



HEART-TO-HEART

Depth Psychotherapy, Wellness & Recovery Services

OFFERING TRADITIONAL & NON-TRADITIONAL PSYCHOTHERAPEUTIC SERVICES, TECHNIQUES AND OPTIONS
TOOLS FOR LIVING A BALANCED & MEANINGFUL LIFE



SUSAN NEVADA BARNES NEBEKER, MA, LMFTA, CDPT | Depth Psychotherapist, Marriage & Family Therapist, Addiction Professional
WA State Chemical Dependency Professional Trainee #CO 60434793 | WA State Marriage and Family Therapy Associate #MG 60357819
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PRIVACY PRACTICE DISCLOSURE AND AGREEMENT

—PLEASE READ, DISCUSS AS NEEDED, AND SIGN—

Washington State Law requires that all counselors/therapists provide their prospective clients with certain information. The purpose of this requirement is to assist you in making an informed decision prior to, during and after the counseling process. Clients are not liable for any fees or charges for services rendered prior to receipt of this Disclosure Statement.

Professional Qualifications and Experience:

- Washington State Marriage and Family Therapy Associate License # MG 60357819
- Washington State Chemical Dependency Professional Trainee License #CO 60434793
- Master of Arts, Counseling Psychology with emphasis in Depth Psychology
- Published Master's Thesis: *Birthing the Soul through Loss: The Mythopoetic Life*
- Bachelor of Arts, English with emphasis in Technical Communication and minor in Creative Writing
- 15 years' experience in mental and behavioral health field, to include
 - *Death Education*
 - *Grief and Loss*
 - *At-risk Youth*
 - *Domestic Violence Advocacy*
 - *Dialectical Behavioral Therapy (DBT)*
 - *Depth Psychology*
 - *Therapeutic PsycheCollage©*
 - *Active Imagination*
 - *Depth Psychology*
 - *ADOPTSSM Training*
 - *Addiction & Recovery*
 - *Therapeutic Process Groups*
 - *Suicide Intervention*
 - *Crisis Response Advocacy*
 - *Treatment Planning*
 - *Native American Animal Medicine Readings*
 - *Program Management*
 - *Gerontology*

CLIENT INFORMATION: Welcome to my practice. I appreciate the opportunity to work with you. I am committed to providing you with the best care possible. As a master's level marriage and family therapist associate, I provide depth psychotherapy, grief-work facilitation, addiction & recovery, trauma therapy, consultation and education of the heart (teaching and promoting the bringing forth from within of that which is our authentic Self) to adults, adolescents, couples and groups. I also provide and facilitate therapeutic process groups.

PHILOSOPHY AND APPROACH TO COUNSELING: As a practitioner, I bring passion into the therapeutic experience by upholding depth oriented philosophies of Carl Jung and James Hillman—analytical and archetypal psychologies, and by upholding my own personal experiences. Specifically, I focus on practices which welcome psyche such as personifying, psychologizing, pathologizing, and de-humanizing; I also focus on complexes, unconscious patterns, relationships, and the development and maturation of the personality—a process Jung called individuation. No matter what state of suffering a prospective client may be in, it is my belief that every person is whole, no matter the fragmented state his or her body, mind or spirit may be in. I believe that loss is an integral part of

living; it can pose an emotional, psychological, physiological, and/or spiritual threat to one's wellbeing. Each person is unique in their response to any given loss experienced.

TREATMENT MODALITY: As a practitioner specializing in depth psychology, I focus on complexes, unconscious patterns, relationships, and the development and maturation of the personality—a process Jung called individuation. I integrate several different psychotherapeutic modalities including Jungian, Gestalt, humanistic, psychoanalytic, existential and transpersonal. Furthermore, I utilize both traditional and non-traditional techniques such as Mindfulness as a spiritual and psychological faculty, Sand-Tray Play, Therapeutic PsycheCollage®, Native American Animal Medicine Readings, Sensory and Somatic Awareness Practices, and Present Moment and Inner Body Awareness, which are all means to access the unconscious (i.e., Active Imagination). I practice under the supervision of a Licensed Marriage and Family Therapist.

BACKGROUND AND QUALIFICATIONS: I hold a Master of Arts Degree in Counseling Psychology with an emphasis in Depth Psychology from Pacifica Graduate Institute in Santa Barbara, California, an accredited graduate school that fosters creative learning and research in the fields of psychology and mythological studies, framed in the rich traditions of depth psychology. I completed my counseling practicum at Hospice San Luis Obispo County during my second year of study, introducing, educating and training me to the field of thanatology, to the multifarious aspects of loss, to grief-work, to the mourning process, to complicated grief, to crisis and trauma therapy, and to what would come to be a vocational niche. I possess an unbounded passion for grief and loss, trauma, and addiction and its impact on those it touches. I earned a Bachelor of Arts Degree in English with an emphasis in Technical Communication and minor in Creative Writing from Eastern Washington University (EWU) in Cheney Washington. Besides my private practice, I work as a Substitute Teacher with the Yakima School District. In December 2015, I completed Addiction Studies Certification through Eastern Washington University.

EMERGENCIES: If you have an emergency, call my office at 509-571-1671. If you are unable to contact me regarding your emergency, you are strongly urged to contact a local mental health facility at **575-4200** in Yakima County—**925-4168** Kittitas County or —**1-800- 572-8122** Klickitat County. If you have a life-threatening situation call 911 immediately or local emergency responders.

PAYMENT AND INSURANCE: Payment for service is considered part of your treatment. My fees are based on a sliding-scale rate. I do not ask about your income! Whatever you feel comfortable paying for services that is what I will charge. Fees for Couple/Family Therapy is \$30 additionally to Individual; please add an additional \$30 to all fees (i.e., 90-minute, 120-minute, etc.).

\$30 - \$120	-	60-minute Individual
\$60 - \$150	-	60-minute Family/Couple
\$60 - \$180	-	90-minute
\$60 - \$240	-	120-minute
\$30	-	15-minute over
\$60 - \$180	-	90-minute Initial Intake Interview
\$30 - \$120	-	90-minute Therapeutic Process Group
\$100 - \$190	-	75-minute - Native American Animal Medicine Reading, which includes a hard copy of the reading

Full payment must be made at the beginning of each session. I accept checks or cash. A \$25 fee per check will be charged for returned checks. Though I am not a preferred insurance provider, I am happy to provide you with a statement for services that you can submit on your own. Phone calls, email, professional or medical consultations, and any travel time to another location will be billed at

my standard hourly rate. Any case work, research or professional consultations done as part of any legal proceedings may be billed at a rate of \$60 per hour.

APPOINTMENTS AND CANCELLATION POLICY: Appointments are scheduled in standard 60-minute increments. There are times when couple's therapy is served better by longer sessions. If you need to cancel an appointment, please let me know as soon as possible but no later than 24 hours in advance in order to avoid payment for the session. Missed sessions without a 24-hour cancellation notice will be considered payable prior to our next session unless arrangements are made beforehand.

ADVICE ON MEDICATION OR OTHER MEDICAL ISSUES: As a counselor, and not a medical doctor, I can only give general information regarding medications or medical conditions. All medically related questions should be asked of a Physician. No guarantee: While there is every expectation that the services provided will be of benefit to the client, I cannot guarantee that you will benefit.

WITH WHOM DO I SHARE YOUR INFORMATION AND FOR WHAT PURPOSE? I do not sell, rent, or trade your personal information with others.

RECORDS: I will maintain records of all correspondence for a minimum of 10 years. These records will be maintained as hard copies or on electronic storage media which will be stored in a lockable file. Only I will have access to these media or files.

POSSIBLE MISUNDERSTANDINGS: Should you feel that a misunderstanding has occurred, it is your responsibility to contact me as soon as possible.

FEE INFORMATION: Please read, discuss as needed, and sign, the Fee for Service Agreement that is with your intake paperwork packet.

CONFIDENTIALITY/RELEASE OF INFORMATION: It is your right and my duty to keep the content of our counseling sessions in the strictest confidence at all times. No identifying information will be released without your written consent (or in the case of a minor under the age of 13, without the written permission of his/her parent or legal guardian-please read, discuss as needed, and sign the Authorization to Release and Exchange Confidential Information Form that comes with your client packet). If I am seeing a couple or family, no information will be released without the written consent of all parties. However, according to Washington law, the following situations are exceptions to your right of confidentiality:

- If I believe that you are likely to do harm to yourself or to 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, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this to Child Protective Services or Adult Protective Services.
- If you submit claims to your insurance company, they may require information about your treatment.
- If a court of law issues a legitimate court order, I am required to provide the information specifically described in that order.
- If you commit a crime on my premises or against me or if I need to defend claims against me, I am allowed by law to disclose your healthcare information.

Furthermore, in order that I am at my most effective and authentic, I request that domestic partners, married couples and members of the same nuclear family waive their rights to confidentiality among

each other. This does not mean that I will necessarily disclose any such information. It does mean that I may do so, if I believe it is necessary for the success of your work. I would first discuss this with you and encourage you to share the information with your loved one yourself.

Additionally, I meet regularly with a supervisor. Your identity will be protected, as will unique identifying information. The other professionals with whom I meet are bound to the same standards of confidentiality as am I.

PRIVILEGE: Privilege is a legal concept. In a court of law, your right to confidentiality is legally protected. The only way this can be broken is under the following conditions: You elect to waive your right to privilege. If you are in a court proceeding and want the therapist to testify on your behalf or release your records to your attorney or the court, you are waiving your right to privilege. You must give your therapist written permission to waive your right to privilege. It is important to know that any time you waive your right to privilege all of your therapy records can be released to the court and attorneys. You cannot control what content is released.

You cannot control the content of the therapist's testimony. Introducing your mental status in court. If you use your mental health status in court or introduce it during a legal proceeding, you automatically waive your right to privilege. Lawsuits, If you decide to pursue legal action against your therapist or the therapist seeks legal remedies to obtain payment for services provided for which you refused to pay, do not have the right to privilege. Therapists to release client records or testify in court if a judge orders this. This does NOT include subpoenas from attorneys.

POLICIES FOR ONLINE COMMUNICATIONS: I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as emailing is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my internet service providers (ISP). Though it is unlikely that someone will be looking at these logs, they are possibly available to be read by the system administrator(s) of the ISP. Any emails which I receive from you and any responses that I send to you become a part of your legal record.

SOCIAL MEDIA: I do not accept friend or contact requests from current or former clients on any social or professional networking site. Adding clients as friends or contacts on these sites has the potential to compromise your confidentiality and our respective privacy. Your signature below represents your agreement to and understanding of the above.

State law requires that the disclosure statement include the following two paragraphs:

a. WAC 308-109-040: "Counselors practicing for a fee must be registered or licensed with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, or necessarily imply the effectiveness of any treatment."

b. SHB 1828: "A record of the mental health care provided to you is kept by this office. You may ask to see and copy that record. You may also ask this office to correct that record, if you believe the information within your record is in error. A copy of your corrections to the office records will be placed within your record, at your request. This office will not disclose your record to another unless you direct us to do so, or unless the law authorizes or compels us to do so. You may see your record or get more information about it at this office."

THE FOLLOWING ARE REQUIRED BY WASHINGTON STATE LAW:

"... the certification of an individual under this chapter does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment." RCW 18.19.060.

As a Licensed Marriage and Family Therapist Associate, I am required to have a supervisory / consultation agreement with an approved supervisor/consultant, WAC 246-810-025.

I must adhere to the ethical and professional standards of the Washington State Department of Health. If you feel that I have acted in an unprofessional or unethical manner, please bring this to my attention so we can clarify and solve the problem. If this does not resolve the issue, you may contact the State of Washington Health Systems Quality Assurance at: HQSA Complaint Intake, PO Box 47857, Olympia, WA 98504-7857, 1.800.525.0127 or 360.236.4700, e-mail: HSQA.ComplaintIntake@doh.wa.gov

Please sign below to attest you have read and understand the above information, and understand all WACs and RCWs cited here have been made available to read and/or have copies made for you.

Client Signature _____ Today's date _____

Parent of Client if under the age of 18 _____ Today's date _____

Susan N. BarnesNebeker, MA, LMFTA _____ Today's date _____