

# **DISCLOSURE STATEMENT & CLIENT INFORMATION**

**Claire Hatch, LICSW  
10827 NE 68<sup>th</sup> Street, Suite C  
Kirkland, WA 98033 425 822-5202**

You have the right to choose a counselor who best suits your needs and purposes. With that in mind, the following disclosure is provided to you.

## **INTRODUCTION**

I have a Master of Social Work degree from the University of Washington. After completing my graduate degree, I obtained the qualification of Licensed Independent Clinical Social Worker in the State of Washington (License # LW00005516). My areas of special training and experience are couples counseling, mediation and conflict resolutions, life transitions, and stress management.

## **COUNSELING APPROACH**

In counseling, I will use a variety of methods to help you meet your goals. I use cognitive therapy, mindfulness techniques, communication coaching, mediation, and conflict resolution techniques. These approaches help you manage stress, clarify the ways in which your thoughts, emotions, and behavior all influence one another, and help you communicate with your partner and strengthen your relationship. In all counseling, my goal is to help you to discover and pursue that which is most important and meaningful to you.

It is important that you feel comfortable with me and with my methods; at any time you may ask me to discuss my counseling approach. You have the right to request a change of counselor or to refuse counseling, and the number of counseling appointments you attend is up to you.

## **APPOINTMENTS AND PAYMENT**

Individual and Relationship Counseling sessions are 50 minutes long. The fee is \$110 per session, payable at each session. Honeymoon Toolkit sessions are 1.5 hours long. The cost of the Honeymoon Toolkit is \$600.00, payable at the first session. The Rock Solid 12-Week Marriage Counseling Program sessions are 1.25 hours long. The cost of the Rock Solid Program is \$665 per month, payable at sessions 1, 4, and 8.

Many clients find it works best to take care of business at the beginning of the session, so that at the end they can focus on consolidating the insights of the session and taking them into their daily life. The best plan is what is most comfortable for you.

If you are eligible for insurance reimbursement, I will give you claim forms to submit to your insurance company at the end of each session. If your sessions are covered by Premera Blue Cross or the Microsoft/Family Services Employee Assistance Program, I will collect your co pay at each session (if any) and I will bill the company directly for the remainder of the session fee.

**However, you are responsible for paying any charges you incur that your insurance company does not pay.**

Sessions include telephone calls with you or with other parties on your behalf longer than 10 minutes and are charged on a pro-rated basis.

### **CANCELLATION POLICY**

I have a strict cancellation policy. If you miss a scheduled session with less than 48 hours notice, not counting weekends, you will be charged **the full fee, not just the co pay**, for that session.

This policy applies regardless of the reason for the missed session and includes sessions covered by Premera Blue Cross. Premera does not pay for missed sessions. The Microsoft EAP will pay their portion of a missed session, and you will need to pay the co pay. A session is considered missed at 20 minutes past the starting time, if you have not called to say you will be late. I will be unable to schedule more sessions until your missed session fee is paid.

In the event that I cancel an appointment with you with less than 48 hours notice, not counting weekends, I will offer you a session free of charge.

Exceptions will be made on both sides for the following situations: 1) Illness and truly unavoidable emergencies; 2) Occasions where our schedules allow us to reschedule the missed appointment within 2 business days.

**There will be no exceptions made for “no-shows.”**

## **CONFIDENTIALITY**

Conversations between you and your counselor will not be disclosed without your written consent except for consultations with other clinicians, unless such disclosure is required or permitted by law, including without limitation: a disclosure pursuant to a court order; or a disclosure pursuant to mandatory reportable instances involving suspected abuse or neglect or exploitation; or the disclosure is necessary to protect against an existing threat to life or of serious bodily injury.

## **CLIENT RECORDS**

I keep a record of the health care services I provide you for 5 years, according to Washington state law. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so, or unless the law authorizes or compels me to do so. You may see your record or get more information about it at 10827 NE 68<sup>th</sup> St., Suite C, Kirkland, Washington 98033.

## **WASHINGTON STATE REGULATION**

The purpose of the law regulating counselors is to provide protection for public health and safety, and to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. If you would like a written list of acts of unprofessional conduct, you may request a copy from the office below:

Health Professions Quality Assurance  
Customer Service Center  
P.O. Box 47865  
Olympia, WA 98504

Email: [hpqa.csc@doh.wa.gov](mailto:hpqa.csc@doh.wa.gov)  
Phone: 360 236-4700  
Fax: 360 236-4818