

Rebel Rise Counseling

Mary M. Mills, MA, LMHC, SUDP
mary@rebelrisecounseling.com | Phone: 206-607-8866
Master of Arts in Psychology, Clinical Mental Health Counseling
License #LH61119165, CP60344752

COUNSELOR DISCLOSURE STATEMENT

WAC 308-040 requires the disclosure of the following information
in written form by counselors to their clients.

Training and Experience

I worked as a Chemical Dependency Professional with Therapeutic Health Services for six years, specializing in opiate use disorders and women's recovery issues before transitioning into mental health counseling. Working in addictions has provided me with extensive training and experience in trauma, grief and loss, relationship, and adjustment issues. Through my work with individuals and families with substance use disorders, I came to believe their problems were best addressed from a holistic mental health perspective. I have since broadened my scope of practice to reflect this philosophy, as well as my desire to work with a diverse client population with a wide range of struggles. I completed my internship in mental health counseling with Valley Cities and received my Master of Arts in Psychology, Clinical Mental Health Counseling, from Antioch University in 2019.

Counseling Philosophy

I believe the therapeutic relationship provides an impetus for individuals to live their best lives. My approach is egalitarian in nature; I acknowledge that you may ultimately know what is best for your life, but may need gentle guidance, encouragement, insight, and new skills to achieve your goals. My approach is inspired by feminism, existentialism, multiculturalism, eastern philosophy, and cognitive science. In other words, I focus on how you can find meaning, interpersonal connection, and freedom in your life, while recognizing the cultural context you experience them in is unique to you and your identity. My ultimate goal as a counselor is to help you become empowered to live the life you want to live according to your values.

Risks and Benefits

Counseling can have both benefits and risks. Counseling has been shown to have benefits for people who engage in it, including improved health, relationships, and quality of life, and decreased feelings of distress (APA, 2012). However, counseling also involves discussing difficult elements of your life which may result in uncomfortable feelings. Making changes to your thought patterns, behaviors, and reactions can be scary. It is important that you consider whether these risks are worth the benefits, acknowledging what you experience cannot be predicted or guaranteed.

DISCLOSURE STATEMENT

Rebel Rise Counseling

Know Your Rights

- You have the right to quality and respectful care, without discrimination, regardless of race, ethnicity, national origin, gender, sexual orientation, religion, personal values, age, disability and economic or veteran status.
- You have the right to confidential and considerate care, respecting privacy and dignity, in a safe non-threatening environment.
- You have the right to information regarding all aspects of services provided or treatment available, in order to make informed choices regarding your care.
- You have the right to request referral to another provider or terminate counseling as you see fit.
- You have the right to consent or refuse services before they are provided.
- You have the right to read your health record in accordance with the Health Insurance Privacy and Portability ACT (HIPPA). For additional information about this act and government confidentiality laws see <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations>
- You have a right to file grievance. 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, 360.664.9098

Confidentiality

All issues discussed in the course of therapy are confidential. By law, information concerning treatment may be released only with the written consent of the person being treated. However, the law requires release of confidential information without consent in certain situations:

- The abuse or neglect of a child, adolescent, or dependent adult (WAC 246-810-040)
- Strong indication you may seriously harm yourself or someone else.
- Certain court orders that require me to share information with a judge.
- When your insurance company is involved (e.g. filing a claim, insurance audits, etc.) Insurance companies will also be provided with any mental health diagnoses for billing purposes.
- If you pursue litigation related to your mental health counseling or counselor.

As your counselor, I will adhere to the Professional Code of Ethics of the American Counseling Association and the Washington Administrative Code. In order to ensure and improve the quality of your care, I may seek consultation with other therapists and colleagues, but will do so with confidentiality (ACA Code B.7.b).

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Record Keeping

I abide by state requirements (WAC 246-810-035) for record keeping which requires me to keep, at the very least, the client name, fee arrangement, record of payment, and dates counseling was received. Because my counseling approach is present-focused with respect to your dynamic needs, I do not believe that keeping detailed records of what happens in each session is either clinically or practically useful. Therefore, I will only keep written records of session content when it is legally or ethically appropriate. Such circumstances will include documentation of at risk behavior (either to self or to others); when required by legal entities due to the client participating in court mandated treatment (under state or federal laws), or if documentation of certain issues or events is deemed clinically useful, as for use in consultation to provide the best service to the client.

Couples and Families

I specialize in treating individuals, but you may find it beneficial to involve family or a significant other in the counseling process. If you chose to do so, you will sign a release waving confidentiality with the person or people you chose to involve. Because I specialize in treating individuals, I may determine that your family or couples counseling needs would be better met by another professional. I will provide you with an appropriate referral at that time. You have the right to accept or refuse the referral and to continue seeing me as an individual shall you choose.

Communication

You may leave a message for me at any time on my confidential voice mail. If you wish for me to return your call, please be sure to leave your name and contact information, as well as a brief message stating the nature of your call. I check my voice mail regularly. When I am out of town, or will be unavailable for an extended period of time, I will provide you with a back up therapist.

I am the only one who has access to mary@rebelrisecounseling.com. However, please know that I cannot guarantee complete confidentiality with those who choose to communicate electronically. To maintain a feeling of connection, reschedule, provide additional information, or ask a question, you are welcome to email me between sessions. I am here to support you. If you are in need of immediate care, please call 911, the Crisis Line at 866-427-4747 , or the Crisis Text Line by texting "HOME" to 741741.

DISCLOSURE STATEMENT

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Billing

The fee for individual counseling is \$150 for a 50-minute session. I also offer a reduced rate for a limited number of individuals with financial need. I keep a debit or credit card on file for all clients in the case of no-call no-show appointments and to cover any portion of your fee insurance does not reimburse. You do not need to use this card for your regular payments. If you are not using insurance, and don't want me to keep a card on file for you, you may pay in full by cash or check at the time of your appointment. If you are using insurance to help pay for counseling, you will likely be responsible for a co-pay, deductible, or co-insurance amount. After your insurance claim has been processed I will let you know what your balance is, and it will be due at your next time of service. Acceptable forms of payment are cash, credit card, or check made payable to "Rebel Rise Counseling PLLC." By signing this form I understand that any delinquent balances will be charged to the credit card I have on file.

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24-hour notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement regarding potential emergencies of inclement weather, late cancellations (less than 24-hours notice) or "no-shows" will be charged the full fee of the session scheduled. Your insurance will not cover fees for late cancellations or missed appointments.

Other Professional Billing

I charge for other professional services you may need including report writing, telephone conversations lasting longer than 15 minutes, meeting with other professionals upon your request, preparation of records or treatment summaries, etc. I do not specialize in legal matters. I am not a Child Welfare Specialist, Parent Evaluator, or Reunification Therapist. If I receive a subpoena to provide clinical records or to testify in legal matters, you will be expected to pay for my professional time at \$150 per hour; this is to include if I am called to testify by another party. The client shall reimburse all expenses for travel, consultation, and record preparation.

_____ *Initial*

Professional Ethics

The standards of practice to which I adhere to are outlined in the ethical standards of the American Counseling Association and the Washington State Counselors Licensing Law (RCW 18.13 and 18.19). The law requires me to inform you that:

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 a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

You may obtain additional information regarding these standards from the State of Washington Department of Licensing by calling 206-753-1761.

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Consent for Treatment:

I HEREBY AUTHORIZE Mary Mills, LMHC, SUDP to render treatment and/or assessment to me, my dependent, or person for whom I serve as legal guardian. I have read the proceeding policies and information sheet. I understand the right of confidentiality is not absolute. I assume personal financial responsibility for all treatment and assessments conducted by Mary Mills per the terms of this contract. Such responsibility is not transferable to any other person. I have read this disclosure statement, were given the opportunity to ask questions, and understand the contents. I was provided with a copy of this Disclosure Statement.

With my signature, I acknowledge that I have read and understand this disclosure statement and have the right to ask questions pertaining to this statement at any time.

By signing this document, I consent to treatment with Mary M. Mills, MA, LMHC, SUDP, according to the terms described in this document.

Client Signature

Date

Counselor Signature

Date