

DISCLOSURE STATEMENT

Professional Qualifications

Prior to starting my private practice in Bellevue, I worked at Youth Eastside Services in Bellevue as a Youth and Family Therapist. I graduated with a Bachelor of Arts in Psychology from the University of Oregon and then received my Masters of Education, Community Counseling degree from Seattle University. I am currently a Licensed Mental Health Counselor Associate (#60884368) in the State of Washington. I am also a certified Community Mediator, as well as a member of the American Counseling Association and the Washington Mental Health Counselors Association.

Philosophy of Counseling and Therapy

As a counselor my approach to treatment is not tied to one particular therapeutic approach, but pulls from several that I believe are helpful, supportive and effective. The primary approaches I utilize are Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Person-Centered and Solution Focused. My therapeutic style is to work in a collaborative process with my clients. I use a number of different treatment modalities and skills in order to create the right kind of therapy process for each client. My goal is to connect with my clients and use an integrative, empathetic and relational model to help find meaning and create change. I have expertise in the areas of life transitions, self-esteem, depression, anxiety, and parenting. My goal is to help my clients recognize their strengths and connect with others, and then utilize these abilities to help them get through difficult and challenging experiences.

Fees and Appointments

The fee for appointments is based on a 50-minute session. My standard fee is \$130 per session. I am also able to provide a sliding scale to those in need of this accommodation. I require 24 hours' advance notification for cancellation of an appointment. Appointments canceled with less than 24 hours' advance notice will be charged the standard appointment fee. This policy is not meant to be punitive, but it is in place to help sustain my practice.

Insurance

I am an out-of-network provider for insurance companies. I am happy to provide you with a receipt of service so that you may submit to your insurance provider for reimbursement. Please be ready to pay for the sessions at the session time. I accept cash, checks or major credit cards.

Phone Calls

Please feel free to call me and leave me a confidential voicemail at 425.516.7811. If you need to contact me between sessions due to an emergency and would like me to call you back, please request that in your message. I check messages regularly and will make every attempt to get back to you in a timely fashion.

Social Media, Email and Text

Please see specific Social Media, Email and Text Policy Form

Emergency Contacts

My practice does **not** have an on-call answering service. If you are experiencing a life-threatening emergency, please call 911. You may also call Crisis Connections at 206.461.3222 or 866.427.4747. If I will be unavailable to you for a period of time, you will be informed of how to contact another clinician who may be able to see you if necessary.

Your Legal Rights as a Client in Counseling

Including Notice of Privacy Practices and Confidentiality – HIPPA compliance
(please see HIPPA form)

Participation

Therapy is voluntary. You have a right to choose a therapist who best suits your needs and purposes. If I feel I am not qualified to work with you or your particular issues, I will make an appropriate referral. You always have the right to terminate treatment or to ask for an explanation of procedures at any time during the course of treatment. I recommend we meet together for three to five sessions in order to gain some understanding of the issues that have brought you to therapy. At that time, we can decide if more sessions would be helpful for you. The length of treatment will depend on your situation as well as the goals of therapy that we establish together.

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 or that person's legal parent or guardian, (in the case of under the age of 13 in the State of Washington or incapacitated clients). However, the law requires the release of confidential information without consent in certain situations:

- If I believe that you are likely to do harm to yourself or another person, I am required by law to take steps to protect you and/or the other person.
- If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, I am required by law to report this to Children's Protective Services or Adult Protective Services.
- If I have been issued a subpoena issued by the Secretary of Health that is associated with a regulatory complaint.
- If you submit claims to your insurance company, I will need to share basic information, often including a diagnosis in order for you to get coverage.

If you are being seen with another person present, I can request that each person respect the other's rights to privacy, but I cannot guarantee this request will be honored. As an ongoing part of my clinical work and development, I may discuss my work with you in a clinical consult group or with a clinical consultant. If I choose to do so, you will not be named, nor will I share any other details of your life that might identify you. I keep a record of dates of service, fees charged and paid, as well as clinical notes to assist me in my work with you. You have the right to review and/or request a copy of your record if you desire. You also have the right to ask me to correct the record if you believe the information is in error. You have the right to confidential communications regarding your private healthcare information, including the fact that you are my client. You have the right to request restrictions on certain uses and disclosures of your healthcare information.

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- I have read and understand this Disclosure Statement.
 - I have read and understand the Notice of Privacy Policies that are a HIPPA requirement.
 - I have read and understand the Social Media/Email/Text Policy.

Please check each box above to acknowledge that you have read and understand each form.

I agree to begin therapy with Darcy Hollie M.A.Ed., NCC, LMHCA for the fee of \$130 per fifty-minute session. I understand that I must cancel an appointment 24 hours in advance or will be charged the full amount for the time reserved for me.

I have had an opportunity to ask any questions and have been given a copy for my records.

Client Acknowledgement and Agreement:

Client Signature Date
(Signature is required for client age 13 or older OR of legal Parent or Guardian if client is age 12 or younger)

Therapist Signature Date
Darcy Hollie M.A.Ed., NCC, LMHCA