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Kristal Mathis, MA MFT, LMHC, CMHS
Professional Disclosure and Consent Form
WAC 246-810

As a Licensed Professional Counselor of the state of Washington (LH 60179750), I am providing the following information to notify you regarding the counseling practice at Heartprints and to offer your course of treatment.

Therapeutic Orientation: As a systemic (aka family systems) therapist, each person's journey is interwoven in relationships. It is in these relationships that we have potential to grow. My goal in session is to build trust through unconditional support and acceptance. I can work with families as a whole to encourage the development and progress of the family. I also see individuals to collaboratively meet their therapeutic goals. When seeing children, I coach and collaborate with the caregivers in providing consistency, structure, and motivations to get the behaviors they desire from their children. In parent coaching, I often refer to the curriculum from Parent Project (www.parentproject.com). Dialectical Behavioral Therapy is utilized especially for high risk behaviors. Identifying and implementing coping skills such as breathing exercises, grounding exercises, and mindfulness are common to improving overall well-being. Assertiveness training and practicing safe boundaries are also common areas of clinical work. Any client can refuse or disagree with any recommendations at any time.

Education and Training: I graduated with a Bachelor Science in Human Development & Family Studies and a minor in Psychology from Warner Pacific College and went on to earn a Masters of Arts in Marriage and Family Therapy from George Fox University. Certifications include the following: trauma intervention, grief work with children, Strengthening Families Certification, couples counseling, and Child Mental Health Specialty. Other educational/experience include as follows: parenting classes including Parent Project, teenage behavioral issues, self-harm, ADHD, anxiety, depression, Post-Traumatic Stress Disorder, human development, Family Systems, Oppositional Defiant Disorder, Adjustment Disorders, Autism Spectrum Disorder, Parent-Child Relationship, substance use/abuse, eating disorders, sleep disturbance, and Attachment Disorders. My specialty is middle school through college but I do see all ages. I have been practicing since my internship in 2007 at Columbia Wellness, formerly known as Lower Columbia Mental Health.

Risks & Benefits: Therapy has the potential to help people grow, understand themselves better, and live more satisfying lives. Due to the varying nature and severity of presenting concerns and the individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result. However, following the intake, I can make a general recommendation for both type of therapy and frequency/duration. The ultimate decision is always the client's. I do reserve the right to refer any client at any time if I do not feel I am benefiting the client or we are not an effective match. Also, sometimes in the process of therapy, a client may temporarily experience increased distress. Please let me know if this becomes overwhelming. Sometimes it has to get worse before it gets better but I would like to know to better support you in the process. Powerful emotion, aspects of personality, the past, your goals, and your relationships, may come up during sessions, and this can sometimes lead to confusion, pain, fear, or emotional turmoil. However, this is generally a normal part of the path toward self-understanding and achieving your goals. However, as you work through your areas of difficulty and build upon your strengths, it is likely that you will see improvements throughout our work and in your future. Please be advised that counselors cannot guarantee successful therapy outcomes.

The Therapeutic Relationship: Therapy and friendship are not the same. I am not able to attend social engagements, accept gifts, or relate to clients in any way outside our therapy sessions. The professional, confidential relationship required for therapy limits other contact with me including social, religious, academic, or business settings. This is not for a lack of interest or care but in order to maintain professional boundaries. To ensure your confidentiality as a client, if I were to see you in public at any time, I will not initiate any contact or familiarity with you. If you choose to initiate a visible or audible greeting, I will reciprocate but will not attempt further

communication. Due to the small community we live in, I also ask clients not to engage in conversation beyond basic pleasantries if at a mutual event. This is to protect your confidential counseling process and is part of a counselor's ethical code. For this reason, I also do not accept or respond to social media requests. There is an inherent power imbalance which never fully disappears even after therapy has been terminated. For this reason I avoid personal relationships with even former clients. This is also to protect you, the client, since any personal relationship would prohibit any further professional relationship.

Family Therapy: Studies show individuals improve more quickly with family support which I fully support. In family therapy, each member has equal voice and value. The dynamics are different than individual therapy. Absolute confidentiality is not always possible because of the very nature of family therapy involving more than just myself and the client. While I will never go out of my way to share information not agreed on, I generally do not hold secrets from the identified client and/or from the family in family counseling. The improvement of one family member cannot be to the detriment of another.

How to contact me when not in session:

- You can call me at 360-798-2058. If it goes to voicemail, please leave a message and I will get back to you within 24 hours Tuesday-Thursday excluding vacations, holidays, or sick days. Please do not use phone calls as a counseling session unless agreed upon ahead of time. Calls should include quick questions, appointment changes, or emergencies unless it is a scheduled phone session. Less than a 15 minutes call is not charged.
- You can also email me, (Heartprints@kristalmathis.com) however; please do not use this method if it is an emergency or to cancel an appointment. See below for further emailing details.
- Texting. See below for further details.

Ending Therapy: My clinical goal is to help you meet the goals we agree on. If after 2 months of weekly session, no progress has been made, I will discuss referring to additional support. Once those goals are met, weaning and closing from counseling is part of the process. This is typically the client's decision. As closure is important to the therapeutic process, if you should decide to end counseling, please communicate it to me as soon as possible. This way we can discuss ways to maintain progress and complete a closing session. If you (or your teen) misses appointments or does not reschedule for 90 days without completing a closing session, I will consider this your way of closing this episode of care. You are welcome to reengage at any time though a new intake may be required.

You normally will be the one who decides counseling will end, with two exceptions:

- If I am not, in my sole discretion, able to help you because of the kind of problem you have or because my training and skills are not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs.
- If you are violent or threatening toward myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment.

If I end counseling with you, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

Crisis Support: 24/7 support is available to you by calling Clark County Crisis Line (360-696-9560). Crisis phone operators and counselors are trained to support you. You may also call 911, or go to the nearest hospital emergency room in a crisis situation. Teen Talk may also be available to talk to at 360.397.2428 (<https://www.clark.wa.gov/community-services/teen-talk>). www.Crisistextline.org offers texting support in crisis. Text HOME to 741741 for immediate response and help. In an emergency in session, I may contact your listed emergency contact person.

Social Media Policy: Be aware there are some potential risks when engaging in online communication. As new technology and social media continue to develop and change, I reserve the right to update this policy at any time, providing you with an updated copy.

Email contact: Emails are typically responded to Tuesday through Thursday 8 am to 8 pm once a day per client excluding holidays and vacations. I use an address that is solely for my use and password protected. However, with most online communication there is a risk to absolute confidentiality. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me through email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. If you choose to communicate with me by email, be aware emails I receive from you and responses I send you become part of the client record. I encourage content and message to limit

identifying information. For your protection, I will not use identifying (such as client's name) or discuss critical issues other than what is required when sending emails. I reserve the right to direct any email questions or concern to a therapy session.

Texting/Messaging: Text messages are typically checked between 8 am and 8 pm Tuesday-Thursday with the exception of holidays and vacations. I will reply as soon as possible. Be aware engaging in text messaging could compromise your confidentiality as it potentially could be viewed by others. My phone does have HIPPA compliant password protection. I prefer this form of communication be limited to arrange, or modify appointments or phone consults. Critical issues will be referred to a scheduled appointment or phone consult and/or the local crisis line. Safety threatening texts will immediately be responded to by a call to local crisis or 911. Be aware texting sent or received may become part of your client record.

Social Media: I keep a Facebook page for my professional practice to provide helpful information to the community. All information shared on this page or other social networking sites such as blogspot, LinkedIn, Twitter, YouTube, etc... is for professional use only and may compromise your confidentiality if you wish to connect on said sites. Be aware posted information may be viewed by the public and may compromise our confidential relationship.

Location based Services: If you have a GPS tracking enabled device it is possible it may compromise your privacy as others may surmise you are engaged in a counseling session.

Hormone Treatment/Gender Reassignment: Due to the specialized nature of this treatment and medical implications, I am not able to complete evaluations or make recommendations regarding hormone treatment and gender reassignment. I am happy to refer you to another professional to assist you with this need.

Service/Emotional Support Animals: While I recognize the value of support animals, I do not write letters, or otherwise professionally endorse service animals or emotional support/companion animals.

Laws & Client Rights: WAC 308-109-040: Counselor practicing for a fee must be registered, certified, or licensed within the Department of Health for Protection of Public Health and Safety. Registration or Licensure of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. Health Insurance Portability and Accountability Act (HIPAA): My notice of Privacy Practices provided at intake informs you of HIPAA, a federal law that Information (PHI) used for the purpose of treatment, payment, and health care operations. This notice carries more detailed information regarding your rights. Washington State Department of Health's brochure for Counseling Clients is provided at intake. It contains information about the client and counselor rights and responsibilities, confidentiality, and an assurance of professional conduct.

Confidentiality: Your participation in therapy, the content of your sessions, and any information you provide to me during sessions is protected by legal confidentiality. In family therapy, only the identified client has the legal rights to privacy. Any information shared by any other family member is not considered privileged information. While a parent (or anyone) is allowed to share information with me, I am not allowed to share client's information without written consent for any client over twelve years of age. Twelve and under require a parent's written consent to share information with an identified party. Information parents share with me does not follow the same rules of confidentiality because they are not the identified client. I will not withhold information from my client potentially damaging our therapeutic relationship. When working with the family or parents some information may be withheld if it is not developmentally appropriate for the client. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give 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 court order or subpoena 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; (i.e. tell me you are going to kill yourself or another human being, eating disorders)
- 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;
- If I have any other legal duty, obligation, or right to disclose or use your information. I am also 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.

Except for situations such as those mentioned above, I cannot tell parents or guardians specific things shared with me in private therapy sessions without client permission if said client is thirteen years of age or older. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian.

You can always ask me questions about the types of information I would disclose. You can ask in the form of “hypothetical situations,” in other words: “If someone told you that they were doing _____, would you tell their parents? Is this something you would have to report?”

Even if I have agreed to keep information confidential – to not tell your parent or guardian – I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you. I do not tell parents how to parent but discuss options and scientifically-based recommendations.

Unprofessional Conduct: If you believe I have engaged in any improper or unprofessional conduct or violated your privacy rights, while I would first like you to discuss concerns in person, you can file a complaint in writing with me and/or the Secretary of the Department of Health and Human Services.

You may contact the state Department of Health at:
Health Professions Quality Assurance Division,
PO Box 47857,
Olympia WA 98504.
Phone 360-236-4700 Fax 360-236-4818
Email: hpqa.csc@doh.wa.gov

Fee Schedule:

Initial Intake 90 minute assessment: \$265
Individual 50 minute session: \$155
Individual 85 minute session: \$250
Established Client Phone Consults, Wrap-Around Meetings & Observations: Prorated at \$155 hr
Group Presentations \$155 an hour
Report Writing \$300 an hour
Special Services (i.e. Court testimony, Court Preparation time, Depositions)* \$300 an hour .
Court Appearance \$1500 minimum charge

If a subpoena or notice to meet attorney is received without a minimum of 48- hour notice there will be an additional \$250 “express” charge. Also if the case is reset with less than 72 business hours notice, there will be an additional charge of \$500. All fees are doubled if counselor, Kristal Mathis, had scheduled time off.

In regards to report writing, an approximate retainer is due upon the request of the item. As the requests vary in nature, time and fee is estimated. Upon completion, the final updated fee/credit will be given/received at the time records are released. I do not practice therapy to write reports or letters or evaluations. The increase in fee is due to the additional time it takes away from my clinical work. Please note I do not write letters of recommendations for child custody or visitation schedules. If you or your family is involved in a divorce, custody, or any other litigious proceeding, my role is not to make recommendations to the court concerning custody or parenting issues. By signing this disclosure statement, you are stating your understanding that I will not make any recommendations regarding custody or visitation in these proceedings. I reserve the right to decline any letter writing particularly if there is concern it will be used for litigious purposes. Please know that any report requested by one parent will be released to the other parent in order to maintain coordination and collaboration in the best interest of the client. For clients, 13 year of age and up, I cannot engage parents in the therapy process without their permission and do not release records or letters without their consent.

Request of Records: Formerly included in Report Writing, Request of Records follows the following guidelines set by the RCW 70.02.010(37): \$1.17 per page for the first 30 pages, .88 for each page following, with an added \$26 for clerical and handling fee plus the time taken for me to personally edit confidential information from

the record, as required by statute is the usual office visit time fee. As in Report Writing, a deposit is due at the time of request with the fee/credit finalized upon receiving the records.

Out of Network Provider: As an out-of-network provider, you are required to pay in full at each session. By paying upfront at each visit I am able to keep my rates at a competitive fee even for those using insurance. You should be aware that submitting claims to your insurance company requires a mental health diagnosis and carries a certain amount of risk to confidentiality, privacy, and to future capability to obtain health or life insurance. The risk stems from the fact that mental health information is likely to be entered into insurance companies' computers and is likely to be reported to the National Medical Data Bank.

Superbill/Receipts: To expedite reimbursement, superbills may be requested with 24 hour notice. Please do not hesitate to ask about clarification or if special circumstances necessitate a more urgent superbill. Please know phone sessions and missed appointment fees may not be reimbursable by insurance. For credit/debit charges, cash payments, and checks, a written receipt can be given at time of service upon request.

Cancellation Policy: It is important to remember that when scheduling an appointment the time is set aside specifically for you. Therefore a 24 hour notice of cancellation by phone is required for session that will be missed. Sessions that are missed without a 24 hour notice will be billed at full charge. Whoever schedules the appointment is responsible for the fee with the exception of minors. If a teenager schedules an appointment and misses it, their legal guardians/parents are financially held responsible unless parents have notified me they have prohibited their child from scheduling. Parents are welcome to have their teenagers contribute to the missed appointment fee if they feel it is necessary. Further appointments may not be scheduled until the balance has been paid or a payment method has been secured. For missed appointments, I may require payment at the time of scheduling additional appointments or a secured payment method option.

Informed Consent for Telepsychological Services (if applicable) Prior to starting video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the therapist will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session. Please turn off audio or visual notifications. All individuals present for the visit must be within view of the camera so Kristal is aware of who is participating.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify Kristal Mathis in advance by phone call or text.
- In the event the telehealth session has technical difficulties, the phone number on file will be the back-up plan to restart the session or to reschedule it unless otherwise agreed upon.
- In case of crisis, your emergency contact and other safety professionals may be notified.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your Counselor, I may determine telepsychology is no longer appropriate and that we should resume our sessions in-Person.

Heartprints Counseling LLC



Verification & Consent to Treatment

- _____ 1.) I agree to pay Kristal Mathis/Heartprints in full for services at time or prior to services.
- _____ 2.) I understand I will be charged for extending sessions beyond their scheduled time consistent to the prorated fees.
- _____ 3.) I understand I will be charged for phone sessions longer than 15 minutes at the prorated session fees.
- _____ 4.) I understand I will be charged full fee for missed appointments without 24 hours notice.

Consent: By signing this verification and consent to treatment with Kristal Mathis, MA MFT, LMHC. I acknowledge I have read, understand, have been given the opportunity to ask questions, and agree to the terms and conditions provided in this disclosure statement. I hereby give my consent for treatment and know I can stop treatment at any time. I have been provided a copy of the following.

- Client Consent and Disclosure Form,
- Privacy Practices,
- Washing State Counseling Brochure.

Client's (or Guardian's if client is under 13) Signature Date

Guarantor's Signature Date

Counselor's Signature Date