

## **INFORMATION AND PRACTICE POLICIES**

### **Jenia Kaplan, M.S., LMHC**

#### **Hello and Welcome**

I am happy to be a part of your path to making positive changes in your life. In order for us to work together, I'd like to tell you some things about me, my approach to therapy, my general office policies, and, last but not least, your rights. I see this disclosure as a first step in us getting to know each other, so it is important that you read it and ask me about anything that you would like to clarify.

#### **Education and Experience**

I am a Licensed Mental Health Counselor (LH00011052) in the state of Washington. My education includes a double B.A. in Psychology and in Sociology/Social Anthropology from the Hebrew University of Jerusalem in Israel and a M.S. in Educational Psychology from the University of Nevada Las Vegas. In addition, I regularly participate in trainings to stay on top of current developments in treatment and to expand my expertise.

I work with adults from various ethnic backgrounds and offer help in struggle with depression, anxiety, stress, and psychological traumas. I also work with people undergoing life transitions, dealing with loss and grief and other personal traumas, including adjustment to changed life circumstances and levels of functioning. Throughout my life, I have been fortunate to encounter people from many different cultures and backgrounds and I bring personal and professional experience and awareness of multicultural dynamics to my work. I have helped people deal with acculturation and adjustment difficulties and worked with multi-ethnic/multi-cultural families in facilitating communication and creating an environment of mutual respect and understanding. Prior to starting private practice, my work has included phone crisis intervention, outpatient counseling in mental health centers, and supervision of other counselors. I bring all of these and my other experiences to help us work together to advance your goals and needs.

#### **Approach to Therapy**

I view therapy as an interactive process, which leads to you having a more satisfied life overall. I understand that people usually seek therapy because they are looking to change certain things about their lives or the way they perceive and approach them and see my role as helping you achieve the changes you need. In our work together, I draw on a number of therapeutic approaches for us to develop a plan tailored to your needs. My approach to treatment is generally two-fold and includes directly addressing symptoms to the extent possible, as well as addressing the underlying causes for the symptoms to help alleviate them. Depending on your circumstances and your wishes, I may work with you alone or include other family members.

I respect your beliefs and values and try to get to know you the best I can. I understand that therapy can be difficult, time-consuming, and expensive. I am also fully convinced that it can contribute to solving complicated problems and otherwise help you achieve positive change in your life. I am constantly amazed by human strength and resilience and am honored to be part of your journey to healing and personal growth.

### **Expectations from Therapy**

We will discuss your goals at the beginning of treatment and make a plan for proceeding. The length of therapy depends on your specific needs and is difficult to predict before starting therapy. We may change or amend your treatment plan based on our progress. Sometimes therapy may be difficult and at times you may feel worse before you feel better. This is often normal and temporary, and there is no need to be alarmed. Please let me know how you are feeling so that we could maintain an effective course of treatment.

### **Your Rights**

You have the right to have input regarding your treatment as well as the right to refuse treatment. If you have any questions or concerns about your treatment, I would be happy to discuss them with you. You have the right to request a change in treatment or to end your treatment at any time. If you believe that you are not being helped, please let me know so that we can work through the difficulty together.

As a person seeking therapy, you have the right to choose and change a therapist.

If you believe that I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved. You may file a complaint against any mental health professional by contacting the Washington State Department of Health at 360-236-4700, Complaint Intake, PO Box 47857, Olympia WA, 98504-7857. Information is also available on their website at <http://www.doh.wa.gov/hsqa/Complaint.htm>.

### **Privacy and Confidentiality**

Your rights regarding use and disclosure of healthcare information are in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

The information that you disclose in sessions is private and confidential and is not to be shared by me unless you give explicit, written permission for me to do so. I may ask you for written permission to share information with certain entities. There are few instances when I'm required to share information without your permission: a) when a person is in immediate danger to themselves or others; b) in case of suspected abuse or neglect of children or vulnerable adults; and c) when records are subpoenaed by a court of law. In addition, I may need to exchange information with medical providers as necessary for treatment and for reimbursement by third party payers (such as insurance companies if they are paying for services). You may request copies of your records to be handed to you by signing a record request form.

You can see the full HIPAA statement at US Department of Health and Human Services website at [www.hhs.gov](http://www.hhs.gov) under "regulations".

### **Business Practices**

I work with a group of independent mental health professionals, under the name River Valley Psychological Services. This group is an association of independently practicing professionals who share certain expenses and administrative functions. While the members share the name and office space, I want you to know that I am completely independent in providing you with clinical services and my professional records are separately maintained.

**Fees**

My fee is \$185 for an initial evaluation and \$130 for following sessions. The payment is due at the time of service. If you would like to use your insurance, please confirm coverage with your insurance company. You will be responsible for full payment in case your insurance declines coverage. Please also note that missed sessions are not covered by your insurance. If you wish to cancel your appointment, please do so at least 24 hours in advance, otherwise you will be charged for a full session. You will be charged a full fee for a session missed without sufficient notice. This is due to the fact that I'm unable to offer your time to other people in case of no show or short notice cancellation. If you arrive late for a session, you will be seen for the remaining time, and will be charged the full fee. If I begin a session late, I will do one of the following, depending on both our availability: either see you for a full fifty minutes, charge you a pro-rated fee, or schedule a subsequent session.

I charge a pro-rated fee for other professional services performed outside of sessions. These services may include preparation of records, report writing, phone conversations scheduled in advance, and any other services performed at your request or else with your authorization.

**Contact**

Office hours are Monday through Friday 9am to 5pm. Feel free to call my direct number or the front desk. I will return messages within 24 hours. For life threatening emergency please call 9-1-1. If you wish to speak to someone after hours, call the office at 425-228-5336 and press 5 for on-call services.

**Agreement and Consent**

Information in this document is in accordance with ethical requirements of Washington State for Licensed Mental Health Counselors. When you sign this document, it will represent an agreement between us and your consent to therapy.

Please sign to indicate that you have read and understood this document and agree to its terms. Please keep a copy for your reference.

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Your name

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Your signature

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Date

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Jenia Kaplan, M.S., LMHC

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Date