

## COUNSELOR DISCLOSURE STATEMENT

WAC 246-810-031 requires the disclosure of the following information in written form by counselors to their clients.

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### **Danielle LeVee, MA LMHC**

#### **Psychotherapist**

2319 N. 45<sup>th</sup> St. Suite 109

Seattle, WA 98103

253-256-5195

[danielle@danielleleveetherapy.com](mailto:danielle@danielleleveetherapy.com)

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### **Explanation of Counselor Disclosure Statement**

Counselors are required by Washington state law to provide written disclosure of the following information to clients before counseling begins, and to obtain signed consent to counseling once the client understands the information to their satisfaction. As a client, you have a right to choose a counselor who best suits your needs and objectives.

Please read this statement thoroughly and when it is understood and agreed to, sign the consent for treatment on the last page. This signed statement is our written contract to enter into the therapeutic process. If you have any questions or concerns, please tell me and I will be happy to discuss them with you.

### **Client's Rights and Responsibilities**

You have the right to ask questions about treatment at anytime throughout the period of our counseling sessions. You have the right to refuse or end counseling at any time.

### **Licensure, Education, and Experience**

I am a Licensed Mental Health Counselor in Washington State. I have a MA in Mindfulness-Based Transpersonal Counseling from Naropa University and a BA in Psychology and Education from the University of California, Santa Cruz.

I have additional training in couples therapy through the PACT (Psychobiological Approach to Couple Therapy) Institute, which integrates developmental neuroscience with psychological models of interpersonal relationships to help couples reach a deeper state of intimacy, connection, and security. I also have training and experience in Nonviolent Communication (NVC), Crisis Intervention, Motivational Interviewing, and Trauma-Informed Care.

### **Theoretical Approach**

My approach to psychotherapy is holistic and mindfulness-based and draws from several theoretical orientations including transpersonal, humanistic-existential, cognitive-behavioral therapy, Gestalt, and experiential therapies. I will meet you where you are at and support you throughout your journey with warmth, compassion, humor, and insight.

### **My commitment to you**

I am ethically and personally committed to providing you with counseling treatment that is effective for you. I recognize that clients, counselors, and the relationship between them are extremely individual. Uncomfortable feelings can come up during psychotherapy and are a natural part of the process. However, if at any time you feel our counseling work is not right for you, please talk to me about it so that I can address your concerns.

### **Privacy and Confidentiality**

As a psychotherapist, your privacy and confidentiality are of the utmost concern to me. I am committed professionally, ethically, and personally to maintain confidentiality regarding our counseling sessions. You have a right to this confidentiality, including the fact that you are or have been a therapy client. There are certain exceptions to my responsibility to keep our sessions confidential, which are itemized below.

I reserve the right to release information regarding our counseling sessions or their content under the following circumstances:

As an ongoing part of my clinical development, and in pursuit of providing you with the best care, I consult regularly with other therapists who are required to keep client information confidential.

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I am required by Washington state law to report suspected abuse or neglect of a child, dependent adult, or developmentally disabled person to the appropriate regulating agency. I am also required by Washington state law to inform others if a client threatens to harm herself/himself, or others.

In the event of a subpoena, counselors may be required to disclose information to the court. It is my policy to keep minimally required notes on file regarding our counseling sessions. I do not see clients who are accessing counseling for the purpose of fulfilling court requirements.

I will share information regarding our counseling sessions with a specific person (i.e. your doctor) if you provide me with a signed release form asking me to do so.

If you contact me by email, please note that our email communications will not be encrypted. By nature of the inherent limitations of Internet security, privacy and confidentiality of any email communications we have cannot be assured.

### **Appointments, Fees, and Cancellations**

My rate for a 50-minute individual counseling session is \$140, and extended sessions are prorated accordingly. Payment for counseling sessions can be made by cash, check, or credit card at time of service unless special arrangements have been made.

Credit card payments will be processed using Ivy Pay, a secure and confidential service designed for therapist. This system provides added privacy protection and works with all credit cards, as well as debit, HSA and FSA cards. After making your first payment, your card information will be securely stored in the Ivy Pay system. This card will be charged after each session (unless otherwise arranged).

When we make an appointment, I will hold that 50-minute time period for you. If you are unable to keep your scheduled appointment for any reason, please notify me of the cancellation at least 48 hours prior to the time of your appointment. There will be no charge for appointments cancelled 48 hours or more in advance. The regular fee for the session will be charged for appointments canceled less than 2 days (Monday through Friday) in advance, and for missed appointments, at the time of the appointment. Monday Clients, please note, sessions cancelled on the weekends do NOT meet the 48-hour requirement and will result in a fee.

If you are up to twenty minutes late for a scheduled session, you may have the remainder of the session. If you are more than twenty minutes late without notice, the session will be cancelled and considered a “no show” and you will be charged for the session.

An exception to this policy may occur in the case of unforeseen emergencies or serious illnesses that arise on the same day as the scheduled appointment. An emergency is defined as a major trauma that occurs to you or an immediate family member (e.g., hospitalization, car accident, victim of a crime.) If one of these events occur on the same day as your appointment, please notify me as soon as reasonably possible.

Hourly prorated fees will be charged, should the time exceed 15 minutes for time spent communicating by phone, text, or email between sessions, as well as for time spent in consultation and coordination of care with other treatment providers or collateral contacts. Hourly prorated fees will be charged should you require written reports of your assessment, treatment goals, or progress.

I do not contract with insurance companies as an In-Network provider. Upon request, I would be willing to provide you with a “superbill” or statement for insurance reimbursement record for you to submit to your insurance provider for reimbursement.

I offer a limited number of sessions on a sliding scale for those experiencing financial hardship. Please bring it to my attention if your financial situation hinders your ability to afford my services.

I evaluate fees once a year in January, and will notify you at least 30 days in advance if I anticipate a fee increase.

### **Telehealth**

During the pandemic, I am using Doxy, a HIPAA-compliant telehealth platform to be with clients. I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of telehealth services. However, the

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### **Contacting me**

I can be reached by confidential voicemail or text at 253-256-5195 or by email at [danielle@danielleveetherapy.com](mailto:danielle@danielleveetherapy.com).

I check my messages frequently between 10am and 7pm and I will return your call/text/email as soon as possible. If you want to talk with me, it is best to leave a specific time and number where I can reach you.

I am flexible with regard to phone/text/email contact for the purpose of introductions, answering brief questions, sharing resources, or discussing the scheduling of appointments. Calls that exceed 15 minute will be charged my hourly pro-rated fee, starting at the time the call originated.

If you are experiencing an emergency situation, please call 911, or call the Crisis Line at (206) 461-3222, or go to the nearest hospital emergency room.

### **Disclaimer by the State of Washington:**

Counselors practicing counseling for a fee must be licensed with the Department of Health for the protection of the public health and safety. Licensure of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

Washington state law requires me as a counselor to provide clients with a copy of the acts of unprofessional conduct, along with contact information for the department of health should you have any complaints against me. A copy of RCW 18.130.180 is attached for that purpose. The contact information is:

Washington State Department of Health  
Health Professions Quality Assurance  
P.O. Box 47865  
Olympia, WA 98504-7865  
(360 236-4700

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**Informed Consent and Authorization for Counseling:**

When you're ready, please sign and return this page for my file. Keep the previous 3 pages for your reference.

With my signature, I acknowledge that I have read and I understand the attached disclosure statement describing the profile, qualifications and policies of Danielle LeVee MA, LMHC with regard to her practice of psychotherapy. I have had the opportunity to ask questions, and I have received a copy of this disclosure statement and informed consent form.

Having read and understood this information, I consent to counseling with Danielle LeVee, according to the terms described here.

\_\_\_\_\_  
Client Signature(s)

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Fee Agreement:**

I agree to pay the fee as specified in this disclosure statement, and I understand that I am expected to pay at the time of service. If I need to cancel an appointment for any reason, I understand that I must give at least 48 hours advance notice by voicemail, text, or email, and that if I do not give this advance notice I must pay the fee for the appointment unless it is waived at the discretion of the counselor.

\_\_\_\_\_  
Client Signature(s)