



The Seattle Arthritis Clinic

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DISCLOSURE AND CONSENT FOR TREATMENT

The following information is for your benefit so you can enter a therapeutic partnership in an informed manner. If you have any questions about this information, or if any questions arise in the course of our work together, please ask.

PARTIES TO THE PROFESSIONAL RELATIONSHIP: The healthcare providers in this office share the physical facilities and administrative services of this office. Your professional relationship is entirely between yourself and Donald Uslan, MA, MBA, LMHC, CRC.

EDUCATION AND QUALIFICATIONS: 1972 – Bachelors of Arts, University of California at Los Angeles; 1977 – Masters of Arts in Psychotherapy & Counseling from E.W. Cook Institute of Psychotherapy, a division of Antioch College, Faribault, Minnesota; 1977-1983 – Mental Health Counselor/Program Manager, Seattle Mental Health Institute; 1983-1992 -- Voc. Rehab and Mental Health Counselor, Trac Associates, Seattle (co-owner); 1983-2001 – Registered Voc. Rehab Counselor (VRC #3118), Department of Labor and Industries; 1985-present – National Certified Counselor (NCC#1550), National Board for Counselor Certification; 1986-present – Certified Rehabilitation Counselor (CRC #19443), National Board for Rehabilitation Counselor Certification; 1987-2001 – Certified Mental Health Counselor (CMHC #020703 MH30000665), State of Washington, Department of Health; 1991 – Masters of Business Administration, City University, emphasis in health care program development; 1993-2000 – Rehab Consultant, Chronic Fatigue Clinic, University of Washington/Harborview Medical Center; 1992-present – private practice, Northwest Counseling Associates, Seattle (owner); 1996-present – Senior Disability Analyst & Diplomate (#2521), American Board of Disability Analysts; 1996-present – Fellow & Diplomate (#2053), American Board of Medical Psychotherapists; 1996-present Diplomate (#9997), American Board of Forensic Examiners; 1997-present – Diplomate (#57), American Psychotherapy Association; 1999-2007 – Diplomate (#9997), American Board of Forensic Counselors, Milwaukee, WI; 2007-present – Fellow (#9997), American Board of Forensic Counselors, Milwaukee, WI; 2001-present – Licensed Mental Health Counselor (LMHC #020703 LH00004894), State of Washington, Department of Health; 2007-present—Ph.D. Candidate, Health Psychology and Behavioral Medicine, Northcentral University.

THERAPEUTIC ORIENTATION: I am committed to using my education, training and experience to perform my services in a professionally competent manner. It is my intent to always treat you with kindness and respect. If you have any questions about your therapy treatment, I urge you to talk with my about your concerns. Most importantly, you have the right to refuse to participate in any aspect of therapy you find objectionable. My belief is that each client has the resources to cope with or resolve the emotional, occupational and lifestyle challenges with which he or she is presented. My responsibility is to assist the client in becoming aware of and using those resources.

As a psychotherapist, my approach may be termed “multi-modal” with strong psychodynamic and family systems influences. I am interested in how past events and relationships impact on our current life situation. I place importance on social, family and work relationships, and personal responsibility in changing these. From this approach, I pay close attention to a client’s thinking styles, belief systems and patterns of relationships. I try to understand in what way these are associated with prior

life events and how these are reflected in the choices, behaviors and life circumstances a client experiences. Counseling is geared toward helping a client more realistically appraise their current life situation and thinking and belief systems. The specific methods I employ and the length of treatment will depend on your particular needs and goals. However, the success of treatment cannot be guaranteed because outcomes depend on many things, including your own actions and commitment to change.

As a rehabilitation counselor, my approach can be characterized as “pragmatic” or “goal-oriented,” with short, medium and long-term goals and time frames used for increasing work or lifestyle options. I use my experience in vocational rehabilitation, disability evaluation, patient education, health care systems and care coordination. I encourage clients to maximize the use of sessions by directing them in their own research, investigation, assignments, problem identification and problem solving.

It is my obligation for ethical, billing and practical reasons to avoid confusing roles or relationships with you. This is especially important because of the nature of my training, interests and qualifications. Thus, I will not bill health insurance for vocational rehabilitation services unless it is specifically allowable (it generally is not covered). If the nature of the mental health services is such that we are attempting to reduce your symptoms (“counseling”) or directed toward resolution of longstanding issues (“psychotherapy”), then it may be appropriate to utilize rehabilitation concepts and techniques. If you have need of vocational rehabilitation services while I am in the role of a mental health counselor, I may discuss with you a referral to a specific vocational rehabilitation counselor in order not to confuse or disrupt our relationship.

APPOINTMENTS AND FEES

- **Mental Health Counseling:** The first session of mental health counseling or psychotherapy is called an “interview session,” the charge for which is \$150. The fee for a typical 45 minute individual, marital or family therapy session is \$125. Group therapy rates are \$50 per hour. Telephone sessions cannot be billed to an insurance company, and must be paid privately at the hourly rate of \$125. I do not charge for brief courtesy calls or letters to the doctor or health care provider who referred you, and I do not charge for brief (under five minute) telephone calls with you. Please be aware that I need to charge for services outside of counseling sessions that are longer than 5 minutes. This includes reports, letters, forms, correspondences or any other activity.
- **Payment:** Unless we have made other arrangements in advance, I ask that payment for visits and reports be made at the end of each session. We will process claims for you so that you may be reimbursed by your insurance carrier with your consent. You will be responsible for the amount the insurance company does not reimburse. I charge a session fee, \$125, for missed counseling appointments or cancellations that are not made at least 24 hours, one business day, in advance.
- **Vocational Rehabilitation:** My rates for vocational rehabilitation counseling services are \$125 per session. Other vocational activity, for which you have not been referred by an attorney, such as research, case reviews, and report preparation, are billed at \$125 per hour.
- **Forensic (Legal) Evaluations, Reports and Consultations:** These services, on referral by an attorney, are provided at an hourly rate of \$200 per hour, or a portion of the hour as required. Extensive reports or evaluations, such as a “Vocational Disability Evaluation” or “Vocational Rehabilitation and Psychological Evaluation” may involve, in addition to interview time, indirect services such as case review, research, report preparation, testing and thus can be time consuming. If you, your attorney, or health care provider are requesting such a report, please be sure that you understand the charges in advance of services. Reports are not released without payment in full. Depositions and testimony are billed at \$250 per hour.
- **Non-Covered Expenses:** Your insurance carrier will not pay for missed or late-cancelled appointments, testing, telephone consultations with you (or your doctor, lawyer, teacher, etc.), or for reviewing reports or records or writing letters. I write brief letters or communicate briefly with your physician as a courtesy. Please be aware that I need to charge for services outside of

counseling sessions that are longer than 5 minutes. This includes reports, letters, forms, correspondences or any other activity.

ETHICS AND PROFESSIONAL STANDARDS: As a Licensed Mental Health Counselor (#020703) and Certified Rehabilitation Counselor, and a member of other national boards and professional organizations, I am accountable for my work with you. If you have concerns about the quality of my services or any administrative matter (e.g., fees, etc.), please discuss them with me first. I am committed to providing the highest quality professional services, managed in a fair manner. However, should you still feel that I have been unresponsive to your concerns, you may contact the State of Washington, Department of Health, Professional Quality Assurance Division, PO Box 47869, Olympia, WA 98504-7869.

CONFIDENTIALITY AND ACCESS TO RECORDS: I consider all information and issues presented in the course of therapy as confidential. By law, information concerning treatment or evaluation may be released only with the written consent of the person treated or such person's parent or guardian. An exception to this is if it is necessary for me to share information with your referring physician or other health care provider from whom you are receiving services. State law also requires the release of confidential information in these situations: (1) suspected abuse of children or incapacitated adults; (2) potential harm to self or others; or (3) if individuals are gravely disabled and not able to care for themselves. In addition, in certain circumstances, the court may subpoena treatment records or require a deposition or testimony from a therapist. The contemplation or commission of a crime or a harmful act is not confidential communication. State law also required me to inform you of the following: **I keep a record of the health care services I provide you. You may ask to see and copy that record. You may also ask 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 information about it by making your request in writing to me.** You may see your records or get more information about it at any time that is convenient for both you and me.

NOTE: When counseling sessions are held in a medical practice setting, the session may be interrupted by a physician or other medical staff due to an emergent situation. Although such interruptions are rare, and I attempt to keep them to a minimum, please be aware they do occur, and it is not my intention to appear discourteous or inattentive to your needs during your time.

THIRD PARTY REFERRALS: For clients referred by a doctor or other health care provider, it is usual and customary for a counselor to write a letter explaining general aspects of the case and proposed treatment, with letters updating the practitioner periodically.

Please initial here to acknowledge your **approval** for me to communicate with your physician: _____

Please initial here to acknowledge your **disapproval** for me to communicate with your physician: _____

EMERGENCIES: In the case of a life-threatening emergency, please call the Crisis Clinic at 461-3222, dial "9-1-1," or go to the nearest emergency room. I check my confidential voice mail frequently, Monday through Friday during business hours. It is my intention to get back to you within 24 to 48 hours. If you have not heard from me within 24 hours, please call back.

I have read and understand this "Disclosure and Consent for Treatment." I agree with its terms and have been offered a copy to keep.

Client's signature

Date

Donald Uslan, MA, MBA, LMHC, CRC

Date