

## **Psychotherapy Disclosure Statement and Informed Consent**

### **Welcome**

Thank you for your interest in my Telehealth counseling services. This document contains important information about my education, my therapeutic approach, your rights as a client, including your rights regarding your private health care information, and about my fees and scheduling policies. I will also provide you information specific to Telehealth Consent and HIPAA practices (in additional documents). Reviewing these documents is the first step in learning how we can collaborate for the purpose of your therapy. Because it's imperative that we develop a trusting connection, I welcome discussing your questions and expectations. Please read the documents carefully and ask any questions that help you fully understand their content and your consent for services.

### **My Education and Experience**

I'm a licensed Washington State Mental Health Counselor (#LH00003410) and hold a master's degree from Seattle University in Existential Clinical Psychology. I've worked in the field of mental health care in Seattle since 1988 providing psychotherapeutic services to individuals and couples. I started at Seattle Mental Health Institute (now Sound Mental Health) working in Adult Therapy Services with a focus on trauma and crisis management. In 1993 I began working for Far West Family Services and expanded my work to include couples counseling. I opened my private practice at the same time working concurrently in the two settings for over 20 years. In 2007 I co-founded Wallingford Counseling & Consultation transitioning to full-time private practice and I also became trained as a Washington State Approved Supervisor for new mental health professionals. I taught a recurring post-graduate workshop on Ethics in Private Practice at Cascadia Training and have been a guest lecturer at Seattle University and at City University. Additionally, I taught mindfulness meditation for Cancer Lifeline and facilitated support groups for Cancer Pathways. I also taught for two years as adjunct faculty and counseling supervisor at Bastyr University. In 2020, I moved to Bellingham and now focus solely on Telehealth counseling services.

### **My Therapeutic Orientation**

My approach to counseling is eclectic and client-centered with strong influences from the following models of evidenced-based psychotherapies; psychoanalytic self-psychology and attachment theory, humanistic and developmental psychology, cognitive behaviorism, family systems, and Sue Johnson's emotionally focused therapy for couples. I also draw from the therapeutic principals of the more spiritually focused therapies; transpersonal and faith psychology, Buddhist psychology and mindfulness.

### **Working Together/Benefits and Risks**

I believe the benefit to therapy is that, with therapeutic support, people are able to access their natural capacity to generate a sense of healing within, to pursue and achieve fulfilling goals, to learn how to cope with hard situations, and to learn to communicate clearly, respectfully and compassionately (both

to self and others). Getting started, we will discuss what you personally wish to accomplish in therapy, or what feels difficult or unmanageable in your life or in your relationship. We will discuss a course of treatment for you and how we can collaborate. We will also discuss how frequently to attend therapy and for how long which includes you receiving a good faith estimate of your fees.

In session you can expect to receive presence, inquiry, and feedback from me. This attention can feel empowering by bringing greater focus and support to your situation. Another benefit to therapy is that it may help to create a more vivid sense of self, better communication, a clearer path or feeling of moving forward, and greater ease with problems. The risk to therapy is that sometimes this doesn't happen in every therapeutic session, or through our work together. It could be that we find we are not a good fit, or that my orientation may not meet your counseling needs. Sometimes issues exist or develop that are out of my scope of treatment. If we encounter these problems, I will be eager to discuss them with you and make appropriate referrals.

Another risk is that clients often find that they uncover painful emotions during a course of therapy. While unpleasant or uncomfortable, there often exists a deeper self-intelligence that can emerge from these internal signals. Emotionally focused therapy upholds that "emotions are the lights on the dashboard that tell us what is happening under the hood." They can ultimately be healthy to experience and to learn from. They are necessary to a sense of wellbeing over time as they inform us about our deepest needs and self-truths. For many, therapy is the first place to learn how to become comfortable and accepting of difficult emotions and of the wisdom to be found therein.

### **Client Rights and Responsibilities**

Counseling clients have a number of rights and responsibilities in the therapeutic relationship; you have the right and responsibility to choose a mental health provider and treatment modality which best suits your needs; you have the right and responsibility to decide if my services are a good fit for you; you have the right to ask questions or voice concerns about treatment at any time; you have the right to refuse treatment at any time; you also have the right to terminate treatment at any time, for any reason.

### **Confidentiality**

Communication between a client and a therapist is private and strictly confidential by counseling ethics and by law. You must sign a release of information, or give your written consent, before any disclosure can be made to other individuals, agencies or third parties. Please be aware, however, that information may be released without your written consent under the specific circumstances below:

- When there is a valid court order or subpoena from a judge
- When there is reasonable cause to believe that child or elder abuse/neglect has occurred
- When there is reasonable cause to believe that there is clear and imminent danger or harm to yourself or to others
- If you become unable to meet your basic needs

I consider confidentiality critical to the therapeutic process and I strive to protect your privacy to the upmost. For this reason, and as a rule, I do not disclose information nor provide reports or records in any situation save those listed above.

## **Fees and Scheduling**

My hourly fees are as follows: **Individual Counseling: \$150** **Couples Counseling: \$150**

Sessions are scheduled by appointment and full payment is to be made upon receipt of your statement in the form of check or card. At the end of each month, I will provide the statement of services for you. Since your appointment time is reserved exclusively for you and cannot be rescheduled on same-day short notice, **I require 24-hours advanced notice for cancellation; otherwise, you will be charged the full session fee without exception.**

## **Out-of-Network Providers and Your Insurance**

Your insurance company may reimburse you for a portion of my services as an out-of-network provider. I recommend directly confirming details with them regarding reimbursement rates and how to process your claim. The statement I provide at the end of each month may serve as the required documentation for you to submit to your insurance. The statement for services may also serve for reimbursement from an employee benefit or health savings account.

## **Good Faith Estimate**

According to the No Surprises Act, you have the right to receive a good faith estimate in writing for expected charges for your counseling sessions. If you receive a bill that is at least \$400 more than your good faith estimate, you also have the right to dispute the bill. Please let me know if you would like a written good faith estimate of costs based on your request for services. I will provide you this estimate within 3 days of your inquiry.

For your information, the figures below represent costs for weekly sessions, twice-monthly sessions, and once-monthly sessions over the course of twelve months, not taking into account any breaks or vacations.

Weekly sessions at \$150 = \$7,200

Twice-monthly sessions at \$150 = \$3,600

Once-monthly sessions at \$150 = \$1,800

## **Consultation**

In order to provide the best services possible, I am committed to both my ongoing continuing education requirements as a licensed counselor and to regularly discuss therapeutic issues with experienced and knowledgeable colleagues. If I describe something about your session(s), I will withhold your name and limit the information to provide the minimum disclosure. Consultation with professional counselors is required by our code of ethics and only conducted for the purpose of reviewing and improving our professional work.

## **Telephone Calls, Email and Text – 206.781.2350/cynthia@cynthiahedlund.com**

I return phone calls, email and texts regarding appointments as soon as possible during regular weekday work hours; usually on the same day or within 24 hours of your contact (excluding weekends). My preferred forms of communication to schedule appointments are by phone call, email or text. Please refrain from emailing or texting any personal information regarding your therapy to protect your privacy when you write to set an appointment. Additionally, I fully avoid social media contact, also to protect your privacy.

## Emergencies

Because I am not readily available for emergency services, if you have a mental health emergency between appointments and need to speak to a support person immediately, I recommend that you contact a designated support person or contact the **King County 24-hour Crisis Line at 866.427.4747** or the **Whatcom County 24-hour Crisis Line at 1.800.584.3578**. If you feel you cannot keep yourself physically safe due to a mental health emergency, please go to the nearest hospital **Emergency Room** for immediate care.

## Client Attestation to Receipt of Information And Consent to Services

I have read, understand and agree to comply with the information provided in Cynthia Hedlund's *Disclosure Statement/Revised: December 2022*. I have received and read Cynthia's forms on *Telehealth Services* and on *HIPAA Privacy Practices*. I have had my questions answered to my satisfaction and I give my consent to participate in Telehealth counseling services via online conferencing or by telephone. I will keep her forms and my own signed copy of this attestation for my records.

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Client Signature	Date of Birth	Today's Date	
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Address	City	State	ZIP
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Email	Phone
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Client Signature	Date of Birth	Today's Date	
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Address	City	State	ZIP
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Therapist Signature Cynthia Hedlund, MA, LMHC	Date Received from Client(s)
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This policy as a licensed mental health counselor does not include recognition by the State of Washington of any practice standard, nor necessarily imply the effectiveness of treatment. For information regarding Washington State Law as it applies to the practice of counseling or about your right to file a grievance, you may review a copy of the acts of unprofessional conduct in RCW 18.130.180. You may also contact the Department of Licensing at PO Box 47857, Olympia, WA 98504-7857 Phone: 360.236.4700 Email: [HSQAComplaintintake@doh.wa.gov](mailto:HSQAComplaintintake@doh.wa.gov)