Disclosure Statement and Statement of Client Rights

Please read the following and ask any questions you might have. When you sign the Disclosure section on the last page of your intake form ("*Disclosure Form, HIPAA Privacy Notice, and Agreements"*) acknowledging that you received this paperwork, it will represent an agreement between us.

Provider Background: 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 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.

The Therapy Process and Approach

Participating in therapy can result in several benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. However, working toward these benefits requires effort on your part and may result in experiencing discomfort periodically as healing progresses. Change will sometimes be easy and swift, but more often it will be slower than desired and potentially frustrating. Remembering and resolving significant life events in therapy can bring on strong feelings of anger, depression, and fear.

The main form of trauma therapy that I use with clients is Lifespan Integration (LI). Developed by Peggy Pace, LI identifies current stressors and traces them back to earlier times when these same feelings were experienced. By showing the "earlier self" that the experience is over, present stressors are addressed and mental/emotional integration can occur. This is a brain re-wiring therapy that focuses on both the

mind and body with desired outcomes including: increasing emotional regulation and window of tolerance, increasing self-compassion and awareness, setting better boundaries, helping to find an assertive "voice", and addressing life-constraining symptoms (depression, panic, PTSD, etc.). Not everyone finds LI to be a good match and I am able to switch approaches if this is the case. I can also refer clients to other practitioners who use alternative trauma modalities such as EMDR.

Therapy is a collaborative process, and I partner with my clients in their healing work. Due to the complex and unique nature of each individual, the exact length of time and process of therapy is specific and difficult to estimate. I stay mindful of my client's goals during our process and remain flexible to adapting when needed due to issues that are arising and changing client's needs.

Client Rights

You have the right to a confidential relationship with me. Within certain legal limits (see #3 below), information revealed by you during therapy will be kept completely confidential and will not be revealed to any person without your written permission.

1. You have the right to know the content of your records at any time, and I have the right to provide you with the complete records or a summary of their content.
2. If you ask me, I can release any part of your records to any person you specify. I will tell you when you make your request whether I think releasing that information to an agency or person might be harmful to you.
3. Under certain legally defined situations, I have the duty to reveal information you tell me during therapy to other persons without your written consent. I am not required to inform you of my actions if this occurs. These legally defined situations include:
    a. Revealing to me that active child abuse or neglect is occurring. Revealing to me that an alleged perpetrator is in contact with minors and there is a reasonable suspicion that this person may still be abusing minors. Revealing to me that active physical or sexual abuse of a dependent adult or an elder is taking place.
    b. If you reveal contemplation or commission of a crime or harmful act to self or others, I am required to warn the intended victim and/or notify the appropriate law enforcement agencies.
    c. If you are in therapy or are being tested by order of the court, the results of the treatment or tests ordered must be revealed to that court.
    d. If a court or law issues a legitimate subpoena, I am required by law to provide the information specifically described in that subpoena.
    e. If you are in a lawsuit claiming emotional harm, the opposing side may subpoena your therapy records.
    f. In the event of a medical emergency, emergency personnel or services may be given necessary information.
    g. If the client brings a complaint against me with the state of Washington Department of Health, client information will be released.

    h. In the event of the client's death or disability, information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.
4. You have the right to ask questions about any of the procedures used during your therapy.
5. Should you choose not to continue in therapy with me, I will provide you with names of other qualified professionals whose services you might prefer.
6. You have the right to terminate therapy with me at any time without any financial, legal, or moral obligations other than those you have already incurred.
7. I have the right to terminate therapy with you under the following conditions:
    a. When I believe that therapy is no longer beneficial to you
    b. When I believe that another professional will better serve your needs
    c. When you have not paid for the last two sessions, unless special arrangement has been made with me
    d. When you have failed to show up for your last two therapy session with the required 48-hour notice
    e. If I determine during the first three sessions that I cannot help you, I will assist you in finding someone qualified who can. If I have written consent, I will provide that professional with information they request.
    f. When you fail to cooperate with the proposed treatment.
8. Should any of the above conditions apply, I will send you a letter to your address on record to inform you of my decision and I will give you the names of several therapists for you to contact for openings.

Remote Sessions and Practice Days

Currently all sessions are conducted remotely using HIPAA compliant Doxy.me platform. My practice days are Friday, Sunday, and Monday.

All sessions are 55 minutes.

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.

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. Please contact customer service on the back of your insurance card to find out if you will be partially reimbursed for out-of-network session.

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

- Therapist name and credentials: Susan Busteed, LMHC, CN
- Mental Health Counselor License number: LH60832500
- NPI number: 1245680556

- Most common CPT codes: 90791 (initial visit) & 90837 (ongoing visits)

I will bill insurance companies I am contracted with (see above) and clients will be responsible for the amount their plan dictates they owe. For all other insurance companies I am not contracted with, the client will be responsible for billing their own insurance. I will provide monthly invoices for paid sessions, and it will be the client's responsibility to submit these invoices for partial reimbursement if allowed as part of your benefits.

Rates and Payment

- Individual counseling: $165. Debit or credit cards are accepted.
- HAS (health savings account) cards are currently not accepted by my credit card processing company.
- Payment is due at time of service.

Appointment Cancellation Policy

- Clients can cancel an appointment, without penalty, as long as more than 48-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 48-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 48-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. Exception to this policy: Client are granted one exception per calendar year for an acute illness on the day of appointment.
- Please note that I cannot 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 into open slots in my schedule. Clients will forfeit their reserved appointment time if they: 1. Attend less than 75% of scheduled appointments over the previous three-month period, even

with adequate 48-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.

Social Media and Email Correspondence

Social networking requests (Facebook, LinkedIn, Instagram, etc.) will be denied to maintain professional boundaries and client confidentiality. By choosing to communicate with me via email or text, you assume risks to your own confidentiality as these are not secure or encrypted methods of communication

Divorce, Custody, or Legal Disputes

If you become involved in a divorce, custody, or legal dispute (including lawsuits), understand that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on 1) my statements will be seen as biased in your favor because we have a therapeutic relationship, and 2) the testimony might affect our therapeutic relationship, and I must put this relationship first.

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