Jana Grimes, LMHC, CDP

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 This document contains important information about my professional services and business policies. Please read it carefully and bring any questions or concerns you may have to our next appointment so that we can discuss them. By signing the signature sheet, you are agreeing to the policies contained in this document.

**Training and Degrees**: I received my Bachelor’s Degree in Psychology with a minor is Law, Societies and Justice from the University of WA in 2007. I graduated with a Master’s of Arts in Counseling Psychology from Northwest University in 2009. During that time, I completed an internship program at Providence Hospice and Home Care in Everett doing bereavement counseling. Upon graduation I worked as a Mental Health Practitioner at Sound Mental Health. I moved on from there and began working at Harborview Medical Center as a Mental Health and Addictions Counselor. I am a Licensed Mental Health Counselor and a Licensed Chemical Dependency Professional in the State of Washington (LH60420727, CP60577375).

**Counseling Orientation**: As a mental health counselor, I provide individual therapy to adolescents (16+) and adults. I have received extensive training while working for the University of Washington in Cognitive Behavioral Therapy (CBT) for anxiety and psychosis along with Common Elements Treatment Approach (CETA) for anxiety, depression and trauma. Along with CBT and CETA, I utilize strategies from Solution Focused Therapy, Systems Theory, Motivational Interviewing and Mindfulness. I believe in meeting the individual where they are and adjusting treatment to meet specific, unique needs. It’s not usually a one size fits all therapeutic fit. I utilize a variety of models in order to promote the change and meet the goals the client is seeking.

**Patient Rights:** Patients 13 years and older have a right to refuse treatment. Patients have the right to change therapists and to receive a referral to another therapist. Patients have a right to ask questions concerning their treatment and the right to raise questions about the therapist, therapeutic approach, and the progress made at any time.

**Confidentiality:** In general, the confidentiality of all communication between a patient and a therapist is protected by law, and I can only release information about our work to others with written permission. However, there are a number of exceptions to confidentiality which are as follows:

1. Harm to self or others - I am legally required to take action to prevent others from harm, even though that may require revealing some information about a patient’s treatment. If I have reason to suspect that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency. If I believe that a patient is threatening serious harm to another, I am required by law to take protective action, which may include notifying the potential victim, notifying the police or seeking appropriate hospitalization for the patient, and if the patient is a minor, to contact family members or others who can provide protection. These situations rarely arise in my practice. However, should such a situation occur, I will make every effort to discuss it with you before taking action.
2. Professional consultation - Health care providers who are treating the same individual are allowed to share information that may be helpful in that treatment. I also seek consultation with other professionals in order to provide quality service. I make every effort in these situations to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Unless you object, I will not plan to tell you about these consultations unless I feel it is important in our work together. Psychiatric consultation or other medical consultations may be requested as part of treatment. In this situation, the patient will be asked to undergo formal consultation with the physician. You are strongly urged to inform your primary physician that you are in therapy.
3. Minors - ***If you are under the age of 18 years***, please be aware that the law provides your parents with the right to examine your treatment records. It is my policy to request an agreement from your parents that they consent to give up access to your records. If they agree, I will provide them only with general information on how your treatment is proceeding unless I feel that there is a high risk that you will seriously harm yourself or someone else, in which case, I will notify them of my concern. Before giving information, I will discuss the matter with you and will do the best I can to resolve any objections you may have about what I plan to discuss.
4. In cases where payments for services become past due, I retain the right to enlist the services of an outside collection agency to ensure proper payment.

**Scheduling Appointments:** Appointments are generally made on a regular, weekly basis. Appointment times are not automatically held open for from week to week if the client has not rescheduled at the end of session.

**Billing and Insurance Information:** The fee for counseling will be $120 per 53-minute session. Payments will be made at each session. If you need to cancel an appointment please do so within 24 hours of scheduled time to avoid being charged for a missed session (illness and emergencies excepted). Fees may increase periodically, and thus the fees are subject to change with 30 days prior notification.

I do accept a limited number of sliding scale fee clients for those that are experiencing financial hardship. If you are in such a position, we can discuss a reduced rate as a possibility that would be revisited two months into treatment.

I do not bill insurance directly, but I am happy to provide you with a receipt of my service. Please check with your insurance company’s mental health coverage prior to our meeting to see if they will reimburse your counseling services.

**State Information:** Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

**Unprofessional Conduct:** The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, you may contact the Department of Health at the following address and phone number:

Department of Health, Counselor Programs P.O. Box 47869
Olympia, WA 98504-7869
360.664.9098

**Contacting Me by Phone:** If you need to contact me, please call (425)298-5289. If I am unable to answer, please leave a detailed message. I will return your call within 48 hours. If you are experiencing an emergency, please dial one of the emergency numbers listed below or the emergency room of the hospital nearest you. Please limit your phone conversation needs to appointment scheduling and emergencies.

**Emergencies:** If you are in an emergency and cannot reach me, please call one of the following numbers for help:

General Emergencies 911

Crisis Clinic 800.244.5767 or 206.461.3222

*I have read and understand the information presented in this form.*

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Therapist Signature Date