

PROFESSIONAL DISCLOSURE STATEMENT

Allied Change/Don Clifton, M.H.R., L.M.H.C.

7900 E. Green Lake Drive N. Suite 202, Seattle, WA 98103

Phone: (918) 558-4243

don@greenlakewellness

I am pleased that you have selected me as your counselor, consultant or change support specialist.

This document is designed to inform you about my credentials and background and to ensure that you understand our professional relationship.

Credentials

I earned my Master's degree in Human Relations with a specialization in Professional Psychology from the University of Oklahoma.

I am a licensed in the state of Washington as a Mental Health Counselor (LH60474619)

I have worked in a variety of mental health and teaching positions since 1987.

Counseling Process and Theoretical Orientation

No one wakes up so happy that they decide to change their life.

You are suffering in some way and want to do something about it.

That's a great place to start our work.

I'm a down to earth counselor that will use plain language and when appropriate, humor, while we do that work.

Therapy isn't magic.

It requires your active involvement in the process to do you any good.

This may involve examining or challenging the way you think, your beliefs about yourself and others, your behavior, and your environment, including those with whom you surround yourself.

This may include homework, assignments, and experiments to help us make the most of our collaboration.

I use an eclectic counseling approach. I rely heavily on psychodynamic therapy, short term solution focused work, behavioral psychology, experiential therapy, resiliency training, narrative approaches to therapy, and cognitive behavioral therapy to inform my thinking.

Equally important to our collaboration are the unique skill sets and strengths that you possess.

People are natural problem solvers.

Your observations, input, and questions will be vital allies to our success.

Populations Served

I work with teens, adults, and families of diverse backgrounds, cultures, religions, and political beliefs.

I also specialize in working with creative people from all areas of the arts looking to remove obstacles from their artistic flow, productivity, and mental health.

Potential Benefits and Risks of Counseling

Mental health counseling and therapy can involve both benefits and risks.

Potential benefits. Potential benefits include becoming free from self-defeating and sometimes self-destructive behavior; developing more satisfying relationships with other people; becoming happier; becoming more centered, becoming less troubled, decreased anxiety, less depressed, more social, living a healthier lifestyle.

Potential risks. Risks may include experiencing uncomfortable feelings or difficulties with friends and family members during the counseling process. Personal growth often involves changes in our usual ways of functioning and relating that may involve considerable stress. When separating from familiar behaviors and situations it is also common to feel anxious, unsettled, uncertain, or afraid in the face of change.

Your situation may get worse before it improves. Some people experience feeling of wanting to hurt themselves or others which must be addressed immediately with the therapist.

Confidentiality

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how it will be handled.

Generally, I will tell no one what you tell me without your written permission. The privacy and confidentiality of our conversations, and my records, is your right and is protected by state law and my profession's ethical principles in all but a few circumstances.

The following circumstances are those in which I cannot guarantee confidentiality, legally or ethically:

- (a) when I believe you intend to harm yourself or another person;
- (b) when I believe a child, elderly person, or developmentally disabled person has been, or will be, abused or neglected;
- (c) in rare circumstances, mental health professionals can be ordered by a judge to release information;
- (d) you sign a release of information form specifying the information to be disclosed, as well as the person(s) to whom this information can be released;
- (e) during professional consultation.

To be more helpful to my clients, I seek occasional consultation with other clinicians. These discussions are done under strictly professional and confidential circumstances, and I make every effort to hide the identity of clients to protect privacy.

Other aspects of the confidential nature of our counseling relationship are explained below.

Minors. Individuals younger than 18 years will need to have a parent or legal guardian to give written permission for my counseling services.

Parents or legal guardians of minors. It is important that your child trust and feel comfortable talking with me about personal matters. I expect that parents will respect the privacy arrangement between their children and me.

Marital and family counseling. In general, I do not believe that keeping secrets from other family members is healthy in counseling. Thus, the confidentiality of what one family member or spouse tells me in private may be waived if I believe that it is in the best interests of the individual and the family.

Group counseling. Confidentiality in group counseling is imperative, and every group member is bound by confidentiality. However, I cannot guarantee that no group member will violate confidentiality.

Support staff and consultants. Support staff such as secretaries, mental health consultants, and third-party insurance carriers are bound by the same confidentiality rules as I am, and they are committed to maintaining the privacy of your information.

Referral sources. When counseling is mandated by the court or criminal justice system, I will provide required information (e.g., to your probation or parole officer), which is generally related to your attendance at sessions.

Health insurance and managed care companies. Insurance and other third-party companies usually require that I diagnose your mental health condition and indicate that you have a mental disorder before they will agree to reimburse you for therapeutic counseling services. If a psychological diagnosis is required, I will inform you of the diagnosis that I plan to render before I submit it to the health insurance company. Any diagnosis made will become a part of your permanent insurance records and your employer's personnel records.

Collection Agencies, Small Claims Court or Attorneys. If payment is in arrears more than 90 days and a fee payment schedule cannot be agreed upon or you fail to respond to payment requests, your account will be turned over to a collection agency, an attorney, or small claims court.

Electronic Communication and Confidentiality

I will do everything in my power to protect privacy according to HIPAA (The Health Insurance Portability and Accountability Act of 1996 regarding standards of confidentiality).

Due to confidentiality threats and the sensitivity of information discussed in therapy, I do not provide counseling through email, however emails can be used for scheduling purposes.

My email address is an encrypted system to protect emails I send or receive and is HIPAA compliant.

However, the system you send or receive them in may not be.
Please be aware of that if you would like to communicate by email.
For encrypted phone calls and text messages I ask that you load the free app Signal onto your device.

This will allow us to have encrypted phone calls and text.
Outside of that I cannot fully ensure the confidentiality of our electronic communication.
Should I find a better and equally secure alternative I will make this available to you.

Explanations of Dual Relationships

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one.
Our contact will be limited to sessions you will arrange with me.
I do not engage in close personal or sexual relationships with clients or former clients.
If we encounter each other in a public setting (e.g., grocery store) I will not acknowledge you unless you initiate the interaction to maintain your privacy.

Treatment Outcome

We all have many variables in our lives, so please note that it is impossible to guarantee any specific results regarding your counseling goals.
Your counseling or treatment goals are likely to be modified during the therapeutic counseling process.
Together we will work to achieve the best possible results for you.

Length of Sessions, Fees, and Methods of Payment

Sessions will be scheduled weekly unless agreed upon otherwise.
A sliding scale for fees is available based upon need and may be requested at any time.
The standard fee for each 45-minute session for an individual is \$150.
The standard fee for a 60-minute family therapy session is \$175.
The fee for telephone counseling sessions longer than 15 minutes between in-office sessions is the same as that for an individual session.

Full payment is due at the beginning of each session for private pay clients.
I take payment in the form of check, cash, Venmo, and Square.

Please note that I will not appear in court unless subpoenaed.
If you are involved in litigation or other legal matters and I am subpoenaed to appear in court, standard rates for all appearances and preparation apply and you will be responsible for payment at the time of service.
This includes any paperwork or documentation requested at any hearing, court case, or other legal or professional request.

Cancellation and Partial Session Policy

Clients are responsible for full payment of a session if they show up late for the session.
If you cannot make it to a session, please call me as soon as you are able to so that I can reschedule your appointment.

Cancellations that are made less than 48 hours in advance will be charged the full fee.

To make, cancel, or reschedule an appointment, please call me at (918) 558-4243 or email me at

don@greenlakewellness.com I check messages periodically each day and will try to return your message or call within 24 hours.

If you miss your intake appointment or any other scheduled appointment without notification you will be responsible for payment of the full fee.

Billing and Insurance Reimbursement

Currently, I am only accepting Regence Blue Cross WA as insurance.

If you are using your insurance, it is your responsibility as the client to be aware of co-payment, deductibles, and any changes to your insurance at the time of services.

Co-payment is due at the beginning of each session.

Your insurance will not cover late cancellations or missed sessions and you will be responsible for the full fee in these circumstances.

I am not able to directly bill other insurance companies at this time.

Payment is due at the time of service if you have another insurance carrier.

I am able to provide a monthly receipt for sessions paid in full so that you can offer this to your insurance company for reimbursement.

It is the responsibility of each client to contact their insurance provider to understand what reimbursement options are.

Upon a client's request, I can provide monthly statements about services paid in full.

Should this change at any point the client will be notified by the therapist.

Clients will be notified at least 1 month in advance of any increase in counseling fees.

Failure to Pay Fees

If payment is in arrears more than 90 days and a fee payment schedule cannot be agreed upon, or you fail to respond to payment requests, your account will be turned over to a collection agency, an attorney, or small claims court.

Client's Right to See Files

A client has the right to see their general medical records file. However, a client does not have the right to see psychological tests and inventories that are copyrighted.

I will be happy to review any material in your file, including psychological test results.

Termination

The counseling relationship may be terminated for nonpayment of services or noncompliant client behavior, or if I believe there is insufficient therapeutic progress.

If either therapist or client intend to terminate the counseling relationship, both parties agree to notify the other at least one session before the last session.

Emergency Contact Information

In the event of an emergency or crisis, please call 206-467-3222 to speak with someone at the Crisis Line or 911 for police assistance to secure crisis psychiatric services at our local hospital.

Complaint Procedures

If you are dissatisfied with any aspect of our work, please inform me immediately.

If you think that you have been treated unfairly or unethically, by me or any other counselor, and

cannot resolve this problem with me, please let me know and I will provide you with information on whom to contact.

The State of Washington requires me to provide the following disclosures:

WAC 308-190-040: 'Counselors practicing counseling for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

By filling out this portion and signing below, I acknowledge that I have read this disclosure statement, that you have read the information in this document and agree to abide by its terms.

If you have any questions, feel free to ask. Please sign and date two copies of this form. A copy for your records will be returned to you. I will retain a copy in my confidential records.

Counselor's Signature Date Client's Signature Date

Client's Signature Date Client's Signature Date

Parent or Legal Guardian if Client Is a Minor or Adult Date
Lacking Legal Competency