



Jeffrey Morrison, MA, LMHC
Mental Health Counselor
4505 44th Ave. S.W., Seattle, WA 98116
206-935-7850

Disclosure Statement, HIPAA and Agreement for Services

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. The following information is provided to help you determine if what I offer as a mental health counselor meets your needs as a client. This document contains important information about my therapeutic approach, my education, my fees, and your rights as a client including your rights regarding your private health information. Please read this document carefully and ask any questions that help you fully understand the contents of this disclosure statement and agreement for services.

Therapeutic Philosophy

My therapeutic work is a unique blend of formal studies in psychology, philosophy, religion, and Inner Relationship Focusing, which support both short term practical problem solving as well as long term personal growth. My approach is broadly humanistic, client centered and wellness oriented. I believe change occurs as a result of a therapeutic relationship in which you feel understood and supported in developing a compassionate relationship with yourself. I facilitate this using the technique of Focusing, which is gentle and respectful of your process at all times. This collaborative approach of reflection and inner listening lets you be in control of your own experience and teaches one how to develop this lifelong skill for use anytime.

Getting started:

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Everyone begins with a problem or a sense that something is not right in his or her life. In other words they are suffering and in pain. Your pain may feel like depression, frustration, anxiety, stress, anger, loss, self-criticism or fear. Each of us would like to find a way out of our pain and live more fully and happily. In our work together I will show you how to begin to develop empathy and compassion for what in you feels bad, stuck or in pain. Often the hardest part is getting started!

What makes my work unique is that I teach clients to turn toward what is painful, angry or scary in a way that is safe and friendly. This radical acceptance of what before was pushed aside or locked away is now felt as new possibilities for growth and change.

The process:

Therapy begins with an assessment of the presenting problem(s), defining needs, establishing goals and a plan for reaching those goals. How we get there is a process of talking together about what matters to you and my reflecting back to you what I hear, see and feel while checking for understanding. I will be active in this process by asking about your relationships, hurts and desires. We will talk about patterns of behavior, challenge old beliefs and build on your sources of strength. I will work with you to build an emotionally safe and respectful relationship. You should feel safe but not always feel comfortable. Discomfort is a reaction to the emotional challenges you feel in your body and the process of learning to listen to them. Learning to listen to your discomfort will bring relief and the opportunity for you to experience yourself, family or relationship in a different way.

Couples and Family Therapy

I believe healthy relationships need to be based on mutual respect and equality. I work with couples and families to create safety so intimacy, hope and trust can grow. I help each person experience the part they play in maintaining the painful relationship and give guidance to repairing and reconnecting with each other.

My Education, Training, and Experience

I am a Washington State Licensed Mental Health Counselor (LH00005715). I earned a Bachelor of Arts degree in Philosophy and Religion from Elmira College in 1981, and a Masters of Arts degree in Existential Phenomenological Therapeutic Psychology from Seattle University in 1986. I completed a two year Family Therapy Training Program at the Montlake Institute in 1994. I am a Certified Focusing Trainer through the Focusing Institute. From 1986 to 2001 I was employed counseling youth and families in agency and school based settings. I began my private practice in 2000. Currently I work full

time in private practice seeing individual adults, families with school age children and couples. I specialize in helping each person learn to connect emotionally with themselves and others.

Confidentiality

Your participation in therapy, the content of our sessions, and any information you provide to me during our sessions is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may chose to, or be required to, disclose this information:

- If you give me written consent to release the information to another party;
- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other individual;
- If, without prior written agreement, no payment for services has been receive after 90 days, the account name and amount may be submitted to a collection agency;
- If the contemplation of a crime or other harmful act is revealed;
- If you are accessing insurance benefits for your treatment, I must give them at the very least a statement of the type of services provided and a diagnosis and possibly discuss your condition with a case manager depending upon the insurance company;
- If I have any other legal duty, obligation, or right to report.

I may also be required by law to disclose certain confidential information including suspected abuse of children under RCW 26.44 and RCW 18.19.180(3), suspected abuse of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

If you have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let me know. I will be happy to discuss this with you further.

For additional information regarding your confidentiality rights, please carefully review the attached HIPAA and Washington State Notice of Privacy Practices disclosure.

Consultation

I seek ongoing consultation from colleagues in order to provide you with the best services possible. I may disclose information about your counseling session in consultation with colleagues, in which case I will withhold your name and other easily identifiable information. I have an agreement with my wife Esther Morrison to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Esther Morrison accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

The nature and character of the proposed treatment

The treatment I will provide to you will include psychotherapy and counseling as indicated by your individual circumstances.

The anticipated results of the proposed treatment

I cannot make any guarantees regarding specific outcomes or results of the treatment I provide to you. However, I will discuss with you my observations, and your evaluation, of the treatment I provide to you in order to best monitor the progress and results.

The recognized possible alternative forms of treatment

There are alternatives to the modality and treatment I provide. You have the right to chose alternative treatments, including no treatment at all. I will be happy to provide you with a referral to a different treatment provider if you so request. There are possible risks of alternative forms of treatment, including non-treatment. These risks can include aggravation or an increase in severity of your underlying mental and/or physical condition or symptoms.

Risks of Treatment

There are recognized possible risks of treatment. You may experience some reactions to psychotherapy including uncomfortable feelings, emotions and personal experiences or the temporary worsening of some symptoms. You may find some of these experiences to be difficult or troubling. If you experience any negative feelings, emotions, or experiences, please let me know.

Financial Requirements

Under Washington State law, you are not liable for any fees or charges for services rendered prior to receipt of this Disclosure Statement.

Counseling sessions are 55 minutes in length unless otherwise agreed upon. The cost for a first session is \$225.00. The cost of each additional session is \$150.00. Payment is due at the beginning of each session. If you are unable to keep your appointment, you must give me 48 hours advance notice or you will be charged for the session. Please be aware that insurance companies do not reimburse for missed sessions.

I will bill your primary insurance for you if I participate in their network. You will be required to pay only your cost share and any unmet deductibles at the time of service. I do not bill secondary insurance. If you are filing your insurance claims directly, I will provide you with an invoice that you can submit to your insurance for possible reimbursement. If you do not have insurance, or prefer not to use your benefits, I expect you to pay your fees in full at the time of each session. There is no cost to you for EAP sessions.

Electronic Communications

In the regular conduct of my practice, I may make use of email and cellular phone, communication with clients. In such cases, I will limit the information I store in any portable communication device to the least necessary. Please be aware that such forms of communication do have inherent risks to client confidentiality. If you would prefer that I do not store your name and telephone number in a portable communication device, or if you would prefer that I do not communicate with you via cellular phone or email, please inform me so that we can make alternative arrangements.

Emergencies

I use a voice mail system to ensure confidentiality of your messages and to allow you to leave a more extended message when necessary. I check my voice mail often, less on weekends. Calls received after 5:00 p.m. may not be returned until the next business day; other arrangements can be discussed. If I am unavailable and you require immediate attention, please call 911 or the Crisis Clinic at 206-447-3200 or go to your local hospital emergency room.

State of Washington Disclosures

The State of Washington requires that I provide you with the following information:

You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want. You have the right to choose a Counselor who best suits your needs and purposes. 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 recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

At times I may suggest other Focusing services or products that I provide, and in which I have a financial interest, if I feel they may be helpful or beneficial to you. In such cases I will be happy to refer you to another Focusing Provider if you prefer. You always have the option to use an alternative Focusing Provider and I will not treat you differently if you choose an alternative Focusing provider.

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

I maintain a referral list of other Counselors with a wide range of specialties. I will provide you with a referral to another Counselor if I feel your needs are beyond the scope of my expertise, or if you request such referral information.

HIPAA and Washington State Notice of Privacy Practices

NOTICE:

I keep a record of the health care services I provide you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it at 4505 44th Ave. S.W., Seattle, WA 98116

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. State and Federal law protects the confidentiality of this information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical and mental health or condition and related health care services. If you suspect a violation you may file a report to the appropriate authorities in accordance with Federal regulations.

How I May Use and Disclose Health Information About You

- **For Treatment.** I may use medical and clinical information about you to provide you with treatment services.
- **For Payment.** With your authorization, I may use and disclose medical information about you so that I can receive payment for the treatment services provided to you.
- **For Healthcare Operations.** I may use and disclose your protected health information ("PHI") for certain purposes in connection with the operation of my professional practice.
- **Without Authorization.** Applicable law also permits me to disclose information about you without your authorization in a limited number of other situations, such as with a court order. These situations are explained on the following pages.
- **With Authorization.** I must obtain written authorization from you for other uses and disclosures of your PHI.

Your Rights Regarding Your PHI

You have the following rights regarding PHI I maintain about you.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted in certain circumstances, to inspect and copy PHI that may be used to make decisions about your care I may charge a reasonable, cost-based fee for copying and transmitting your PHI.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures that I make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.

- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.
- **Complaints.** You have the right to file a complaint in writing to me or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. I will not retaliate against you for filing a complaint.

Examples of How I May Use and Disclose Health Information About You

Listed below are examples of the uses and disclosures that I may make of your protected health information ("PHI"). These examples are not meant to be exhaustive. Rather, they describe types of uses and disclosures that may be made.

Use and Disclosures of PHI for Treatment, Payment and Health Care Operations

- **Treatment.** Your PHI may be used and disclosed by me for the purpose of providing, coordinating, or managing your health care treatment and any related services. This may include coordination or management of your health care with a third party, consultation with other health care providers or referral to another provider for health care services.
- **Payment.** I will not use your PHI to obtain payment for your health care services without your written authorization. Examples of payment-related activities are making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.
- **Healthcare Operations.** I may use or disclose, as needed, your PHI in order to support the business activities of my professional practice including; disclosures to others for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to assist in the delivery of health care, provided I have a written contract with the business that prohibits it from re-disclosing your PHI and requires it to safeguard the privacy of your PHI. I may also contact you to remind you of your appointments

Other Uses and Disclosures That Do Not Require Your Authorization

- **Required by Law.** I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are healthcare licensure related reports, public health reports, and law enforcement reports. Under the law, I must make certain disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

- **Health Oversight.** I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers) and peer review organizations performing utilization and quality control. If I disclose PHI to a health oversight agency, I will have an agreement in place that requires the agency to safeguard the privacy of your information.
- **Abuse or Neglect.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect. However, the information I disclose is limited to only that information which is necessary to make the initial mandated report.
- **Deceased Patients.** I may disclose PHI regarding deceased patients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.
- **Research.** I may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and a waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; and (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations.
- **Criminal Activity on My Business Premises/Against My Staff and Me.** I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against my staff or me.
- **Compulsory Process.** I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will disclose your PHI only if I have been notified in writing at least fourteen days in advance of a subpoena or other legal demand, and no protective order has been obtained.

Uses and Disclosures of PHI With Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization in writing at any time, unless I have taken an action in reliance on the authorization of the use or disclosure you permitted. . I will not make any uses or disclosures of your psychotherapy notes other than as specified above, I will not use or disclosure your PHI for marketing purposes, and I will not sell your PHI without your authorization.

Your Rights Regarding your Protected Health Information

Your rights with respect to your protected health information are explained below. Any requests with respect to these rights must be in writing. A brief description of how you may exercise these rights is included.

- **You have the right to inspect and copy your Protected Health Information.** You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as I maintain the record. A "designated record set" contains medical and billing records and any other records that the program uses for making decisions about you. Your request must be in writing. I may charge you a reasonable cost-based fee for the copying and transmitting of your PHI. I can deny you access to your PHI in certain circumstances. In some of those cases, you will have a right of recourse to the denial of access. Please contact me if you have questions about access to your medical record.
- **You may have the right to amend your Protected Health Information.** You may request, in writing, that I amend your PHI that has been included in a designated record set. In certain cases, I may deny your request for an amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy of it. Please contact me if you have questions about amending your medical record.
- **You have the right to receive an accounting of some types of Protected Health Information disclosures.** You may request an accounting of disclosures for a period of up to six years, excluding disclosures made to you, made for treatment purposes or made as a result of your authorization. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. Please contact me if you have questions about accounting of disclosures.
- **You have a right to receive a paper copy of this notice.** You have the right to obtain a copy of this notice from me. Any questions should be directed to me.
- **You have the right to request added restrictions on disclosures and uses of your Protected Health Information.** You have the right to ask me not to use or disclose any part of your PHI for treatment, payment or health care operations or to family members involved in your care. Your request for restrictions must be in writing and I am not required to agree to such restrictions. Please contact me if you would like to request restrictions on the disclosure of your PHI. You also have the right to restrict certain disclosures of your PHI to your health plan if you pay out of pocket in full for the health care I provide to you.
- **Right to Opt Out.** You have the right to chose not to receive fundraising communications from me. I do not contact clients for fundraising purposes.
- **Right to Notice of Breach.** You have the right to be notified of any breach of your unsecured PHI.
- **You have a right to request confidential communications.** You have the right to request to receive confidential communications from me by alternative means or at an alternative location. I will accommodate reasonable written requests. I may also condition this accommodation by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact. I

will not ask you why you are making the request. Please contact me if you would like to make this request.

This Notice

This Notice of Privacy Practices describes how I may use and disclose your protected health information ("PHI") in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control your PHI. I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice of Privacy Practices by sending a copy to you in the mail upon request, or providing one to you at your next appointment.

Contact Information

I am my own Privacy Officer. If you have any questions about this Notice of Privacy Practices, please contact me. My contact information is:

Jeffrey L. Morrison MA, LMHC
West Seattle Professional Building
4505 44th Ave. S.W.
Seattle, WA 98116
206-935-7850

Complaints

If you believe I have violated your privacy rights, you may file a complaint in writing with me, as my own Privacy Officer, as specified above. I will not retaliate against you for filing a complaint.

Effective date of this notice: February 20, 2013

Consent for Treatment

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, and that you are consenting to participation in counseling services provided by Jeffrey Morrison, MA, LMHC.

Client

Date

Print Name

Date of Birth (if under 13)

Jeffrey Morrison, MA, LMHC

Date