



## OFFICE POLICIES & DISCLOSURE STATEMENT

Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy and methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, this document reviews basic information about psychotherapy, summarizes my background and my therapeutic approach, and provides details about my office policies. Please read this information carefully and ask me to explain anything that you don't understand. This document, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it before we begin our therapy together.

This document addresses the following topics:

- My therapeutic approach
- My education, licensure, and business entity
- Fees and payment policies
- Cancellations
- Emergency contact information
- About confidentiality
- The risks and benefits of therapy
- Referrals to other providers
- My statement of principles and complaint procedures

### MY THERAPEUTIC APPROACH

An important goal at the start of our work is to build a connection, and we'll spend time in our first session exploring our ability to do this by getting to know you and your current concerns. I take a nonjudgmental, open approach during this assessment so I can do my best to *really* understand you. If you feel like I'm getting it, and you feel like we're connecting, then I'll suggest that we continue to work together. However, if we're not a good fit, I'm happy to connect you with someone who might be more appropriate for you and your needs. As we move forward in our work, I use Judith Herman's Three Phase Model (from *Trauma and Recovery*) to provide a "counseling road map." This focuses on establishing emotional stabilization prior to engaging in any deeper processing of your past. When processing the past, I use a model



called Lifespan Integration.

I tend to take a collaborative, active, and sometimes direct approach. This may include offering in-the-moment feedback or encouraging you to consider looking at something a bit differently. I empower my clients to be direct with me, as well. This is *your* experience, and you have the right to feel as if you're getting the most you can out of our time together. I might also provide readings or activities to do in between our sessions. I find that additional work outside of the therapy room leads to much richer discussion in the room. It also supports your autonomy by giving you an opportunity to work on things on your own.

Typically, I will meet with clients one time per week. As clients get closer to their therapeutic goals, we may find that sessions should be scheduled less frequently. Termination can occur at any time you chose, but the goal is to end our work when you feel as if you no longer need therapy and have met your goals.

### MY EDUCATION, LICENSURE AND BUSINESS ENTITY

Katie Plewa, Psy.D.

Psy.D. in Clinical Psychology, University of Indianapolis, 2012

M.A. in Clinical Psychology, University of Indianapolis, 2009

B.A. in Psychology, Purdue University, 2007

Licensed Psychologist in Washington State, PY 60352628

Certified Clinical Trauma Professional - International Association of Trauma Professionals

My business name is Katie Plewa Olvera Counseling, PLLC. PLLC stands for Professional Limited Liability Company. Please make any checks out to: Katie Plewa Olvera Counseling, PLLC. On all of our financial interactions such as billing records, charges, and receipts, you will see this designation: Katie Plewa Olvera Counseling, PLLC.

### FEES & PAYMENT POLICIES

For individual therapy, my fee is \$200 for the initial intake evaluation and \$165 per 50-minute individual session thereafter. For couples therapy, my fee is \$225 for the initial intake evaluation and \$165 per 60-minute couples session. Group sessions are \$80 per session. A sliding-scale feel may be negotiated. Fees are usually collected in full at the end of each session. Cash, credit/debit cards, or personal checks are acceptable for payment, and a receipt will be provided to you at your request. Accounts that are delinquent for more than 90 days may be referred to an outside collection agency. A fee of \$35 is charged for returned checks.

**Extended sessions:** Occasionally we may schedule longer sessions. For example, this may occur if we invite a family member or partner to join in our session. On a rare occasion, we may decide to extend a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.



**Insurance:** If you plan to use insurance to pay for our sessions, I encourage you to educate yourself about what your particular plan covers (and what it does not cover) so that you are not surprised by unexpected bills. You are responsible for all co-pays, co-insurance, and meeting your deductible. If I am not a preferred provider on your plan, you can explore whether your insurance plan offers out-of-network benefits that would cover a percentage of my fee. If you find that you have out-of-network benefits, I ask that you pay me directly, and I will provide you with a receipt to submit to your insurance company for reimbursement. Many of my clients choose to pay privately because it offers them more control and privacy. *When mental health services are billed to an insurance company, the provider is required to submit a diagnosis, which then becomes part of your medical record.*

**Client Authorization of Disclosure:** If you request that health care information (such as progress notes, treatment summaries, etc.) is released to a third-party, I may charge a reasonable fee for doing so, and I am not required to honor an authorization until the fee is paid (RCW 70.02.030). This amount is determined by my full session fee (\$165) and will be prorated, based on the time it takes to organize, copy, and/or distribute the requested information. *Note: Insurance companies will not pay for this service, so these fees will be out-of-pocket.*

### EMERGENCY CONTACT INFORMATION

In the event of an urgent life threatening situation, please contact the Crisis Care Line at 1-800-584-3578 (24 hours a day, 365 days a year, toll free), or St. Joseph Hospital at 360-734-5400 (ask for the Mental Health Unit), or go directly to the emergency room.

### CANCELLATIONS

If you need to cancel an appointment, please notify me by voice mail or email at least 24 hours in advance. If you do not show for an appointment, you will be charged a "No Show Fee" at the full session rate, based on your insurance reimbursement rate or your sliding-scale fee. *Note: Insurance companies will not pay for missed sessions, so these fees will be out-of-pocket.*

### ABOUT CONFIDENTIALITY

It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-records" form before I can talk about you or send my records about you to anyone else. Exceptions to confidentiality include, but are not limited to, situations where you pose a threat of serious harm to yourself or someone else; cases involving suspected child, elder or dependent adult abuse; cases in which I am court-ordered to testify or produce records; or as outlined in the "Notice of Privacy Practices" (copies available on my website).

**Email.** Voicemail and phone are the only secure methods of communication that are HIPAA compliant. Email and texts can be intercepted or viewed by third parties. Additionally, if you use your work email address, your employer could have access to it. Some clients prefer the convenience of email communication and texting despite their lack of security. I am asking you to determine your own preference for security versus convenience in communication.



**Professional consultation.** Professional consultation is an important component of an effective psychotherapy practice. As such, I will regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you or your situation.

**Records & Record Keeping.** In terms of records and record keeping practices, I will take notes during or after our session. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are the sole property of the therapist. Should you request a copy of my records, such a request must be made in writing. I will maintain records for at least seven years following termination of therapy. After seven years, your records may be destroyed in a manner that preserves your confidentiality.

### THE BENEFITS AND RISKS OF THERAPY

Therapy is a process in which we will discuss a myriad of issues, experiences and memories for the purpose of creating positive change. It provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties you may be experiencing. Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, school, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

**Risks:** Therapy may also involve some discomfort, including remembering and discussing unpleasant feelings and experiences. The process may evoke strong feelings such as sadness, anger, or fear. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Sometimes a decision that is positive for one family member is viewed quite differently by another. You should be aware that any decision on the status of your personal relationships is your sole responsibility. If your symptoms worsen, it is often a sign that we are going "too fast" in the therapy, so please let me know so we can adjust our work accordingly. Finally, even with our best efforts, there is a risk that therapy may not work out as you had hoped.

### REFERRALS TO OTHER PROVIDERS

I do not work with clients that I do not think I can help. If you could benefit from a treatment I cannot provide, I will help you with a referral. Based on what I learn from you, I may recommend you seek a medical consultation or other resource. If I do this, I will discuss my reasons with you, so that you can decide what is best. If for some reason therapy is not going well, I might suggest you see another therapist or another professional. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you.

### MY STATEMENT OF PRINCIPLES AND COMPLAINT PROCEDURES

It is my intention to fully abide by all the rules of the American Psychological Association (APA), by Federal laws, and by those of my state license. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any



area of our work, please share your concerns with me. Our work together will be slower and harder if your concerns with me are not addressed. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I have treated you unfairly or have even broken a professional rule, please tell me. If I am not able to resolve your concerns, you may report your complaints to the Examining Board of Psychology, Department of Health, P.O. Box 47869, Olympia, WA 98504, or call them at (360) 753-2147.

### THANK YOU

Thank you for your patience in carefully reading the Office Policies and Disclosure Statement. If, after reading this form, you decide against entering a therapeutic relationship with me, please contact me no later than 48 hours prior to our scheduled appointment time. If you have any questions prior to our first appointment, don't hesitate to call or send me an email.



