

Your Time For Healing

Linnea Miller Counseling, Inc.



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Professional Disclosure Statement

I am honored that you have chosen me to be your counselor. The following information is designed to inform you of my background and philosophy as well as inform you of your rights as a client.

Philosophy and Approach: I believe in using client-centered methods to work with you collaboratively in addressing your needs. I believe that one's perspectives on the world are directly affected by family relationships, life events, culture, and environment. I use an integrative approach to therapy, which allows me to tailor therapy to meet your specific needs. My foundation is in Cognitive Behavioral Therapy (CBT), which provides opportunities to explore how your beliefs and self-talk interact with your behaviors and emotions (thoughts and feelings). I incorporate the use of mindfulness and self-awareness skills from Dialectical Behavior Therapy (DBT) which helps to build emotional regulation skills. I am also trained in EMDR (eye movement, desensitization, reprocessing), which uses the brain's natural processes to resolve trauma and distress. These are a few of the evidenced-based therapies I incorporate into practice, according to the needs of each client.

I use a holistic approach to counseling, which includes a spiritual component. You and I will discuss your views on spirituality, and you can decide if you would like to include this aspect as part of your counseling experience.

Formal Education: I received my Master of Arts in Counseling from Multnomah University. My coursework included but was not limited to beginning and advanced counseling skills, human growth and development, spiritual integration, marriage and family, trauma, co-dependency, and cultural diversity. I am prepared to help clients with anxiety, depression, surviving and processing trauma, relationship distress, family issues, anger management, and mental illness. I am a current member of the American Counseling Association, and hold to their Code of Ethics as well as to the laws and statutes of the State of Washington.

Benefits and Risks of Counseling: Counseling provides benefits and risks as you move toward making changes in your life. Some of the potential risks include changes in relationships that may affect your circumstances. However, your progress in treatment will be evaluated continually and adjustments to your counseling will be made as needed according to agreed upon treatment goals. If for any reason, I find that I do not have experience, training, or knowledge to work with your particular needs or concerns, I will refer you to another professional who is prepared to work with you in those areas.

Confidentiality: The information you share in the counseling session will be held as confidential as required by Health Insurance Portability and Accountability Act (HIPPA). As a counselor, I am

required to break confidentiality in the following instances: 1) in case of child abuse or neglect or elder abuse or neglect; 2) threat of harm to yourself or others; 3) if a court order were presented from a judge. In couples counseling, the relationship is the client, so information between the parties cannot be guaranteed confidential and both signatures will be required for the release of information.

As a Licensed Mental Health Counselor Associate, I work under the direct supervision of Sandra Mitchell, LPC (OB C1515). I participate in quality assurance procedures and reviews, treatment coordination, and clinical supervision of cases with my supervisor and other qualified professionals to ensure that best practices are being followed, and so I can provide the best care possible. Your file may be discussed at these meetings. Any information shared is kept as confidential, and only within the limits of these professional relationships.

Counseling Sessions: Counseling sessions are approximately 50-60 minutes. In your first session, we will discuss your desired goals and develop a plan towards the achievement of those goals which will include deciding the frequency of sessions. Your willingness to participate and engage in each session is crucial in working through the issues you bring to each session, and in accomplishing your goals. We will collaboratively choose assignments to be done in between sessions that support the work you are doing toward achieving your therapeutic goals.

Fees: Payment may be made through your client portal account at the TheraNest website (my practice management service), or by mailing a check. If paying by check, please make checks payable to "Linnea Miller", and mail to "Linnea Miller PO BOX 1119 Ridgefield, WA 98642-1119". Fees are due at the end of each session unless previous arrangements have been made (i.e., mailing payment). A \$35.00 fee will be charged for returned checks.

- 50–60-minute session/Individual therapy: \$70*
 - Intake session for Individual Therapy: \$50
- Couples session: \$100
 - Intake session for Couples Therapy: \$100
- Group Therapy*: \$45 per session plus cost of materials, if applicable
 - *Group Therapy Pre-Screen: \$45
- EMDR Therapy sessions: 60 minutes/\$70 90 minutes/\$105

**Sliding fee scale is available upon request. Sliding fee is not available for group therapy.*

Cancellation Policy: 24-hour notice is required to cancel sessions without a fee. You will be charged for missed, or "No show" appointments except in case of emergency. To cancel a session, call or text 360-336-0467 or email through your client portal account. If you are more than 15 minutes late for a session, I will encourage you to reschedule so that you may have a full session. If you choose not to reschedule, you will still be charged the full session fee. Please let me know if you have any questions about these attendance policies.

Insurance Billing: Currently, I do not accept health insurance. However, I am happy to provide you with a SuperBill that you can use for possible reimbursement of session fees. Please be aware that most health insurance providers have very strict reimbursement policies for out-of-network

providers. I recommend you consult with your health insurance provider regarding this issue prior to engaging in counseling with me.

For clients who have Medicare insurance, you will be required to sign a document acknowledging that you will not attempt to bill Medicare for my services.

Termination of Services: You are free to terminate your services with me at any time. If you do not make contact with me within 30 days from your last appointment, I will assume that you wish to terminate services with me and your episode will be closed. You are welcome to return for services, in which case your first session with me will be a new intake assessment.

Court Appearances: My practice does not provide custody evaluation and court appearance services. I will not appear in court on any one partner’s behalf in a custody dispute. If subpoenaed for court, my fees are twice my hourly rate (\$140 per hour) including time in court, travel and preparation time.

Multiple or Dual Relationships: The professional, confidential relationship required for therapy limits contact with me outside of the counseling session, including other business or social settings. This is to protect your confidential counseling process and is part of the counselor’s ethical code.

Use of Social Media: To protect your confidentiality and preserve our therapeutic relationship I will not respond to online postings, friend requests, or other invitations to engage in social media with clients. I discourage you from rating or commenting on my services online as this may create vulnerability to losing confidentiality and damaging the therapeutic relationship.

Ethical Concerns: If you have any questions about the counseling process or this disclosure statement, please do not hesitate to ask me. If at any time or for any reason, you are not satisfied with my services, please inform me. You may also contact the Washington State Department of Health to receive a list or copy of the acts of unprofessional conduct listed under RCW 18/130.180.

To file a complaint, you may contact The Department of Health, Health Systems Quality Assurance (HSQA), Complaint Intake, PO Box 47857, Olympia, WA, 98504-7857. Local: 360-236-4700 | Email: HSQAComplaintIntake@doh.wa.gov

Acceptance of Terms

I have read this professional disclosure statement, policies and procedures, and agree to abide by the terms as described in this document.

Client: _____ Date: _____

Counselor: _____ Date: _____