

Annette Rembold, LMHC

Counseling Services

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DISCLOSURE & OFFICE POLICY STATEMENT, NOTICE OF PRIVACY PRACTICES, CONSENT TO TREATMENT

Education, Training and Experience: I (Annette Rembold, LMHC) received a Master of Arts in Education, major in Mental Health Counseling, from Seattle University. I am a Licensed Mental Health Counselor (WA License # LH 60489376). My experience includes individual, group, and couple counseling in private practice, in a community college and in a community mental health clinic. I have also worked with adolescents as a teacher and a school counselor for many years.

Methods and Orientation: I take a holistic, individualized approach with each client. My orientation to counseling includes Dialectical Behavioral Therapy, Gestalt theory and therapy, Cognitive and Emotion Focused Therapy. My specialties include anxiety, depression, adolescent self-harming behavior, loss and grief, life transitions, relationship difficulties, school related and learning issues. I find that supportive experiences, respect, and a genuine, nonjudgmental relationship best promote personal growth and healing.

Emergencies: I am available for brief (15 min. or less) phone calls and coaching calls between regular appointments. I am happy to provide support in this way, especially during times of crisis or particular difficulty. However, when I am out of the office, it is not always possible for me to return calls the same day. If you need to speak to someone before I am able to call you back, you may call the Crisis Clinic at (206) 461-3222. If you feel that you are likely to harm yourself or someone else, you should go to the emergency room of your local hospital.

Scheduling: Our first counseling session will last 60 minutes, to allow time for us to get an overview of your background, concerns, and goals, and to address any questions you may have about counseling. After that, sessions are 50 minutes. If you are not able to keep your appointment, please cancel at least 24 hours in advance. You are free to stop your counseling sessions at any time. When you decide to end or take a break from counseling, please tell me about your decision and reasons at the beginning of a regularly scheduled session.

Payment, Cancellations, and No-Shows: My fee is \$160.00 per session (or the fee agreed with the insurance). Payment/Copay is due at the start of each session. If you miss a session, or cancel with less than 24 hours notice, you may be charged at the full rate. If you are late for a session, we will work for the remainder of the session and you will be responsible to pay for the full session.

Confidentiality: It is my desire to protect the confidentiality of our work together. Under most conditions, information about your treatment can only be released with your written consent. However, the law requires that I report information concerning the following circumstances:

- Risk of harm, self-harm or inability to meet basic needs.
- Threat of harm to others.
- Suspected abuse of a child or vulnerable adult.
- Mental health issues that may incapacitate a health-care provider.

It is my practice, whenever possible, to discuss any information I am required to report before I do so. If you are engaged in legal action, it is possible for a court to force the release of your records. Should this occur, I will do my best to supply the required information while protecting any information not relevant to the interest of the court.

In order to ensure that you receive the highest quality of care, I seek professional consultation from other mental health professionals. For the purpose of consultation, your identity will be protected.

There may be occasions when you need to consult me by phone between appointments. Please be aware that if you call when I am not in my office, I cannot guarantee that my side of the conversation will not be overheard.

I get help with medical billing by Mary Griggs (208 255 8296). She signed a confidentiality agreement and will keep your personal information confidential. Mary only has access to your name, address, phone number and insurance information, not to any information concerning the content of our sessions.

Your Treatment Rights: I follow all standards prescribed by state and federal law and the counseling profession, including the requirement to keep records of your counseling. You have a right to see these records, request a copy of them (for a fee according to Washington Administrative Code), and/or ask to have them amended. If you do so, I ask that you read them in my office so that we can discuss and clarify the contents in person.

Professional standards: At all times I try to adhere to the highest possible professional standard of competence and ethics. If you have any concerns about the treatment you are receiving, I hope you will raise them. If you feel that I have behaved unprofessionally or unethically you may contact the Counselor Licensure Program, Department of Health, P.O. Box 47869, Olympia, WA 98504.

Consent to Treatment

I have read and fully understand the policies outlined above and consent to treatment under these conditions

Client/Parent Signature

Date

Annette Rembold, MA

Date