

River Valley

Psychological Services

DISCLOSURE STATEMENT

Mimi Ogasawara, MA, LMHC, IMH-E® (III)

To All New clients of Mimi Ogasawara:

It is a pleasure to welcome you to River Valley Psychological Services. This letter will provide you with information about receiving counseling services from me and your rights and responsibilities as a new client. Please read this letter carefully and write down any questions you might have to discuss when we meet.

Educational Background and Training:

I am a Licensed Mental Health Counselor in the State of Washington (LH 60043920). I have two masters' degrees, a Masters in Marriage and Family Therapy (2001) from the Graduate School of George Fox University in Portland, OR, and a Masters in Counseling (1998) from Trinity International University in Deerfield, IL. In the last 11 years, I have worked at a community mental health agency in Seattle as a Child & Family Therapist. I received extensive training on Dialectical Behavioral Therapy and Trauma-Focused Cognitive-Behavioral Therapy with extended consultations. I also completed a year-long intensive training on Infant Mental Health. This training was provided through the Parent-Child Assistant Program with the University of Washington in 2010. I obtained an IMH-E® (III) - Level III- Infant Mental Health Specialist endorsement from the Michigan Association for Infant Mental Health in 2012. I have attended training on Cognitive Processing Therapy for PTSD for adults in 2016, followed by a 6 months phone clinical consultation with a CPT expert from Harborview.

My Approach to Treatment:

Guided by my client's needs and issues, I use a variety of therapeutic orientations to work with children, adults, and families. Regardless of the client's age, I value the importance of the client(s)-therapist relationship as a crucial factor in treatment and in bringing about positive changes in their lives. Thus, I engage in a relationship-based approach. In working with children, I provide play therapy, art therapy, talk therapy, feeling identification, Cognitive Behavioral therapy, Trauma-Focused Cognitive Behavioral Therapy, behavior modification, and skills building (impulse-control skills, anger-management skills, mindfulness skills, stress-management skills, social skills training, organization skills etc...) depending on the child's age and presenting problems. I believe it is important to include the parents in their child's treatment since they are the experts on their own child. I also provide family therapy to work on family relationships and communication. I have a great deal of experience in working with parents and providing parenting coaching and support. One of my specialized areas is Infant/Early Childhood Mental Health. This work emphasizes the importance of attachment, reflective functioning, promoting infants' healthy development, and the prevention of mental health problems in infants and young children. With early childhood families, I provide infant/toddler-parent psychotherapy, developmental guidance, parenting support with reflective

practice. In working with adults, my approach to counseling is an integration of Person-Centered, Cognitive-Behavioral Therapy, and Dialectical Behavioral Therapy. I see adult clients with a wide range of concerns, including PTSD/trauma, depression, bipolar, anxiety, parenting issues, relationship problems, life transitions/adjustment issues, stress, personality disorder, boundary issues, grief and loss, unresolved childhood issues, domestic violence/abuse, self-esteem issues, and women's issues. I also have a great deal of experience in working with pregnant and parenting women who have chemical dependency issues. My role as a therapist is to assist you to have a supportive environment to explore your issues without feeling judged, to identify your goals, and to help you develop the tools/skills to deal with challenges and to achieve your goals. I also take culture into consideration while I work with diverse clients, and I will utilize a culturally sensitive approach.

Client Confidentiality:

Your rights regarding use and disclosure of healthcare information are in accordance with the Health Insurance Portability and Accountability Act (HIPAA). All information discussed in the course of therapy is strictly confidential. Specific information can only be released with your prior written consent or the consent of your parent or legal guardian. I may ask you for written permission to share information with certain entities to facilitate the appropriate coordination and care. However, please be informed of the following situations in which I may be required ethically and/or legally to release information otherwise regarded as confidential: (1) when a person is in immediate danger to themselves and others; (2) in case of suspected abuse or neglect of children or vulnerable adults; and (3) when the records are subpoenaed by a court of law. In addition, I may need to exchange information with your medical providers as necessary for treatment and for reimbursement by third party payers (such as insurance companies if you are using your health insurance to help pay for the cost of my services).

Fees and Payment:

My fees are comparable to those of other mental health therapists in the area. Please contact our office to inquire about my fee for the initial assessment session and ongoing therapy appointments. Although we will determine how often we schedule appointments, I will reserve 45- 55 minutes (depending on your insurance plan) for each therapy session. Charges for other services outside of regular appointments (i.e. telephone sessions, collateral consults, treatment summaries and reports) need to be discussed with me directly. Please confirm with your insurance company in advance that the session will be covered. You must arrange for any pre-authorizations if necessary. If you are using insurance, the office staff can assist you with questions you may have and facilitate the billing process. You are responsible for understanding your insurance benefits and for making deductible and co-payments that are required. Payment (including deductible or co-payment) is due at the time of service. Overdue accounts will be sent to a collection agency unless a negotiated payment plan is adhered to.

Cancellation Policy:

If there is a need to cancel an appointment, please give us at least 24 hours notice (2 business days notice is preferred). Appointments missed or cancelled without this advance notice will be charged a **full fee** unless I am able to fill the scheduled hour. Please note that insurance companies will not pay for missed or cancelled appointments and you will be responsible for these charges.

Your Rights:

Your treatment is personal and very important, and you have certain rights as you enter into therapy. Your treatment is completely voluntary. You have the right to be treated with respect at all times and to voice any concerns you have about your treatment with me. We will work together to address your concerns and

modify your treatment plans as needed. Should you request a change in provider, I will work with you to provide appropriate referrals for another mental health professional. If you believe a mental health professional has demonstrated unprofessional conduct, you have the right to file a complaint with the Department of Health. Questions and complaints can be directed to the Washington State Department of Health by mail at HSQA Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857 or by phone at 360-236-4700.

Treatment for Minors:

Because I often provide psychological services to minors (under age 18), please be aware that the law provides parents of minors with rights to examine a minor's treatment records. In the initial consultation with any patient age 13-18, I will discuss with parents or guardians the most appropriate plan for parent involvement in treatment, including any agreement for sharing of information. According to RCW 71.34.530, minors may receive outpatient mental health treatment if they are 13 years of age or older without the consent of a parent/guardian. In these cases, the parents will not be notified of the treatment without written minor consent. However, in all cases where I assess imminent risk to self-harm or harm to others I will notify parents and the appropriate professionals of these concerns, regardless of the minor's age.

Contact Information:

Our front office is open Monday through Friday, 9:00 am to 5:30 pm, excluding holidays. My office hours at this time are every other Mondays 10-3 pm, Tuesdays from 11 am to 7 pm, Wednesdays from 9 am to 6 pm, Thursdays from 9 am to 5 pm, Fridays from 10 am to 6 pm and Saturdays 8 am to 2 pm. If I am unavailable to take your call, please leave a message with our office staff or on voicemail. Our office staff can assist you with scheduling appointments and billing questions. If you have an urgent matter outside of office hours, you can call our answering service at (425)228-5336 and follow the menu instructions to speak with a River Valley therapist. The 24-hour Crisis Line is also available at (206) 461-3222. If you have a life threatening emergency, please dial 911 or go to your local hospital emergency room.

Disclaimer: *At this time, I do not provide services related to L&I, FLMA, disability, divorce/custody cases, court-order cases, and any other legal disputes.* You agree that you won't involve your therapist in litigation of any kind for any purpose. You understand that your (or your child's) visit is for therapy purpose only and that having your therapist involved in litigation would interfere with the therapeutic relationship. If your situation may in the future involve litigation, please discuss this with your therapist.

File Closure Policy: Your files may be closed if there is no active appointment within 60-90 days per continual standard of care policy and medical record storage capacity within our immediate office. Your file may be reopened at your next appointment.

I look forward to meeting with you. Please feel free to ask questions at any time regarding services or any information within this disclosure statement. Thank you.

Mimi Ogasawara, MA, LMHC, IMH-E® (III)

Date _____

Your signature below indicates that you have read the information in this disclosure statement and agree to its terms during the course of your treatment. Please keep a copy of this letter for your records.

Client/Guardian's Signature

Date _____