

COUNSELING WEST SEATTLE

Stacey Schmitt, MSW, LICSW
Licensed Mental Health Counselors
Individual, Couple, Children, Family Counseling

DISCLOSURE STATEMENT

Thank you for choosing Counseling West Seattle for your counseling services. The following information is for Stacey Schmitt, LICSW and is provided to help you determine if her services as a therapist match your needs as a client. It contains information about her therapeutic philosophy, education, and fees, as well as your rights as a client. Please read the following and feel free to ask any questions that might help you to determine whether working with her at Counseling West Seattle would be a good choice for you.

INTRODUCTION

My name is Stacey Schmitt and I am a Licensed Independent Clinical Social Worker (LICSW) in the State of Washington (LW00009520) as well as in the State of Alaska (CSWS1356). I received my Bachelor of Science degree in Human Development and Family Studies from the University of Utah in 1996 and my Master of Social Work degree from the University of Washington in 2004. I have been a professional mental health clinician since 1996.

TREATMENT PHILOSOPHY

I am formally trained as a Cognitive Behavior Therapist with a specialty in Dialectical Behavior Therapy (DBT). I work with adolescents, young adults and adults, and am knowledgeable about mood disorders, anxiety and depression. My experience with DBT allows for specialized focus around mindfulness, distress tolerance, emotion regulation and interpersonal dynamics. Stress management, crisis intervention, phase of life transitions and relationship experiences are also areas of interest.

My treatment philosophy is a collaborative process to support autonomy while fostering growth and change. As a licensed clinical social worker, I believe in the uniqueness of the individual and recognize how society and systems may impact wellbeing. My values are rooted in integrity, dignity and worth of the person, and respect.

I believe that authentic connection, mutual trust, and the therapeutic alliance is a fundamental part of therapy. I build upon inherent strengths and individual resilience to create an environment that fosters warmth, autonomy, and healing. I explore concerns with curiosity and believe in the courageous nature of the human spirit. I blend DBT with a person-centered approach to care, balancing a foundation of mindful awareness with self-acceptance and opportunity for change. My hope is to be a meaningful support for goal achievement, to be an integral part in finding or transforming purpose, and to help create space for healing.

APPOINTMENTS AND FEES

Therapy sessions are scheduled as follows: Intakes of 60-75 minutes at \$200.00 and ongoing Regular Sessions of 50-60 minutes at \$175.00. Services provided involving legal circumstances or in accordance with court orders are charged at \$250 per hour. I will notify you if I have to cancel or change appointments with 24 hours' notice unless in the case of an emergency. If you are unable to keep your appointment for any reason, please contact Stacey Schmitt at 206-777-5179. You must give at least 24 hours' advance notice, or you will be charged the full amount. Please be aware that insurance companies do not reimburse for missed sessions. Payment is due at the time of service.

Occasionally I find it necessary to increase my fee. If this occurs during your treatment, you will be given one month's notice prior to the increase. If you have any questions regarding payments, I encourage you to ask.

INSURANCE INFO

It is the member's responsibility to discover benefits prior to services. The contact number and/or website address are on the back side of your insurance card. Every insurance plan is unique, therefore when you contact member services you will want to ask specifically for outpatient mental health benefits, in network and/or out of network, number of visits allowed, annual deductible, and co-payment and/or co-insurance amounts, if applicable. On the second visit, if the client does not have the insurance information, including the copayment or deductible amount, a retainer fee of \$150 will be collected. This amount will be used for copayment or deductible or will be refunded to the client.

CONFIDENTIALITY

The information exchanged between us is confidential, and your right to and the limits of confidentiality are discussed below. In most cases, a signed RELEASE OF INFORMATION (ROI) is required before healthcare information can be disclosed. There are certain circumstances under which information may be released only when a signed ROI is provided. I may also release information to an insurance company or a health care provider who is providing treatment to you if that person needs to know that information. Additionally, the law dictates that in some circumstances your signed authorization MAY NOT be required to release information. These cases are as follows:

- you are considered a harm to yourself and/or another person;
- there is cause to believe a minor has been or may be abused or neglected;
- there is cause to believe an elder or person with a disability has been or may be abused, neglected, or subject to financial exploitation; and/or
- your records are requested by a valid subpoena or court order.

CLIENT RECORDS

I keep brief, written records of your treatment and the services that I provide to you. Under law, you may ask me to see those records as well as obtain a copy of that record. You may also ask me to make amendments to the record. I will not disclose your records to others unless you direct me to do so and with a signed ROI, or unless the law authorizes or compels me to do so (as noted above). If you request records or written information to be released, there will be a fee of \$28.00 for paperwork and time spent.

YOUR LEGAL PROTECTION

Counseling can help to resolve conflicts, improve relationships, create change, and reduce/relieve distressing symptoms. It involves exploring, processing, and discussing concerns and problems which sometimes may elicit uncomfortable feelings, generate painful memories or create vulnerability. While this is normal, understandable and a necessary part of therapy, your participation is completely voluntary and you may terminate services at any time. Additionally, you have the right both to receive appropriate care and treatment, and to refuse any proposed treatment. The State of Washington has asked all therapists to convey the following information to their clients: "Counselors practicing counseling for a fee must be registered or licensed with the department of licensing for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

CRISES

If you or your child are experiencing a mental health crisis that **DOES NOT REPRESENT A SERIOUS THREAT TO YOU OR YOUR CHILD'S PERSONAL SAFETY OR THE SAFETY OF OTHERS**, leave a message and I will call back as soon as possible. I check my voicemail frequently. If you are unable to reach me in person during a crisis, a call may be made to the Crisis Clinic's 24-hour hotline at 206-461-3222 or you may choose to go to the emergency room of a local hospital if appropriate. For any mental health crisis that **DOES REPRESENT A SERIOUS THREAT TO YOU OR YOUR CHILD'S PERSONAL SAFETY OR THE SAFETY OF OTHERS PLEASE CALL 911.**