

Debbie Farrar, MA, LMHC, SUDP, MAC

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Disclosure of Information, Policies and Client Informed Consent Agreement

WASHINGTON STATE LAW REQUIRES PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGEMENT OF ITS RECEIPT. PLEASE READ IT CAREFULLY. I WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.

Education and Experience

- MA in Applied Behavioral Science Bastyr University 2001
- Chemical Dependency Certificate Edmonds College 2004
- Washington State Licensed Mental Health Counselor 2005
- Washington State Substance Use Disorder Professional 2006
- Washington State Approved Mental Health Supervisor 2014
- Nationally Certified Master Addiction Counselor 2016

Experience

For 24 years I have provided individual, couples, and family counseling. I have been a Washington State Approved Clinical Supervisor since 2014. I have also held various clinical and administrative jobs in community mental health including Executive Director, Clinical Director, Drug and Alcohol Director, overseeing financial operations, overseeing clinical programs, and supervision and training of clinical and administrative staff. I continue to seek education through seminars, consultation groups, and workshops. It is my belief that, through continuing education, I can provide the best professional and ethical services possible to my clients.

Therapeutic Approach

My approach to therapy is both diverse in nature and personalized to the specific needs of each client. My primary therapeutic orientation is rooted in Family Systems Theory. Systemic theory is based in part on the assumption that how people think, feel, and behave is largely dependent on their role and position in the systems they are a part of. Part of therapy is an exploration of these role(s). In addition, I use Object Relations Theory, MRI, Narrative Therapy, and Trauma Informed Care techniques.

It is my intention throughout the therapy process to provide a safe environment that allows you and I to identify your strengths and opportunities in a curious, non-judgmental fashion. This process can be both difficult and rewarding. I encourage you to discuss these experiences with me, and to discuss our relationship together, as we work toward your goals. Although we are taking this journey together, you are responsible for setting your goals and working towards change outside of our sessions. My role is to educate and support you during this period of change.

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 choose to, or be required to, disclose this information:

- If you give me written consent to have the information released 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 person; or
- If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

Consultation

As part of my own professional growth, and to enhance the quality of the services I provide, I regularly meet with other counselors and therapists to monitor my work. During these professional consultations, I may discuss your situation but will do so without disclosing your name or any other identifying information. This continuing professional education provides a level of quality assurance that assists us both.

Appointment and Fees

Appointments are usually scheduled once per week or once every other week. The initial intake session will be charged at \$275.00 for 60 minutes. All sessions after that are 60 minutes, unless we arrange in advance to meet for a longer time. These standard sessions are billed at \$225.00. Longer sessions will incur an extra charge based upon the amount of time we take. The scheduled time for your session is set aside for you. **If you miss a session without canceling, or if you cancel with less than 24 hours notice, you will be charged the full fee of \$225.00. Please note, insurance will not reimburse for missed sessions, so you will be responsible for payment of the missed session at the rate of \$225.00.** If you are late for a session, you will be seen for the remainder of your scheduled time and charged the full rate. After a missed appointment, you must call to confirm your next appointment. Further appointments will not be automatically rescheduled. If you have missed a scheduled appointment and you do not call or email my office within (14) fourteen calendar days, I will accept that as your notice that you have terminated this agreement and you wish to discontinue counseling with me.

My standard fee is \$225.00 per 60-minute session, \$310.00 per 1:30 minute session, and \$380.00 per 1:45 minute session. These fees are standard regardless of the number of people attending the session. **Payment must be made at every session.** I cannot take medical coupons or barter. I reserve the right to use a collection agency to collect unpaid balances. If the account is turned over to a third-party for collection, you agree to pay all principal, interest, and fees associated with collecting the unpaid balance.

Messages Email/Phone

Generally, all email or voicemail messages will be returned during business hours Monday through Thursday, 9am - 7pm and Fridays 9am – 2pm. Contact made after hours, Monday thru Friday, vacations, or holidays will generally be returned the following business day. If an emergency arises, or you cannot wait for my return call, please call 911 or any local emergency room.

Other Charges

There may be times that you want me to review to read documents that will help with understanding you. If reading such documents requires extensive time, I will bill you based on the rate of \$225.00 per hour. These are fees that your insurance company will not pay and remain your responsibility for payment.

Phone Consultation

In the course of many clients' therapy issues arise between sessions, which require attention prior to the next scheduled session. Should this happen, please text or leave a phone message for me, I will return your text or call as soon as possible after receiving your message, most texts/calls will be returned within 24 hours Monday

through Friday before 7pm. Weekends and all holidays, texts/calls will be returned the next day I am in the office. Only calls which exceed 10 min in length will be charged at the prorated regular amount.

Request for Release of Records and Record Keeping

From time to time, and for varying reasons, clients ask for their records to be released – either to them personally or to a third party. I may charge a reasonable fee for copying your record for you or for providing a copy of your record to a third party at your request.

In the Event of my Death or Major Disability

I have an agreement with Dr. Ami Owen 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 Dr. Ami Owen accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

Termination

If, without having made prior arrangements, I have not heard from you in 30 days I will assume that you would like me to terminate our current episode of care and close your active clinical file. In such cases, we may re-open the file and initiate a new episode of care once we meet again.

Storage of Files and Information

All confidential information is stored in either locked file cabinets or an encrypted electronic system. Files are kept for a minimum of 5 years from the point of last client contact then destroyed for non-insurance clients; insurance client files are kept a minimum of 7 years from date of last contact or as long as required. All HIPAA requirements are met in the data storage and destruction process.

Internet Confidentiality

The internet is not a totally secure medium for the purpose of transmitting counselor-client or other privileged information. Professional advice will not normally be provided via the internet. Any inquiry or contact with my website or office via the internet should not be considered a substitute for telephonic, written, or in-person communication. If you send messages by email or other electronic forms of transmission you acknowledge and agree that you may be compromising confidentiality by using such means of communication.

Social Media

I do not accept Facebook, LinkedIn, Instagram or other forms of social media requests to connect or communicate with current or former clients on my personal social media accounts. I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Client Grievances and Referrals

If, at any time you have questions, doubts, or concerns about the course of treatment or approaches used in therapy, I would encourage you to discuss these with me. You, as an individual, have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits your needs; Remember that treatment is optional and can be terminated at any time. If you choose to seek assistance from another counselor or therapist, or if I find I am unable to provide you with services, I will offer you the names and phone numbers of at least two other counselors whom you may contact if you choose. It is your right to select and to make arrangements with another therapist if you decide to continue counseling.

If you think I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved. If you think that this does not resolve the issue, you may contact the State of Washington Department of Licensing, 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
PO Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700
E-mail: HSQAComplaintIntake@doh.wa.gov

The State of Washington requires that the following appear on every client's disclosure statement:
"Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."