

# *Sarana Counseling PLLC*

Susan Busteed, LMHC, CN

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[www.SaranaCounseling.com](http://www.SaranaCounseling.com)

## **Informed Consent, Office Policies, Practitioner & Fee Information**

The purpose of this document is to let you know what you can expect from receiving psychotherapy services within my practice. It is important that you have a clear understanding of the information provided here so please don't hesitate to ask clarifying questions.

### **Confidentiality**

Whatever you share with me during a private session is confidential information. I will not disclose personally identifying information about you to anyone without your written permission. In order to provide you with the best service possible, I may seek supervision and consultation from other health professionals, though identifying information remains confidential in these cases. Additionally, these professionals have the same obligation to maintain confidentiality that I do.

### ***Exceptions to Confidentiality***

Exceptions to confidentiality are meant to protect your interests and the interests of others. Only in the following circumstances would I be obligated by law to release confidential information:

- ∞ If I became aware of physical, sexual abuse, or neglect of a child or vulnerable adult
- ∞ If you give strong indications that you are likely to seriously harm yourself or another
- ∞ If I am served with a court order to share information with a judge or lawyer
- ∞ In the course of receiving regular professional consultation

I encourage you to be active in making reports regarding abuse, neglect or self-harm. If I am obligated to release information, I will inform you of my intentions whenever possible.

### **Provider Background and Therapeutic Approach: Susan Busteed, LMHC, CN**

I am a Licensed Mental Health Counselor (#LH60832500) and a Certified Nutritionist (#NU60682387) with the State of Washington. I hold degrees from Stanford University (BA, Human Biology), Yale University (MBA), and Bastyr University (dual Master's degree in Clinical Health Psychology and Nutrition). Prior to establishing Sarana Counseling in 2018, I was a psychotherapist at Sound Mindfulness Group in Seattle and also completed a year-long clinical practicum at Providence Hospice of Seattle providing individual counseling to caregivers and to those at end-of-life. My therapy approach is most influenced by Mindfulness, Lifespan Integration, Existentialism, and mind/body approaches to promote emotional regulation and health (e.g., breath work, visualization, meditation). My goal is to help individuals cope with the stressors of life, to facilitate assisted self-discovery, and to help clients build skills to reduce their suffering and engage more fully in life. My focus on client self-discovery is rooted in my belief that cultivating a sense of curiosity and compassion towards oneself is necessary to move toward healing and increased well-being. From a nutritional standpoint, my training as a Certified Nutritionist brings a unique perspective to my therapy practice. Nutrition is one of many lifestyle interventions that I can use, if indicated, to assist with symptom management (particularly helpful with grief, anxiety, depression), build emotional resilience, and promote health.

Areas we may want to explore together include, but are not limited to: trauma history, life transitions, grief/loss/bereavement, self-acceptance struggles, caregiver stress, depression, anxiety, relationship challenges, work/life balance, coping with health conditions, family dynamics issues, personal growth, and nutrition strategies to support mental health.

## **Office Location and Practice Days**

My Wallingford office is located in the Densmore Professional Building at: 4511 Densmore Avenue N., Suite C, Seattle, WA 98103. There is a keycode needed to gain entrance to the waiting room. Please contact me if you have not already received the access code.

Each professional in the office building is a sole practitioner and not a partner or participant in any other legal relationship.

My days in the office are Friday, Sunday, and Monday.

## **Contact Information**

Feel free to call me at 206-351-4717 (voice mail is a confidential line) or you can email me at [humanbeingsusan@gmail.com](mailto:humanbeingsusan@gmail.com).

## **Insurance**

I am an in-network provider for Premera, Lifewise, First Choice, and any plans that utilize the First Choice network (e.g., Kaiser Options PPO). For those with other insurance plans, many policies allow for out-of-network coverage for outpatient mental health services. In this case, you would pay for services up front (see rates below), receive an invoice to submit to your insurance company, and get reimbursed directly for, typically, a percentage of charges.

Every insurance plan is different, so please check your plan to understand your benefits prior to our first meeting

When inquiring about your benefits, your insurance company may want to know:

Therapist name and credentials: Susan Busted, MS, LMHC, CN  
Mental Health Counselor License number: LH60832500  
NPI number: 1245680556  
Most common CPT codes: 90791 (initial visit) & 90837 (ongoing visits)

## **Rates and Payment**

- ❖ Individual counseling: \$140 for the initial session; \$130 ongoing visits. All appointments are 55-minute sessions.

Check or cash appreciated, debit/credit cards accepted. Payment is due at the time of service.

I do have limited sliding scale appointments in my practice, however they are all currently filled at this time.

## **Appointment Cancellation Policy**

- Clients can cancel an appointment, without penalty, as long as more than 24-hour advanced notice is provided via phone message, text, or email.
- This policy is not intended to be punitive. It is rare that appointment vacancies that open up with less than 24-hour notice can be filled by others. Therefore, enforcing this cancellation policy is critical to the viability of my small business.

**If you provide less than 24-hour notice or you do not show up for your appointment, regardless of the reason, you have the following two options:**

1. Reschedule later in the day or within a few days of the cancelled appointment; this option is only available if there are openings in my schedule.
2. Pay out-of-pocket for the full price of the session. Client credit card information will be held securely on file and will be used to pay for sessions in which inadequate cancellation notice is provided.

### **Exceptions to this policy:**

Payment for less than 24-hour notice is not required for the following: 1) up to one cancellation without rescheduling in a calendar year due to acute illness; 2) hazardous weather conditions making it unsafe for you to get to the office.

**Please note** that I am not able to waive this policy for other reasons that might arise including unexpected work demands, transportation difficulties, childcare coverage, change of plans, frequent acute illnesses requiring more than 1 late cancellations in a calendar year, travel delays, etc.

## **Requirements to Maintain Your Reserved Therapy Time**

- Therapy requires a significant commitment of time, effort, expense, whole-heartedness, and intention on the part of both the client and the therapist to be able to meet your goals of therapy. Consistent attendance for therapy sessions has a critical impact on your therapeutic progress.
- A dedicated weekly or every other week appointment has been established for you.
- Frequent cancellation of your appointments, even with adequate notice, will not serve your therapeutic goals nor keep my small practice viable.
- I am unable to continue to reserve appointment times for individuals who do not consistently show up for their appointments.
- Clients who forfeit their regularly scheduled time are welcome to continue therapy by scheduling online into open slots in my schedule.

**Clients will forfeit their reserved appointment time if they:**

1. Attend less than 70% of scheduled appointments over the previous three-month period, even with adequate 24-hour cancellation notice.
2. Miss more than three consecutive sessions in a row. In the event the client will be away for more than three weeks at a time and the client wishes to retain the reserved appointment time into the future, payment must be made for missed sessions beyond 3 weeks.

## **Emergency Contact**

Should you need immediate assistance, please contact the King County Crisis line at 206-461-3222.

## **State of Washington Disclosures**

You have the right to refuse any treatment you do not want, and the responsibility to choose a mental health provider and treatment modality which best suits your needs. You also have the right to terminate your treatment at any time for any reason. Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety. Credentialing of an individual with the department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake

Post Office Box 47857

Olympia, WA 98504-7857

Phone: 360-236- 4700

E-mail: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)