally I do not testify in court, nor give depositions, as there can be negative implications for my therapeutic relationship with you. If, however, I am required to appear in court or prepare documents for court, I charge \$200 per hour, including for travel time.

Telephone time and report or letter writing: After 5 minutes of telephone time, you will be charged \$120 an hour, prorated, and \$100 hour to write reports or letters at your request or requested on your behalf.

Communications

Contacting me: The most confidential way to reach me is by telephone at **(206) 399-2622**. Please note that, I am often not immediately available by telephone. If you leave a voice mail for me I will make every effort to return your call within 24 hours, with the exception of weekends and holidays, in which case I will call you the following business day. If you are unable to reach me and need immediate help, please call the **Seattle Crisis Line at 1-(866) 427-4747 or (206) 461-3222**. If you are having a life-threatening emergency, such as suicidal thoughts or are in danger, please call 911, or go to the nearest hospital emergency department.

Use of cell phones: In the regular conduct of my practice, I may make use of a cellular phone or other portable communication device to communicate with clients. In such cases, I will limit the information I store in any portable communication device to the least necessary. Please be aware that such forms of communication do have inherent risks to client confidentiality. **Note: my telephone does not transmit text messages; this preserves your privacy.**

Email communication is for **non-emergencies only**. It may be used for **appointment changes, referrals, and non-clinical questions**. As I cannot guarantee privacy with email this best protects your confidentiality, I typically will communicate with clients via email only for the purposes of scheduling or canceling appointments.

Social situations and boundaries: If I see you outside of sessions, I probably will not approach you beyond nodding acknowledgement. This is to preserve your privacy. It is best to limit therapeutic discussions to our scheduled times.

Notice to clients: Clients of licensed social workers in the State of Washington may file a complaint any time they believe a social worker has demonstrated unprofessional conduct. Social workers practicing counseling or psychotherapy for a fee must be registered, certified, or licensed with the Washington State Department of Health for the protection of the public health and safety. **If you have a concern or complaint about my services, please feel free to discuss it with me; there may be a misunderstanding or question I can help with.** You may also direct questions or complaints to: Washington State Dept of Health, Health Systems Quality Assurance, Town Center 2, 111 Israel Rd SE, Tumwater, WA, 98501, or phone (360) 236-4700.

Credit card agreement:

Credit card information: As stated earlier, I require my clients to provide a credit card number for me to keep on file that I may use to collect for missed appointments, or for outstanding balances. The charge for a “no show or late cancellation” is the same as a full session fee, as agreed upon in this document. A current credit card number must be on file at all times, regardless of your preferred method of payment. **A Health Savings Card does not meet this criteria, as it does not likely reimburse for missed appointments.**

The undersigned hereby authorizes Pamela Woodroffe, LICSW, SUDP, MAC, CCTP to charge my credit card (provided below) for the amount of any balance remaining at the end of each therapy session. I am also authorizing Pamela Woodroffe to charge my card when I do not show up for my scheduled appointment or if I cancel with less than 48 hours notice.

The credit card number to remain on file is: (circle one) MasterCard Visa

CC Number _____ Exp.Date _____ Security Code _____

Name as it appears on card: _____

Billing Address with zip code: _____

Signature of card holder: _____

Insurance Arrangements – Please initial one

_____ *I will not be submitting claims to my insurance.*

_____ *I will be submitting claims to my insurance.*

Acknowledgement of office policies and consent for treatment:

I have read and fully understand the disclosures, terms, and conditions above, and agree to be bound by these agreements. I have had the opportunity to ask questions and clarify any concerns. I understand my rights and responsibilities as a client, as well as my therapist’s responsibilities to me. Any changes to this agreement are indicated on this document, dated, and initialed by Pamela Woodroffe and myself. This authorization constitutes informed consent without exception. By signing this document, I am consenting to participation in therapy services provided by Pamela Woodroffe, LICSW, SUDP, MAC, CCTP.

Client signature _____ Date _____

Print Name _____

If 2nd adult _____ Date _____

Therapist signature _____ Date _____

Pamela Woodroffe, LICSW, SUDP, MAC, CCTP

By my signature below I acknowledge that I have been offered a copy of this Informed Consent for Treatment and Personal Disclosure Statement.

Client signature _____ Date _____

(INFORMED_CONSENT_FOR_TX_2020.11.01)

