DISCLOSURE STATEMENT

Welcome to my independent, private practice. This document contains important information about my professional services and my business policies. For detailed information about my privacy policies and your patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations as required under HIPAA, it is important for you to read and understand the information provided in the Notice of Privacy Practices Form, which can be found on my web site where you found this document. Please ask me any questions you may have.

BACKGROUND AND TRAINING FOR KATIE NEUDORFF, MA, LMHC

I am a Washington State Licensed Mental Health Counselor (#LH61048273). This means I have completed accredited graduate and post-graduate training programs in psychology and that I have passed the state examinations intended to en- sure competence. I received my MA in Counseling from Montana State University in 2012. I completed my post-masters training/ requirements at Lewis and Clark Middle School, Compass Health and Beautiful Autism. I have been in private practice since 2020.

In 2012 I began working with children who qualified for psychotherapy services in the school system. I became very experienced working with children with Autistic Spectrum Disorder (ASD), along with other commonly diagnosed child/ adolescent disorders and use both my experience in the field and training in evidence-based practice to work with children, adolescents, and young adults seeking support in those areas.

CURRENT PROFESSIONAL ACTIVITIES

I am a professional member of the Washington Mental Health Counselors Association, the American Counselors Association, the Association for Child, Adolescent Counseling, and the Association for Creativity in Counseling. I am also a par- ent member of Washington Autism Alliance and Advocacy. Through my independent private practice, KLN Counseling, PLLC, I provide psychotherapy. I attend ongoing professional training, workshops and seminars to further my own skills in my work with individual children/adolescents and young adults.

I am also involved in regular consultation groups to enhance my work with my clients. If I consult with a professional who is not involved in your treatment, I will protect your identity. These professionals are legally bound to keep all information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements as it varies depending on the personalities of the therapist and the patient/client, and the particular issues you are experiencing. Psychotherapy is a process of examining the feelings, thoughts, behaviors, and relationships that trouble you with the goal of helping you evaluate and perhaps change them. The specific goals of psychotherapy – what you want to change or achieve – are up to you. Reaching your goals calls for active effort on your part.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

My theoretical orientation integrates aspects from various therapeutic orientations. These include CBT, DBT, Play Therapy, Art Therapy, and S.C.E.R.T.S. model. I consider our therapeutic relationship to be a collaborative one and so we will work together. To ensure the success of our work together, it is very important that we communicate openly with each other. It may take us a little while to create a sense of trust and comfort in our relationship but it

should grow as we work together. In addition to open communication, the success of our work also hinges on your working on things both during our sessions and at home.
Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will discuss these first impressions of your needs and begin to develop a treatment plan. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.
You are free to end your treatment with me at any time, for any reason. Planned terminations are typically part of the treatment process, allowing us time to reflect on your progress, reinforce your new skills, and plan for maintaining your progress into the future. If you do not have an appointment scheduled and I do not hear from you for 30 days to make an appointment, I will interpret this to mean you are taking a break/ending your treatment with me. I will consider our recent episode of treatment resolved and our therapeutic relationship will be ended unless/until you initiate contact again and return for care.
I do not specialize in court or legal matters. If you anticipate being involved in any legal proceedings or are looking for advocacy or an assessment for legal purposes, I will not be a good fit for your needs. If I am deposed or involved in any other legal activities in relation to our work together, I will be able to speak to our treatment together only, which will au- tomatically voids the confidentiality of our sessions.

TELEHEALTH SERVICES
Telehealth services means appointments that we have via an online video conference service rather than in person at my office. Some insurance companies will pay for this service and some will not. This medium is an option for you and can be especially helpful for continuity of care if you are often traveling for work, miss appointments due to health reasons, inclement weather or for any other number of reasons. I provide these services at your request via a HIPAA compliant video conference platform. It is your responsibility to choose a confidential location on your end during our appointment time. All my same office policies and procedures apply and it is still possible to bill your insurance company, if applicable, for these appointments. If this is of interest to you, we can look into your insurance benefits and have further discus- sions about it. Please note, this does not apply to phone calls. Insurance will not pay for services provided over the phone.

ETHICS AND PROFESSIONAL STANDARDS
I am a professional member of the American Counselors Association and consult their Code of Ethics, along with a few others, as needed.
At any time, you may ask me to discuss my treatment approach. Please be aware that you have the right to request a change in treatment, referral to another therapist, or other resources, and/or to refuse treatment or discontinue our work together at any time. I will make appropriate referrals if I become aware of a problem that is outside of my area of expertise. Finally, it is important that you know that you have recourse available if you feel that I have acted unprofessionally or have caused you harm. If you believe that I have acted unethically in our work together, please contact:

Department of Health Examining Board of Psychology P.O. Box 47868
Olympia, WA 98504-7868 Telephone 360-753-2147

PSYCHOTHERAPY MEETINGS AND CANCELLATION POLICY
Most psychotherapy sessions last approximately 45-55 minutes and are held once a week, unless we agree upon a differ- ent schedule. Once an appointment hour is scheduled it is

reserved especially for you and you are responsible for the fee for that hour. Unless you provide 48 hours advance notice of cancellation you will be expected to pay for it. Please note, insurance companies do not provide reimbursement for cancelled sessions. You will, therefore, be held responsible for the full fee for that hour – not just your copay. If it is possible, I will try to find another time to reschedule the appointment within my limited work week. If no alternative time is available during that week, you are responsible for the cancelled appointment.

CONTACTING ME

REGULAR WORK HOURS AND AVAILABILITY
Due to my work schedule, I am often not immediately available by telephone. Because I am usually seeing clients be- tween 9am and 7pm Monday through Friday, I will often not answer my phone during these times. I will make every ef- fort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some good times to reach you and any alternative phone numbers where you will be available.

If you need to contact me between sessions, the best way to do so is by phone. I can be reached at 360.348.7206. Direct email at katie@klncounseling.com is second best for quick, administrative issues such as changing appointment times. Please do not email me content related to your therapy sessions, as this email is not encrypted and, therefore, not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my internet service providers. If you contact me via email, I will assume that you approve of my replying to you and that you accept these risks.

SOCIAL NETWORKING POLICIES
I do not accept friend or contact requests from current or former clients on Facebook, LinkedIn, or any other social media. If you have questions about this, please bring them up when we meet and we can talk more about it. If there are things from your online life (including emails) that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.
Please do not use SMS (mobile phone text messaging) or messaging on the social networking sites to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings or other means of en- gaging with me in a public, online medium if we have an already established client/therapist relationship. I do not interact with my clients in this manner.

EMERGENCIES
In emergencies, you can try me at the office. A message can also be left for me there if I am unavailable. Again, if I miss your call, I will make every effort to return your message at the earliest possible moment. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the Care Crisis Line (425-258-4357). You may also go to the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time I will provide you with the name of a colleague to contact, if necessary.

PSYCHOTHERAPY AND PROFESSIONAL FEES
My hourly fee, subject to change, is $180 for the initial, diagnostic session and ranges from $75 to $140 for each session thereafter, depending on the length of the session. In addition to scheduled appointments, I charge $140 for other professional services you may need, though I will break down the hourly cost into 15 minute increments if I work for periods of less than one 50 minute hour. Other services include report or letter writing, telephone conversations, consulting with other professionals with your permission, preparation of records or treatment

summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge a higher per hour fee of $250 for preparation and attendance at any legal proceedings.

BILLING AND PAYMENT POLICIES

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. You will be expected to pay for each psychotherapy session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. You will be required to leave your credit card information with me (to be held on a secure server, not on site or on any on site computer) to be billed for any missed or late cancelled appointments and for any balances due that are not covered by your insurance (deductibles, etc.). If you'd like, I can also charge your card on file for your copays.

Payments for copays can be made by cash, check, through your on-line bill pay services with your bank. If you have an HSA type of account or work benefit I will be happy to provide you with a receipt with all the necessary information for you to gain reimbursement. Any psychological services provided by myself are tax deductible as a medical expense. A clinic receipt will be provided for such purposes, if requested.

Please note, when making a payment by check or any type of card, you will be releasing some of your personal informa- tion to the bank and card processing company. Because your name will be connected to my name with the transaction, it is possible for someone outside of our therapeutic relationship to see that you are paying for psychotherapy services. You can avoid this by paying in cash, if you'd like. How you pay for your services is entirely up to you.

KLN Counseling may, at its discretion, choose to have all its billing, accounting, and/or bookkeeping handled by a contracted provider. In this case the provider may have knowledge of some of your HIPAA Protected Health Information necessary for accounting/billing purposes but not your confidential clinical information.

PRIVATE PAY CLIENTS

Clients often choose not to use their health benefits for their mental health care. In such cases my regular fees apply and payment can be made by case, check, on-line bill pay or with a credit/debit card. If paying by check, please make it out to KLN Counseling. You may use your HSA or FSA benefits to pay for services privately as well.

Upon request I will be happy to provide you with a receipt to be used for tax purposes as our services can be deducted as a medical expense. I am also happy to provide you with a receipt, if necessary, for you to gain reimbursement from your health savings account or other resource you may have.

Private pay clients are not burdened with having to meet any sort of diagnostic criteria or level of severity to access services. You and your provider are free to design any treatment plan that would work best for your individual needs.

INSURANCE REIMBURSEMENT

Insurance companies often cover some portion of mental health treatment, which can improve your access to care. Using your insurance benefits, however, comes with some consequences to you which are important for you to be aware of. Please read this section carefully and ask any questions you may have as part of your intake process with me.

It is very important that you find out exactly what mental health services your insurance policy covers and whether or not services provided by me are covered. You should carefully read the section in your insurance coverage booklet that de- scribes your mental health benefit. If you have a question about your coverage, please call your plan administrator.

If you would like to try to use your mental health benefit, I will provide whatever assistance I can in helping you receive the benefits to which you are entitled. I do my best to verify your benefits before you come, but the exact details of your plan benefit and the costs to you are often not fully understood until my bill is submitted. It is not uncommon for an insurance company to give you one explanation of your benefit, a different explanation to me, and then actually process and pay your claim in a way that's different from what any of us were told. If, after processing the claim, your insurance denies your claim or shows a different fee amount as your responsibility, you (not your insurance company) are responsible for full payment of my fees. Your copay, co-insurance and/or deductible will be expected to be paid at the time of service and can be made by cash, check, on-line bill pay, or with credit/debit card. If paying by check, please make it out to KLN Counseling.

Due to the ever-changing environment of health care, insurance benefits have become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. It is not guaranteed that additional services will be authorized simply because we ask for them. The decision to reauthorize or not is entirely in the hands of your insurance company. Although much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end or in the case of additional sessions being denied. In such cases, patients can continue treatment on a private pay basis.

Your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis, dates of services, types of services provided, and any copayments already received. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purposes requested. This information will become part of the insurance company files and, will become part of your medical record. In some cases, your insurance provider may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it, subject to my records copying fee. By signing this Clinical Services Agreement, you agree that I can provide requested information to your carrier.

Your insurance carrier may also require me to inform your physician and any other health provider working with you that you have entered treatment with me. This is known as Coordination of Care. The information I may be required to share includes the date we began working together, your symptoms/complaints, your clinical diagnosis, and information about your treatment plan. By signing this Clinical Services Agreement, you agree that you understand and consent to this requirement. It is important to know that you have the right to have control over your health information. You can accomplish this by paying for my services privately.

UNPAID BALANCES AND RETURNED CHECKS

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collections agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name and contact information, the nature of services provided, the dates those services were rendered, and the amount due. If legal action is necessary, its costs will be included in the claim.

A $20 fee will be assessed for returned checks. Payment for the fee and unpaid balance must be made in cash, money order or by credit card before an additional session can be scheduled.

LIMITS ON CONFIDENTIALITY

The law attempts to protect the privacy of communications between a patient and a therapist. I want to highlight that in most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or HIPAA. With your signature on this form and/or a proper Authorization form, I may disclose information in the following situations:

Disclosures required by health insurers or to collect overdue fees as discussed elsewhere in this Agreement.

If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, such information may be protected. I will seek your written authorization prior to disclosing any information. To prevent the disclosure of information, you must work with your attorney to secure a protective order against my compliance with a subpoena that has been properly served to me and of which you have been notified in a timely manner. However, I must comply with a court order requiring disclosure. If you are involved in or contemplating litigation, you should consult with your attorney about likely required court disclosures.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.

If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

If a patient files a worker's compensation claim, and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer and the Department of Labor and Industries.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

If I have reasonable cause to believe that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a re- port is filed, I may be required to provide additional information.

If I have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once a report is filed, I may be required to provide additional information.

If I reasonably believe that there is an imminent danger to the health or safety of the patient or any other individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can help provide protection.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

Although this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that

you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The Protected Health Information I keep about you constitutes your Clinical Record. This includes information about your reasons for seeking therapy, a description of the ways in which your problems impact your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

Except in the unusual circumstance that I conclude disclosure could reasonably be expected to cause danger to the life or safety of the patient or any other individual or the person who provided information to me in confidence under circumstances where confidentiality is appropriate, you may examine and/or receive a copy of your Clinical Record, if you re- quest it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, I charge the per page amount authorized by the Department of Health. I may withhold your Record until the fees are paid.

TREATMENT FOR MINORS AND ADOLESCENTS

Washington state law allows minors under the age of 13 years old to have their records examined by parents. However, please understand that this is highly discouraged and can damage the therapeutic process for the child. Children 13 years and older have the right to keep records confidential.

However, it is important that the parents be involved in the therapeutic process. Therefore time will be spent with the parents for minors under the age of 13 during therapy either during the session, or by email. For 13 years and older, it will be discussed during session what information will be shared with parents, and then either parents will join at the end of ses- sion or will be emailed. Please realize minors 13 years and older have the right to refuse discussing therapy with parents.

PLEASE GO TO NEXT PAGE FOR SIGNATURES

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS DISCLOSURE STATEMENT, AGREE TO ITS TERMS AND CONSENT TO TREATMENT. IT ALSO SERVES AS AN ACKNOWLEDGE- MENT THAT YOU HAVE BEEN MADE AWARE OF AND HAVE ACCESS TO THE HIPAA NOTICE OF PRI- VACY PRACTICES FORM DESCRIBED ABOVE.

Client Printed Name_____
(For clients age 13 years and older)
Signature of Client_____Date:_____

For parents of children 12 years and younger:

Parent Printed Name_____

Signature of Parent_____Date:_____

Parent Printed Name_____

Signature of Parent_____Date:_____

Signature of Practitioner _____Date:_____
Katie Neudorff, MA, LMHC

ADDITIONS – Please complete:
As part of my services, I offer appointment reminders. You would receive a text, email or voice mail 48 hours before your appointment that reminds you that you have an appointment and the date and time of that appointment. Please complete the information below if this is a service you would like to take advantage of. Also please note that getting reminders is a release of your personal health information and we are unable to guarantee the confidentiality of that information.

A. YES, please send me appointment reminders via:

____ text (Number) _____

____ email (Address) _____

It is necessary for you to give me permission to leave voice mails for you or communicate with you via email. These are unprotected forms of communication and we are unable to guarantee the confidentiality of the contents of those communications. (PLEASE NOTE: email communication via the Patient Portal in our Electronic Health Records system is protected and secure and is always an option for you. I will use that system to initiate email communication with you.)

Please leave voice mails here: (Number) _____

If I send you an email, you may respond back to that email: _____ (Initial)