## **Caroline Bradbury, LICSW, CLS, Disclosure Statement and Client Agreement**

The Washington Administrative Code requires that I, Caroline Bradbury, LICSW, CLS, inform you of the form of treatment I provide, my fee, and educational background, including experience.

**Degrees, Registration and Licenses:**

I am a licensed clinical social worker and am registered with the State of Washington, Department of Health, as required by law, and I currently meet all of the Washington State requirements for a Licensed Clinical Social Worker. I hold a Masters Degree in Social Work from the University of Washington and a Bachelor’s Degree in Psychology from the University of Washington. I am a child life specialist and have completed an internship at Johns Hopkins Children's Center meeting the requirements for certification.

Licensed Social Worker: LW 60296757

My education and training is in mental health counseling and trauma healing in children and families. I have completed post-graduate trainings in somatic experiencing, yoga therapy, attachment and relationship trauma, expressive arts therapy, childhood anxiety, childhood trauma, and several in-depth parenting courses through Hand in Hand Parenting and the Neufeld Institute.

**Experience:**

I have a combined total of 15 years of experience providing counseling services to children and families in times of stress. My counseling career has taken me to the only designated Level I adult and pediatric trauma and burn center in the state of Washington, Harborview Medical Center, and to Swedish Medical Center where I worked with children and families for over eight years, both as a child life specialist and a clinical social worker. I have been in the counseling field since 2001.

**Memberships/Affiliations:**

Washington State Psychological Association

**Approach:**

I am client-centered and strengths based in therapeutic orientation. I offer a unique and integrative approach to healing trauma and recovering from overwhelming experiences by combining traditional talk therapy with somatic, or body based, techniques. I work with children, individuals and families.

The length of time you spend in therapy is solely up to you. I will give you input in this regard. As a consumer, you have the right to ask questions and be responsible for your therapy.

You have a right to make decisions for your treatment and our relationship is to collaborate in defining the goals for your counseling and treatment. It is important that I help you to do the following:

* define what brought you here for help
* determine how will you know you are accomplishing your goals
* define the outcome you are hoping for

**LIMITS ON CONFIDENTIALITY:**

The law attempts to protect the privacy of all communications between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by state law and/or HIPAA. I may disclose information in the following situations:

1. The disclosure is allowed by a court order
2. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation
3. The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

If someone else is to be included in your therapy, I will have you sign consent for the release of information. This will make clear that you have granted permission for me to include this person in our conversations.

**How to reach me:**

**By telephone:**

You may reach me by leaving a message at the office line of 425-462-8558. I am in the office on Thursdays and Saturdays but I do not answer telephone calls when I am with a client(s). The phone is answered by an office employee or by a voicemail system that is monitored daily on weekdays. I will make every effort to return your call within 24 hours of receiving your message. In order to expedite this, when leaving a telephone message, please leaves times when you will be available for a phone call and the best telephone number to contact you at.

If you are unable to reach me and are experiencing a crisis or feel that you cannot wait for me to return your call, contact your family physician or the Crisis Clinic at 866-427-4747. You may also go to the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time I will provide you with the name of a colleague to contact, if necessary.

**By email:** You mayuse email toschedule or cancel an appointment at [c](mailto:laura@eastsidetherapists.com)arolinebradbury3@gmail.com. However, due to the difficulty in my ability to maintain your confidentiality I will keep our exchange of information limited to dates and times of appointments made, missed and kept. Please remember to leave a contact phone number where you would like for me to contact me if you contact me by phone. **I refrain from texting because it is not HIPPA compliant.**

**Fees, Billing and Payment Policy:**

# All fees are due and payable at the start that the services are provided; this includes individual, family, couples and group therapy

# unless alternate arrangements are made in advance. I am happy to assist you by billing your insurance company. However, this

# does not guarantee that your insurance company will cover the cost of services.

Regular fees are charged for requested reports, telephone calls lasting 15 minutes or longer, appearances in court, accompaniment to treatment/detoxification facility, or consults with a therapist at a pro-rate per session rate. Services for intervention including any necessary travel time are based on the regular fee. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party.

Urinalysis will be provided only if paid for in advance of the service. I suggest that you pay for several in advance so that you are not denied this service for an inability to pay at the time that it is needed.

Fees are charged in accordance with the fee schedule. Individual sessions are $135.00, Couples and Family Sessions are $160.00 and group therapy is $97.00. Late fees will accrue on your balance at the rate of $15.00 past 30 days. Account balances that remain unpaid for over 60 days will result in services being terminated until your bill is paid in full. Please be sure to help us avoid this very unpleasant experience. Should any of these payment policies pose special problems, please feel free to discuss the issue with me.

Disputes over insurance payments are between you and your insurance company. ***It is your responsibility to initiate preauthorization with your insurance company. In the event that your insurance company denies payment for claims made on your behalf you are required to pay the balance of your account within 45 days of services provided.***

**Initial**:

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis, dates of services, types of services provided, and any co-payments already received. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purposes requested. This information will become part of the insurance company files, your medical record, and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this agreement, you agree that I can provide requested information to your carrier. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

**Initial**:

In any event, the responsible party is responsible for payment of the balance due on his/her account.

Final reports will be sent on your behalf after you have paid your account in full.

**Scheduling and Cancellation:**

Therapy sessions last 45 to 60 minutes for individual sessions and 60 minutes for family and couples’ sessions unless other arrangements have been made. In scheduling sessions once an appointment is scheduled you will be expected to pay for the full cost of the session unless you provide 48 hours advance notice of cancellation not including weekends and holidays. Insurance companies do not provide reimbursement for cancelled sessions. If it is possible, I will try to find another time to reschedule the appointment within my limited workweek. If no alternative time is available during that week, you are responsible for the cancelled appointment.

**Initial: Please initial that you understand this policy.**

**Referrals for Adjunct Services:**

The nature of addiction and mental health treatment will, at times, make it necessary for me to make referrals to other providers for services I am unable to provide to you such as detoxification, medication, medical services, acupuncture, psychiatric evaluation, nutritional evaluation, etc.

In order to meet your goals for treatment it is important that you follow through on pursuing these services in a timely manner. If you are finding it difficult to do so we will discuss this in therapy and will determine the best solution to help you achieve your goal.

**Complaints/Disputes:**

Please bear in mind that a complaint is a very serious action and should be made if and when you believe *professional misconduct* has taken place. It is important to me that we resolve difficulties together should a problem arise. Part of therapy/treatment is learning new methods to communicate effectively. Before making your decision to report a health care provider, keep in mind that many common complaints such as scheduling problems, personality conflicts, or disputes over bills or insurance are usually not within the Department or board’s legal authority to take action. Reports involving fees or insurance claims are only investigated if there appears to be fraud involved.

If you believe that I have caused you harm or have violated your rights, you are asked and encouraged to contact me so that we may discuss the situation. I can be reached by telephone at 425-462-8558 or a written complain may be mailed to me at 2025 112th Ave NE, Suite 201 Bellevue, WA 98004. If you believe that it is not possible to resolve an issue or a complaint with me individually, you are encouraged to schedule an appointment with Laura J. Halford, clinic supervisor and me to discuss the matter further. If it is not possible to resolve an issue or a complaint in a way that you find satisfactory, a formal complaint can be made with the Washington State Department of Health at the address below.

Washington State Department of Health Health Professions Quality Assurance

P.O. Box 47865

Olympia WA 98504-7865

I have read Caroline Bradbury’s disclosure statement and client agreement:

Patient Signature Date

Parent Signature (if a minor) Date