**DISCLOSURE AND POLICY STATEMENT**

Marjie L. Roddick Counseling, LLC
601 Main Street, Suite 207 Vancouver, WA 98660
(360) 608-4218
marjieroddick@gmail.com
WA License # LH60463513
OR License # C4371
Certified Trauma Treatment Specialist # 0316-9206

Welcome to my practice! This document provides an overview of what the counseling experience will be like while working with me and can help you decide whether you think I will be a good fit to help you meet your goals. Counselors are required to provide a disclosure statement to clients before counseling begins. As a consumer of counseling services you are not liable for any fees or charges for services rendered prior to receipt of a disclosure statement.

## TRAINING, EDUCATION, & EXPERIENCE

I am a Licensed Mental Health Counselor and Certified Trauma Treatment Specialist. I received my Associate's degree in psychology from North Idaho College in 2004. I graduated with my Bachelor's degree in psychology from Gonzaga University in 2006 and my Master's degree in Community Counseling from Gonzaga in 2011.I worked part-time for an agency in Newport, Washington as a Therapist treating survivors of domestic violence, sexual assault, and crime from 2011-2016. I started my private practice in 2014 and specialize in working with individuals experiencing intimate partner violence, trauma, depression, and anxiety. I am a member of the American Counseling Association and the Association of Traumatic Stress Specialists.

## CONTINUING EDUCATION

As a licensed counselor in both Washington and Oregon, I follow the Licensing Board's Code of ethics. To maintain my license, I am required to participate in annual continuing education, taking classes relevant to this profession.

## COUNSELING PHILOSOPHY & APPROACH

My counseling approach combines various evidence-based techniques from relational-cultural, mindfulness, narrative, and solution-focused practices. This means I think change happens through a safe, therapeutic relationship as you gain self-awareness sharing meaningful experiences and focus on possible solutions and outcomes you want to see in your life. Counseling is a collaborative process which means we work together to identify your concerns, develop treatment goals, monitor any changes, and ultimately end therapy. Referral to other resources may be provided if necessary. Counseling sessions are usually scheduled weekly when we first begin. Later, we move to biweekly then monthly as you begin reaching your goals and working toward termination of services.
The methods and techniques used in counseling vary depending on your needs. We may discuss educational handouts and diagrams, practice relaxation techniques, or brainstorm

lists of possible solutions. I may use brief assessments or encourage experiments to try outside of session related to your goals. Length of service varies and depends on a number of factors including: your level of social support, how quickly you feel you are progressing, financial or insurance limitations, severity of any symptoms present, and your ability and willingness to experiment with change. Individual sessions are 45-50 minutes in length. Counseling involves both risks and benefits. Risks may include experiencing uncomfortable emotions like anger, guilt, loneliness, or helplessness as you address solutions to problems. I am optimistic that change is possible but there is a risk that desired outcomes might not be reached. Benefits of counseling include the possibility of healthier relationships, clarification of specific problems, and possible reduction in feelings of emotional distress. Discovery and change can be both rewarding and difficult experiences.

## PROFESSIONAL RECORDS & PERSONAL HEALTH INFORMATION (PHI)

I keep counseling records that may include, but are not limited to, communications and consultations, a diagnosis, treatment planning and goals, effects of the problem on your life, any progress toward goals, billing records, attendance and participation, and reports to and from other professionals related to your care. You may request in writing to examine and/or receive a copy of your clinical record. It is my policy to not release an entire file, but to provide a summary of information within the file in most cases. Because counseling files are professional records, it is possible they can be misinterpreted and upsetting to those who are untrained in reading them. If your record request is approved, I recommend that you review the file with me or with another mental health provider so the contents can be discussed and clarified. I may deny your request for records if there is reason to believe that doing so could be harmful or dangerous to you or another person. You will be charged a fee for time I spend responding to record-related requests. I may withhold your record until the fees are paid. Fees are described below.

## YOUR RIGHTS

As a client of an Oregon licensee you have the following rights:

1. To expect that a licensee has met the qualifications of training and experience required by state law
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee
3. To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100)
4. To report complaints to the Board
5. To be informed of the cost of professional services before receiving the services
6. To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions: Reporting suspected child abuse, Reporting imminent danger to you or others, Reporting information required in court proceedings or by your insurance company, or other relevant agencies, Providing information concerning licensee case consultation or supervision, Defending claims brought by you against me

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8 To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status

You may contact the Board of Licensed Professional Counselors and Therapists at:
Address: 3218 Pringle Rd. SE, #250, Salem, OR 97302-6312
Phone: (503) 378-5499
Email: lpct.board@state.or.us
Website: www.oregon.gov/OBLPCT
For additional information about this counselor or therapist, consult the Board's website.

## FEES, INSURANCE, & BILLING PRACTICES

Payment is due at the time of service and may be made by cash, check, or credit card. Individual session fees are $100. This fee may also be charged for other services including authorized consultations, preparation and writing of reports or summaries, assessments, record reviews, phone calls lasting longer than 15 minutes, and time spent on other services you might request of me. I will break down the hourly cost for periods in which I work less than one hour. If you become involved in legal proceedings requiring 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. My hourly fee for personal attendance, telephone participation, and preparation for legal involvement is $200. If you request copies of your clinical record, and I approve that copies of your record are appropriate, a copying fee of 65 cents per page for the first 30 pages and 50 cents per page after that will be charged in addition to a $15 clerical fee.

If you have health insurance, it usually provides some coverage for mental health services and may involve a co-payment or deductible you are responsible for at the time of service. Please contact your insurance provider to determine the amount of your co-payment, whether there is a limit to the number of sessions authorized, and whether you have a deductible you need to meet before your insurance provider covers the cost of services. I can also attempt to verify insurance coverage on your behalf. I will bill your insurance company, however, **you have the final responsibility to pay for the treatment you receive**.

Be aware that most insurance companies require me to provide a clinical diagnosis before they reimburse me for counseling services. Insurance companies may also request information regarding treatment planning, summaries of treatment or progress, and in rare cases, may request your entire clinical record. I will provide you with a copy of any report I submit if you request it in writing. You have a right to pay for my services yourself, which may prevent your private information from being received and stored by an insurance company.

In the event that you have a past due balance, accounts more than 60 days past due with no agreed arrangement for payment may be turned over to collections. This may involve using a collection agency or small claims court which will require me to disclose otherwise confidential information about you including your name, the nature of services provided, and the amount due. Collection fees plus any legal fees will be applied to the balance due.

## CANCELLATION AND ATTENDANCE POLICY

Consistent attendance is associated with better treatment outcomes. Missed or cancelled appointments interfere with your progress and delay our work together. If you must cancel, please provide at least 24 hours notice. (For example, if you are scheduled for Wednesday at 10:30 a.m., you must call to cancel on or before Tuesday at 10:30 a.m.) If you are unable to provide at least 24 hours notice when you cancel, or if you do not arrive (no-show) for your scheduled appointment, you will be charged a fee of $30 for the session. Please note that your insurance company does not cover charges for missed appointments so you are responsible for this fee. The fee must be paid prior to your next scheduled session. The fee is waived only in the event of serious or contagious illness or for a medical emergency. Unless other arrangements have been made in advance, if you miss or do not schedule an appointment for 3 consecutive weeks without any communication, I will consider the professional relationship discontinued. If you wish to resume services, I may or may not have a spot available.

## SUBSTANCE USE POLICY

Clients who are under the influence of alcohol or other substances during the scheduled appointment time will not be seen for session. A repeated substance-related incident during session will result in termination of services and a referral will be offered for substance treatment.

## CONSULTATION

I periodically consult with other professionals about cases. These providers are legally required to maintain confidentiality and I make every effort to not disclose personally identifying information about you. Any consultations related to your case are noted in your clinical record.

## MINORS

Privacy is of utmost importance to successful progress and is a particularly sensitive issue for teens. Parents/guardians will be kept reasonably informed of what happened in the youth's counseling if it is safe to do so for the minor. If the teen approves, I may provide information to parents including attendance and progress. Any other communication will require an authorization form to be signed by the teen. If a teen presents as a danger to self or someone else I will notify the parents/guardians immediately. If I believe information may be useful for parents to know, I discuss this with the teen and ask that the parents participate in a session so that the issue may be discussed with them directly. By

signing this document in person or electronically you agree to not use the contents of your child's records or call upon me to testify in matters concerning custody or marital dissolution.

## SOCIAL MEDIA

I do not accept requests or invitations for connecting, friending, or following from current or former clients on any of the social networking sites (Facebook, LinkedIn, Twitter, etc.). I encourage you to use your own discretion in choosing whether to follow my professional pages but note that I will not follow you back and have no expectation that you follow me. Connecting through any Internet site can compromise your confidentiality and our respective privacy and may blur the boundaries of our therapeutic relationship. Engaging via the Internet may also create the possibility of the exchanges being documented in your personal record. If you have any further questions about potential Internet interactions please bring them to my attention so we can discuss them.

## BUSINESS HOURS & CONTACTING ME

My office hours are Monday-Thursday from 9 a.m. – 5 p.m. You may contact me by phone at (360) 608-4218 or by email at marjieroddick@gmail.com and I will respond as quickly as possible. I try to respond within 24 hours, with exceptions during weekends, holidays, and vacation time. I do not answer my phone during sessions. Email and confidential voicemail are checked regularly. Please be aware that communication by email and text may not be completely confidential or secure due to potential for unauthorized viewing and interception of electronic transmissions. I recommend that emails are kept brief and should not be considered a substitute for therapy sessions. Printed copies of email communications may be kept in your file and email is deleted after I respond. If you are in crisis and feel you need immediate assistance and I am unavailable, you may contact your family physician or go to the nearest emergency room and ask for the on-call Mental Health Professional. You may also call the **Clark County Crisis Line at (800) 626-8137 or (360) 696-9560.** Dial **911** during an emergency.

## PRIVACY, CONFIDENTIALITY, & LIMITATIONS UNDER RCW 18.19.180

The information shared during your counseling sessions is confidential. I will obtain your written consent before contacting other professionals related to your care (i.e. your doctor or attorney). However, there are limitations to confidentiality in which I am required by law to disclose some information without your consent for the following reasons: 1) If there is reasonable cause to believe a child is being abused or neglected I am required to file a report, usually with the Department of Social and Health Services. 2) If you threaten to harm yourself or someone else and there is reason to believe there is an imminent threat to yourself or other individuals I may be required to take protective actions such as notifying potential victims, contacting police or family members, or seeking hospitalization for you. 3) If a court subpoenas your records or you bring charges against me. 4) If there is reasonable suspicion of abuse, neglect, or exploitation of a

vulnerable adult taking place. If one of these situations arises I will attempt to fully discuss it with you and I will limit my disclosure to only necessary information.

## DISCLAIMER BY THE STATE OF WASHINGTON

Counselors practicing counseling for a fee must be credentialed with the department of health for the protection of the public health and safety. Credentialing of an individual with the department of health does not include recognition of any practice standard, nor necessarily imply the effectiveness of any treatment. The purpose of the Counselor Credentialing Act is to provide protection for public health and safety and empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. You have the right to choose a counselor who best suits your needs and purposes. A copy of the acts of unprofessional conduct is included with this disclosure document containing the contact telephone number within the department of health for complaints.

## CLIENT STATEMENT

My signature below, either in person or electronic, indicates I have received a copy of the acts of unprofessional conduct and had an opportunity to have all of my questions answered fully. If my insurance company is covering costs, I am aware that an agent of my insurance company or third party payer may be given information about the services or treatments I receive including types, costs, dates, and other information as described within this Disclosure. I understand I have the final responsibility to pay for the treatment I receive. I understand I may stop my treatment with this counselor at any time and acknowledge that if payment for services I have received is not made, the counselor may terminate my treatment. I have read, or had read to me, understand, and consent to the policies and treatment based on the information provided.

_____ Date: _____

Client Signature

_____ Date: _____

Professional Counselor Signature
Marjie L. Roddick, MA, LMHC, CTTS

*Form revised 3/1/18*