

Therapist Disclosure Statement & Client Informed Consent

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I am pleased to welcome you to my private practice. Over time, I have found that clarity in regard to professional and business policy is essential in establishing a strong and trusting therapeutic relationship. My ability to be explicit in this regard, and your willingness to discuss any issues of concern with me, will support the work that we do together. In order for you to be well informed about your rights as a client, and my policies, therapeutic approach and background, I am providing the following information. Please read this material carefully, and ask for any clarification you need before signing the attached form. Although therapy offers no guarantee of positive change, many people do find that it provides the safe space needed to explore, address and alleviate problematic patterns in behavior, mood and thoughts.

Education, training, and experience: I have two master's degrees in both Social Work from the University of Washington, Seattle, and Master of Arts in Slavic Philology from Charles University in Prague, Czech Republic. My post-graduate training includes a Certificate in Clinical Theory and Practice, Lifespan Integration, EMDR, Chemical Dependency classes and trainings on LGBT issues. In addition to my experience working as a mental health counselor, I have also worked in a shelter for victims of domestic violence. I have worked on numerous research projects as a research assistant and prior to that, I worked in education, including higher education providing services to students with disabilities and volunteering as an ESL tutor in rural Mexico. I receive supervision from a licensed social work supervisor and seek trainings to further my knowledge as a counselor.

Services provided: I provide mental health counseling to adult and adolescent individuals, integrating a number of different therapeutic styles and modalities, depending on what fits the best with the client and situation. Some of the therapy models I use are psychodynamic, Lifespan Integration, EMDR, and Motivational Interviewing. My approach to therapy is holistic, client centered, and with focus on social justice.

Fees: Individual sessions are \$100 per 50-minute session. If you need to cancel or reschedule an appointment, I request a 24-hour notice to avoid a charge. In certain circumstances, I might arrange a reduced fee for you. Please inform me of any change in your financial situation that impacts your ability to pay for services. As a general rule, if a client is behind in payment for two sessions, I will place our meetings on hold until the client has caught up with payments. You are not liable for any fees or charges for services rendered prior to receipt of the disclosure statement.

Payment: I accept cash and check. Fees are due at the end of each session. There is a \$30 fee for any returned checks. Services will be suspended if you are more than 30 days overdue with payment. Phone calls more than 10 minutes in length will be charged at fifteen minute increments based on the hourly fee.

Office structure: My office is located within a suite of offices which I share with other therapists. I am, however, an independent practitioner and simply share office space based on mutual professional interests.

Insurance: I currently do not accept insurance, but can serve as an out-of-network provider for some insurance companies. I can provide you with a Statement of Services that you can submit to your insurance company for reimbursement. Please note that it is your responsibility to determine what your insurance offers in mental health coverage for out-of-network providers.

Free Introductory Session: I offer a free introductory 30-minute session to all new clients to see if we may be a good fit and work well together. We can discuss the reasons that bring you to therapy, talk about your goals and I can answer any questions you may have about counseling.

Appointments: We can schedule our appointments via phone, email, or in person at the end of a session. We can also schedule a standing appointment. I generally recommend that 50-minute sessions be scheduled each week to support the continuity and depth of our work together. If, however, this is not workable for you, I am open to other arrangements based on your needs.

Termination: Termination of therapy should not occur by telephone. Completion is an essential part of the process. For this reason, I strongly suggest that we use one to three sessions to conclude our work in therapy. However, if at any time, you find that this therapeutic process is not meeting your needs, you have a right to request a change in direction or discontinue treatment. If more than 60 days have passed since our last contact and I have not received any word from you, I will accept that as your notice that you no longer wish to continue counseling and that our therapeutic relationship is terminated.

Confidentiality: Sessions in my office are held in the strictest confidence and no information can be released about you without your written permission. There are some exceptions when I am required by law to break confidentiality: when a client is posing threat to self or others, or is unable to provide minimal life-sustaining care; when a client reveals a contemplation of a major crime or harmful act; suspected abuse of a child, elder or a mentally disadvantaged person; in response to subpoena from the Secretary of Health. I hope these situations do not arise, but it is my responsibility to care for you when you are not able to care for yourself. If that occurs, I will contact the appropriate authorities or someone on your emergency contact list.

Email policy: If you decide to email me at radka@outlook.com, please be advised that electronic mediums such as email are not secure and I cannot guarantee the confidentiality in this form of communication.

Case consultations: In an effort to provide quality care, I may review your case with a consultant(s) following the guidelines of confidentiality to protect your identity. Consultation with colleagues helps me to provide the best counseling service to you.

Emergencies: A message may be left on my voicemail any time by calling 425.223.7749. Please clearly indicate that it is an emergency and leave a number where I may reach you. In a crisis situation, you may need assistance before I have the opportunity to receive your call. If this is the case, you may call the Crisis Clinic at 206.461.3222 or 911. You may also contact your local emergency room for assistance.

Complaints: If you have a complaint about my professional service, I hope you will speak to me directly so that the problem can be clarified and resolved. However, you have the right to file a complaint with

the Washington State Department of Health if you believe you experienced professional misconduct. You may call DOH at 360.236.4700 and send a complaint to: Department of Health, Health Professions Quality and Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869.

I, the client, have read the Therapist Disclosure Statement & Client Informed Consent for Radka Chapin, MA, MSW, LSWAIC, and all of my questions have been answered. We have agreed that the fee for a _____ minute session is \$_____. I give my consent for treatment as outlined in this Disclosure Statement.

I, the client, understand that I am free to terminate the treatment process at any time by giving appropriate notice with respect to the therapeutic relationship established and the cancellation policy mentioned above. I understand that new behaviors I may institute as I progress in this treatment may lead to changes in the interactions between me and others, thereby altering those relationships. I will take responsibility for ensuring my personal safety throughout the therapy process.

Signature of Client

Date

Radka Chapin MA, MSW, LSWAIC

Date

This form will be retained in the mental health record.