

**Pamela Woodroffe, LICSW, SUDP, MAC**  
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## **Informed Consent for Treatment & Disclosure Statement**

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### **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 from the University of Washington in 1982.

I have over 15 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

### **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 and includes interventions from 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. 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) for us 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 48 hours 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 may need to do so. For example, if a client verbally or physically threatens or harasses my family or me, I may need to terminate treatment immediately. I will provide clients with appropriate referral resources 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**

Your participation in therapy, the content of our sessions, and any information you provide to me is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give me written consent to have the information released to another party;
- With your authorization, to effect billing of a third-party payor for the services I provide to you;
- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;
- If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

## **Family and Relationship Counseling**

If you are seeking family or relationship counseling, it is important you understand that I will adhere to the ethical and legal requirements of confidentiality, however, I cannot ensure that you or the other participants in the family or relationship counseling will maintain confidentiality about your therapeutic experience including

content discussed within the counseling session. In addition, in the case of family or relationship counseling, the entire treatment record will be available to any and all participants in the family or relationship counseling, and all participants must consent to any authorized third party disclosure.

I cannot maintain secrets between members of the family or relationship. In such situations, if we cannot find a clinically appropriate way for you to disclose the information to the other member(s) of the family or relationship, I may need to terminate the clinical relationship and refer you to another provider.

### **Consultation & Access to Records**

I seek ongoing consultation from colleagues in order to provide you with the best services possible. I may disclose information about you in consultation with colleagues, in which case I will limit the information I disclose to the minimum amount necessary. I have an agreement with Julia Kocian, LICSW and Pura Betances, LMHC to access my client files, in accordance with all applicable state and federal laws or rules, in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Julia Kocian, LICSW and Pura Betances, LMHC accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

### **Insurance and financial arrangements**

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. If you would like to use your insurance, I can provide you with a monthly receipt that you then submit to your insurance company for direct reimbursement. That receipt is required to contain a mental health diagnosis and the date and length of time of our session/s.

**Fees and Payment:** My fee is \$175 per 53-minute session, with the first session at \$190. Payment is due at the beginning of each session, by credit card. If at any point in the course of treatment you are unable to pay your fee, please discuss this with me. 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 voluntarily 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 \$175 an hour, prorated, and \$175 hour to write reports or letters at your request or requested on your behalf.

### **Good Faith Estimate of costs**

Per session rates:

Initial intake session is \$190

Each subsequent session is \$175

NPI: 1073900510

EIN: 473737094

I am not able to propose an appropriate diagnosis or course of treatment for you until we have spent some time together. As soon as I am able to identify a diagnosis and an appropriate course of treatment, I will discuss it with you. Your diagnosis, if any, will have no impact on the amount you are billed.

Services are anticipated to be provided generally on a weekly basis until treatment is terminated. Additional services may be recommended. This estimate of your costs is only an estimate, and your actual charges may differ. You have the right to initiate the patient-provider dispute resolution process if the charges you are actually billed substantially exceed the expected charges in this estimate. You may contact me directly if the billed charges are higher than this Good Faith Estimate, or you can start a dispute resolution process with the U.S. Department of

Health and Human Services (HHS) directly. If you choose to use the dispute resolution process, that will not adversely affect the quality of health care services I provide to you. This estimate of costs is not a contract and does not obligate you to obtain clinical services from me. This Good Faith Estimate of Costs is effective through the end of 2024.

## Communications

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 generally return your call within 24 hours, with the exception of weekends and holidays, in which case I will generally call you the following business day.

## Crisis & Emergencies

If you are in crisis or need immediate help, please call the **Seattle Crisis Line at 1- (866) 427-4747 or (206) 461-3222 or the National Crisis line at (800) 273-8255**. 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 media:** Professional ethics standards do not permit me to communicate with clients via personal social media. For this reason, I cannot accept any client requests to connect on Facebook, or other similar social media platforms.

**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. A copy of the acts of unprofessional conduct can be found in RCW 18.130.180.

## Telehealth

At your request and if it is therapeutically appropriate, I may make use of technology assisted telehealth tools such as telephone communications and internet enabled video and/or audio services as an adjunct to our in-person work together. It is important that you understand the benefits and limitations of such services.

- Telehealth services may improve your access to counseling, may reduce your costs associated with counseling, and may support more effective use of in-person counseling.
- If you are located outside of the State of Washington, the clinical services I am allowed to provide to you may be limited or prohibited. Please let me know in advance if you will be outside of the State of Washington during a telehealth session so that we can discuss what services I may be able to provide to you.
- Telehealth services are not appropriate for all clients and all situations. If you or I determine that telehealth services are not appropriate for you, I will assist you in obtaining appropriate alternative services.
- Successful use of telehealth services requires a reasonable level of access to computer hardware and

software. If you do not have access to such resources, we can discuss available alternatives.

- Please do not access telehealth services in a location or manner that puts your safety at risk. This may include, but is not limited to, accessing telehealth while operating a motor vehicle. In such situations, I will ask you to disconnect from the session and rejoin as soon as you are able to do so safely.
- At times it may become necessary for me to allow access to my computer hardware and software for purposes of system maintenance, repair, upgrades, or other similar purposes. In such cases, I will make reasonable efforts to protect your confidential information.
- Telehealth services are often not reimbursed by insurance. In such cases, payment for telehealth services remains your sole responsibility.
- In case of hardware, software or other system failure, you may reach me by phone to coordinate our continued work together.

At the beginning of each session I will ask you to provide me with the following information if it has changed:

- Your physical location and address;
- A phone number I can use to contact you in case of technology failure or other loss of internet connection during our telehealth session;
- An email address I can use to contact you as an alternative if we cannot connect via phone.

At the initiation of our therapeutic relationship I will ask you to provide me to the following contact information if you and I are in different geographic locations:

- Your local hospital emergency room phone number; and
- Your local crisis line phone number.

**Audio-Only Telehealth Billing:**

Under Washington law, a healthcare provider may bill a client or the client’s insurance for audio-only telehealth sessions only with the prior consent of the client. If you would like to have the option to engage in audio-only telehealth services, you may initial below:

\_\_\_\_\_ initial if you consent to billing for audio-only (telephone) telehealth services.

**Credit card agreement**

Clients are required to provide a credit card number for me to keep on file that I may use to collect for appointments, missed appointments, and outstanding balances. A Health Savings Card does not meet this criteria, as it does not likely reimburse for missed appointments. I will ask you for your credit card number on or before the commencement of our first session.

The undersigned hereby authorizes Pamela Woodroffe, LICSW, SUDP, MAC to charge my credit card for the amount of 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.

**Acknowledgement of office policies and consent for treatment**

*I have received, read and fully understand the disclosures, terms, and conditions above, and agree to them. 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. I have also received a copy of my Notice of Privacy Practices. By signing this document, I am consenting to participation in therapy services provided by Pamela Woodroffe, LICSW, SUDP, MAC.*

Client signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

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Pamela Woodroffe, LICSW, SUDP, MAC, Psychotherapist

(Informed Consent 2024.01.01)