

Disclosure of Information, Policies & Client Agreement

Your rights as a client in counseling

Therapists and counselors practicing for a fee in the State of Washington must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration or Licensure of a counselor with the Department does not include recognition of any practice standards nor necessarily imply the effectiveness of any treatment.

License numbers: Marlon Familton – LH60184425 Leah Koenig - MC60161307

If you feel we have behaved in an unprofessional or unethical manner, please advise us so that the problems can be addressed and resolved. If you believe that does not resolve the issue, you may contact the Department of Health.

Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia WA 98504-7857

Confidentiality

As a client you have privileged communications under state law. We will hold all communication with you in strict confidence and will not share information about you without your written consent. However, by law there are certain exceptions to your rights of confidentiality. These are:

1. If we believe you are likely to do harm to yourself or another person.
2. If we believe that you may be physically or sexually abusing or neglecting a minor or vulnerable adult, or if you report the possible abuse or neglect of a child.
3. If we receive a subpoena to provide information.

Appointments & Fees

Each session lasts 50 minutes unless we arrange in advance for a longer time. The remaining ten minutes in the hour is used by us to compile notes from our session. The scheduled time for your session is set aside for you. If you miss a session without canceling or if you cancel with less than 24 hour notice, we will bill you in full for that time.

Our rates are as follows: \$90/hr for Marlon Familton and \$80/hr for Leah Koenig. These rates are the same for the initial evaluation, subsequent 50 minute sessions and for any work we do outside of session to support your progress in counseling or coaching. Longer sessions are available. This fee is standard regardless of the number of people attending the session. CCFC accepts cash or checks, Visa/MC/Discover/Amex and Pay Pal.

Payment & Insurance Reimbursement

Collaborative Couples & Family Counseling, LLC collects session fees at the end of each session. We may be able to submit a claim to your insurance company on your behalf or upon request you may be provided with a detailed receipt. Monthly statements are sent to you if you have a balance due. There will be a 1.5% or \$5.00 charge on unpaid balances more than 60 days old. If the bill becomes more than 90 days past due it will be sent to a collections agency.

I have read the Disclosure of Information, policies & client agreement; I understand and agree to its terms and conditions, including:

Given that Collaborative Couples & Family Counseling, LLC is a multiple provider entity, I hereby authorize my provider to consult with other providers employed by CCFC, LLC as well as with any contracted Washington State approved supervisors as specified by the Washington State Department of Health. Your confidentiality will be protected per HIPPA guidelines.

I request that Collaborative Couples & Family Counseling, LLC, does not take or maintain any session notes beyond what is legally required under Washington State Law.

I hereby grant permission to Collaborative Couples & Family Counseling, LLC, to communicate with me via email and texting. I understand that email and texting is not considered a secure form of communication; I understand and accept this risk.

IF FILING AN INSURANCE CLAIM / SEEKING REIMBURSEMENT

If you would like CCFC to file a claim with your insurance company, we will take down information from your insurance card and file your claim as a courtesy. However; it is your responsibility to understand the mental health benefits of your insurance policy including deductible and copy amounts. Unless CCFC is on the provider list at your insurance company, we will collect our full fee up front. Session fees or any co pays are due at the time of service regardless of the coverage of your insurance policy.

If the insurance company denies reimbursement for any reason please note that you are responsible for the balance. You will receive a copy of the same explanation of benefits that we receive from the insurance company. If they deny the claim, it is your responsibility to negotiate reimbursement from your insurance company. Monthly statements are sent to you if you have a balance due. There will be a 1.5% or \$5.00 charge on unpaid balances more than 60 days old. If the bill becomes more than 90 days past due it will be sent to a collections agency.

I understand that I am responsible for paying for any services not reimbursed by my insurance company within ninety days of the date of service. I assign directly to Collaborative Couples & Family Counseling, LLC all insurance benefits otherwise payable to me for services rendered. I further authorize Collaborative Couples & Family Counseling, LLC to release all information necessary to secure payment of benefits.

_____/_____/_____
Date

Client Signature

Provider Signature

Client Signature (or Parent / Guardian)