Sazi Wald, MSW, LSWAIC, SUDPT

Sunflower Mental Health PLLC

Office- 1005 Olympia Ave NE, Olympia, WA 9506

(360) 207-4467; sazi@sunflowermentalhealth.com; www.sunflowermentalhealth.com

**Disclosure and Informed Consent**

Welcome to my practice I am excited to walk this path with you as you find the solutions and healing that you have been looking for. During counseling two or more people meet with openness and willingness forming a healing alliance. Part of that process involves trust and transparency. This document will outline information about my business and credentialing, your confidentiality, consenting to treatment, risks and benefits of counseling, payment, and general Washington rules and guidelines around counseling. Please read this document thoroughly and ask me if you have any questions. It will be updated semi-annually where you will be asked to sign the new consent form. You must agree to the most updated terms of treatment in order to receive care.

**Disclosure**

**Licensing:**

I am a licensed Social Worker Associate Independent Clinical (Credential Number #SC61038225), a Substance Use Disorder Professional Trainee (Credential Number CO60699325) and a Registered Hypnotherapist (Credential Number HP60425453) under the supervision of an approved supervisor. I am under the main supervision of Dr. Stephen T. Wilson, PhD, MSW, LICSW (Credential Number LW00006074). Dr. Steve Wilson will have access to records and provide consultation.

For relationship counseling with multiple clients, I am supervised by Nathaniel Amos Credential Number LW60784137 he has access to those “couples” records and provides consultation.

**Education:**

I received my BA in Liberal Arts with emphasis on Psychology, Neurobiology, Consciousness, and Business from The Evergreen State College. I got my Master of Social Work with the Health/Mental Health Concentration from the University of Washington—Seattle. I have postgraduate training in several modalities some highlighted include: Motivational Interviewing, Harm Reduction Psychotherapy, Body Mind Bridge Hypnotherapy, Cognitive Behavioral Therapy, Emotion Focused Therapy, Acceptance and Commitment Therapy, Seeking Safety, Substance Use Prevention, and Tobacco and Smoke Cessation Treatment. My ongoing interests Include Mindfulness, Art therapy, and Trauma Informed Care with a person-in-environment diversity, equity, and inclusion lens.

**Experience:**

Beginning as a trained peer mentor in 2008 I have worked in different capacities within the mental health field since then. In non-peer clinical roles, I have delivered therapies and mental health supports to adults since 2013 and worked with children, youth, families, and adults since 2017. I have helped clients with a variety of challenges including but not limited to: anxiety, depression, schizophrenia, bi-polar, obsessive compulsive disorder, substance use disorders, grief, anger, academic, career, relationship, and/or family functioning, abuse, trauma, poor social skills, social/economic, identity discovery and/or acceptance, and more.

**Therapeutic Orientation and Treatment Modalities:**

My therapeutic orientation is solution-focused, experimental, harm reductionist, and mindfulness based with behavioral components. Client and clinician fit is very important to me. I embrace a present-moment and whole-person orientation to my clients and encourage client feedback and referral if needed. Treatment modalities that I utilize include but are not limited to: Cognitive Behavioral Therapy, Harm Reduction, Solution-Focused Brief Therapy, and Behavioral Activation. Cognitive Behavioral Therapy and related Behavioral Activation are among the most widely researched and proven therapies for treating depression and anxiety. They utilize

approachable action-based steps identified by both clinician and client to shift underlying unhelpful beliefs. Harm Reduction is a diverse set of beliefs and strategies that aim to reduce harm and increase quality of life especially for those engaged in medium to high risk behaviors or with moderate to severe symptomology. It is a client-driven approach and often can lead to a client’s own step-down process on the client’s timeline to a greater quality of life whatever that looks like for the client. It is client-driven, voluntary, and all inclusive!  Solution-Focused Brief Therapy is a client-driven framework that focuses on solutions to a specific problem typically to be solved by the client taking manageable steps within five sessions. Body Mind Bridge

Hypnotherapy is a wholistic modality typically used to treat trauma and chronic pain. It focuses on the connection between the body, the conscious mind, and the unconscious mind. The client is conscious and in what is best described as a state right before falling asleep the whole session. The client drives the session and is in full control while the clinician guides the client through the process of connecting mind and body.

**Type and Duration of Counseling:**

I believe that counseling is a very individualized process. The types of therapies and duration of need will be determined through the collaborative therapeutic relationship. Sometimes we may decide to go through a manualized treatment that may span anywhere from 5 sessions (such as solution focused brief therapy) to 26 weeks (cognitive behavioral therapy), some people just need a check in once week or once per month. Counseling can take anywhere from a couple of weeks to a couple of years, it all depends on what is going on for the individual.

**Fees and Payments**

Fees are due within one calendar day of the session afterwards a $5 fee will be added for each day payment is late.

You can pay with cash, check (made out to Sunflower Mental Health PLLC or Sazi Wald) credit card including HSA cards. Money orders are not accepted.

SquareUp and Ivy Pay are used as the electronic payment processors, you assume the risks of a privacy breach by paying with credit card, HSA, and other electronic methods. If your HSA card does not pay me for any reason you remain responsible for full payment of the fees for services.

If you are long-distanced you may pay with a check as long as the check arrives up to 5 business days after your appointment.

Unless there are significant emergency circumstances, if you do not give 48 notice that you will be canceling or rescheduling your appointment you will be charged for the full amount of the appointment.

My normal fee schedule and policy is below.

I offer a tiered system for sliding scale. I do not take insurance at this time though often people can bill my services out of network. Current fees are the same for virtual and in-person sessions and are as follows (they may be subject to change see below for more information):

·       $200 for Individual Intake and Assessments

·       $200 for Hypnotherapy Sessions

·       $150 for 50-minute Individual Therapy sessions

·       $250 for Couple and Family Intake and Assessments

·       $200 for 50-minute Couple and Family Sessions

·       $150 for 50-minute Coaching Sessions

My tiered system is as follows and are per 50-minute and as available:

·       One slot at $40/50-minutes (Average Monthly Household Income of $1000)

·       One slot at $60/50-minutes (Average Monthly Household Income of $1500)

·       One slot at $80/50-minutes (Average Monthly Household Income of up to $2000)

·       One slot at $100/50-minutes (Average Monthly Household Income of up to $2500)

·       Two slots at $130/50-minutes (Average Monthly Household Income of up to $3000)

If your monthly household income is below $1000 I can help you sign up for Washington Medicaid insurance and refer you to a community mental health provider.

Fees will increase from time to time. Tiered sliding scale slots may also change or no long be available. Current clients will be given a 90 day notice of fee increase or slot changing and will be offered options to shift care if needed.

It is important to be on time for your session. After 15 minutes you will be counted as a “no-show” and will be charged the full amount for your session, unless there was a medical emergency. You must cancel or reschedule your appointment within 48 hours to not be counted as a no-show or late cancel/reschedule that way I can make sure that I have time to help someone else fill your spot. If you cancel within 24 hours you will be charged the full amount for session.

If you cancel or reschedule the day before your appointment because of a “life happens” event then you will not be charged the first time however beyond that you will be charged the full amount. This resets each January and June. You will be charged the full amount for day of cancelations. If you have a medical emergency or you wake up before our appointment with a viral or bacterial illness you will not be charged a late cancelation or no-show one time in 6 months.

**Payment of Fees and Parenting Plans:**

Sometimes a parenting plan will stipulate that the parents will split the cost of therapy. This is an agreement between the parents/guardians. I will not bill two parties for my services. The client’s parents/guardians must come to an agreement of who will be responsible for the payment of fees before counseling can begin.

**Electronic Payment Communications Disclosure:**

If you wish, you may pay fees electronically – by using a payment card through Ivy Pay or Square Up electronic credit card processing.

Please Be Aware of the Following: We have a duty to uphold your confidentiality, and thus we wish to make sure that your use of the above payment services is done as securely and privately as possible.

After using any of the above services to pay your fees, that service may send you receipts for payment by email or text message. These receipts will include our business name and would indicate that you have paid for a therapy session.

It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. We are unable to control this in many cases, and we may not be able to control which email address or phone number your receipt is sent to.

So before using one of the above services to pay for your session(s), please think about these questions:

• At which email address or phone numbers have I received these kinds of receipts before?

• Are any of those addresses or phone numbers provided by my employer or school? If so, the employer or school will most likely be able to view the receipts that are sent to you.

• Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts? Would there be any danger if such a person discovered them? In addition

to these possible emails or text messages, payments made by credit card will appear on your credit card statement as being made to Sazi Wald, MSW, LSWAIC, or Sunflower Mental Health PLLC. Please consider who might have access to your statements before making payments by credit card.

Health Savings Accounts and Flexible Spending Accounts

If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment.card, please be aware that even if your payment goes through and is authorized at the time that we run your card, there is a possibility that your payment could later be denied. In the event of this happening, you are responsible for ensuring that full payment is made by other means.

The Counseling Session

Appointments and Scheduling: Sessions may be scheduled on an ongoing basis. However, you may lose your ongoing scheduled session time if you miss three appointments.

Consultation/Supervision: I may obtain formal consultation or supervision on certain cases when I believe it is necessary. In these situations, I will limit the information I disclose to the minimum necessary.

Confidentiality: What you say in therapy, your records, and your attendance are confidential

with certain exceptions including:

• If you give me written consent to have the information released to another party;

• With your authorization, to effect billing of a third-party payor for the services I provide

to you;

• In the case of your death or disability I may disclose information to your personal

representative;

• If you waive confidentiality by bringing legal action against me;

• In response to a valid subpoena from a court or from the secretary of the Washington

State Department of Health for records related to a complaint, report, or investigation;

• If I reasonably believe that disclosure of confidential information will avoid or minimize

an imminent danger to your health or safety or the health or safety of any other person;

• If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

**Relationship Counseling Policy:**

If you are here to work on a relationship problem, it’s important for you to understand what I believe about relationships and marriage.

First of all, I do not have preconceived notions about whether you should stay together or part ways. I believe it is important to explore such questions openly, honestly, and thoroughly. Once your goals are established, I will work diligently to support you in achieving them, whatever they may be. Second, you are entrusting me to use my professional judgment as it relates to individual confidences.

If you are seeking relationship counseling, it is important you understand that I will adhere to the ethical and legal requirements of confidentiality, however, I cannot ensure that you or the other participants or relationship counseling will maintain confidentiality about your therapeutic experience including content discussed within the counseling session. In addition, in the case of relationship counseling, the entire treatment record will be available to any and all participants in the relationship counseling, and all participants must consent to any authorized third party disclosure.

I cannot maintain secrets between members of the relationship. In such situations, if we cannot find a clinically appropriate way for you to disclose the information to the other member(s) of the relationship, I may need to terminate the clinical relationship and refer you to another provider.

**Emergency and Crisis response:**

I do not provide crisis or emergency services.

During an Emergency Call 911

Feeling like harming yourself or someone else:

·       Call the national Suicide and Crisis Hotline at 1-800-273-8255 or the Thurston County Crisis at 1-800-627-2211

·       Afterwards if needed, go to the Emergency Room and report what is happening and follow their guidance for voluntary inpatient services.

·       Follow up with me or have them follow up with me after signing a Release of Information when you are able, you will NOT be charged late fees or no-show fees for appointments because

of a crisis. If you are feeling highly emotional but are NOT in a crisis but you need to talk to someone before our appointment you can call the Washington WARM line at 1-877-500-9276. This line is staffed with Peer counselors who can help you problem solve and deescalate your emotions. If we are not in session and you call me reporting, that you have intent to harm yourself or someone else or someone else has intent to harm you I will call your emergency contact and 911 to do a welfare check as I am not able to provide necessary crisis support.

**Limitations of Services:** I do not assess fitness for custody, serve as an advocate on other issues, act as an expert witness, act as a fact witness, or go to court as your advocate. If these are the services you are looking for, let me know and I’ll try to help you find someone who can meet your needs.

**Closure:** You may end therapy at any time, but a final session is requested for closure. It is my ethical duty to provide therapy only when your issues are within the scope of my training, when I feel you are actively participating in treatment and when I feel you are benefiting from the sessions. If you do not show for two sessions in a row and do not contact me to discuss your case for 6 weeks or more, I will assume that you have decided to terminate counseling and will close your case. You may contact me if you wish to resume counseling.

**Inactivity:**

If you do not schedule for 6 weeks (not owing to a communicated reason), your client status will be marked inactive and your treatment will be automatically terminated. If you are sliding scale your slot will be opened for someone else to fill.

When you re-enroll with treatment, you will need to fill out new paperwork. If you were on the sliding scale you may be put on a waitlist if a spot is not open at the time of your re-enrollment.

If you re-enroll within 6 months of your last appointment we do not have to perform a new intake. If I do not see you for 6 months we will need to schedule a new intake.

**Conflicts of Interest:** From time to time, actual or potential conflicts of interest may arise. In the event that I become aware of a conflict of interest in providing treatment to you, I may be required to terminate services and/or refer you to another therapist.

**Court appearances and Subpoenas:**

**Subpoenas:** If I am summoned to court by subpoena to provide ancillary professional services relating to my role as your (or your child’s) therapist (such as preparing a treatment summary,report writing, deposition or trial preparation and attendance, time traveled, etc.) you agree to pay me in advance at the following rate: $4000/hour minimum 2 hours, including hours attending court.

**Regarding Minors**

Confidentiality for Minors: By WA state law, parents of children under age 13 have a legal right to make decisions on behalf of their child and to know what’s happening in their child’s counseling session. Minors age 13 or older have the same rights to confidentiality as adults. If a minor age 13 or older chooses to allow me to discuss their case with their parents I will need the client’s written permission. It is my experience that counseling is more effective with children of any age when their confidentiality is respected, so I will maintain confidentiality unless I believe it is necessary for the safety or wellbeing of my client. For children under the age of 13, I will schedule parent consultation sessions separate from the child’s counseling session. Under certain circumstances, the parent of an adolescent may consent, on behalf of the adolescent, to a mental health or substance use assessment and limited treatment.

**Payment of Fees and Parenting Plans:** Sometimes a parenting plan will stipulate that the parents will split the cost of therapy. This is an agreement between the parents/guardians. I will not bill two parties for my services. The parent/guardian that brings the child to therapy agrees to be liable for all of the fees related to counseling for that session.

**Parental Rights and Parenting Plans:** If a minor’s parents are separated or divorced it will be necessary to provide me with a copy of the parenting plan on file before counseling begins. If the parenting plan grants joint medical or mental health care decision making to both parents, it will be necessary to have both parents sign a copy of this document before treatment begins. If a minor’s parents are separated, both parents typically retain their parental rights and there is no parenting plan then a copy of whatever informal agreement has been drawn up will be needed and both parents will have to sign this document before treatment begins.

**Custodial Arrangements:** For minors who are living in foster homes, living with relatives, wards of the state, etc., evidence of the legal standing of the custodial guardians will be required before beginning services. Other information or documents may be required depending on the situation.

**During the Session:** For the safety of your child, a parent, guardian, or custodian known to me must remain in the waiting area during a child client’s session.

**Minors Over Age 13:** Minors age 13 and older are considered by the state of Washington to be competent to manage their own mental health care. Minors age 13 and older will need to sign all documents, including a Release of Information, if they choose to have their therapist be able to talk to their parents.

**Contacting Me**

Contacting Me: When you need to contact me for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

•         By phone (360-207-4467). You may leave messages on the voicemail, which is

confidential.

•         If you wish to communicate with me by normal email for administrative purposes such as scheduling or rescheduling a session.

If you need to send a file such as a PDF or other digital document, please contact me so that I can send you a secure link.

Please refrain from making contact with me using social media messaging systems such as Facebook Messenger or Twitter. I do not respond to attempts to communicate over social media.

These methods have very poor security and I am not prepared to watch them closely for important messages from clients. In addition, professional ethics standards do not permit me to communicate with clients via personal social media. For this reason, I cannot accept any client requests to connect on Facebook, or other similar social media platforms

Non-Secure Communication:

It is important to understand that any virtual or written communication: text, email, call logs, etc. cannot be guaranteed as confidential. At your request or initiation, I may respond to your email or text correspondence with a brief and focused reply on appointment logistics such as scheduling or technical support. Occasionally, I will send out texts if it is deemed therapeutically necessary.

It is important that we be able to communicate and also keep the confidential space that is vital to therapy. Please speak with me about any concerns you have regarding my preferred communication methods.

**Response Time:** My business hours are subject to change. At this time they are Tuesday 8am-12pm, Wednesday through Saturday 7am-4pm. I may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can typically expect a response within 48 hours (weekends, holidays, sick time, and vacation are exempted from this time frame). I may occasionally reply more quickly than that or on weekends, but please be aware that this will not

always be possible.

Be aware that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town.

**Emergency Contact:** I do not provide emergency services either during or after business hours. If you or someone you know is in immediate danger, call 911. If you are experiencing a mental health crisis go to your local emergency room and/or call the Suicide and Crisis Hotline at 988 or 1-800-273-8255 or the Thurston County Crisis Line at 1-800-627-2211.

**Disclosure Regarding Third-Party Access to Communications:** Please know that if we use electronic communications methods, such as email, texting, online video, and possibly others, there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others. They may also experience data breaches which they may or may not notify their users and contractors about.

Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange

with each other.

**Other Policies**

Client Rights: As an individual, you have the right to refuse any treatment you do not want, and the right to choose a practitioner and treatment modality which best suits your needs. You also have the right to:

•         Refuse or terminate therapy at any time for any reason.

•         Choose your therapist.

•         Choose the kind of therapy you receive.

•         See and/or receive a copy of your therapy record. A fee of $.25 per page will be charged for copies. If you disagree with something in your record you may have your own statement included as part of your record.

•         Revoke or limit the scope of a Release of Information at any time.

•         Receive a copy of this document and a copy of the Notice of Privacy Practices.

**Concerns or Complaints:** If you have any concerns about the treatment you have received or about billing I hope you will not hesitate to raise them with me. My goal is to take your concerns seriously and resolve them in a way that is respectful and equitable for both of us. You may also contact the Washington State Department of Health at: Department of Health, Health Systems Quality Assurance, P.O. Box 47857, Olympia, WA 98504-7857, 360-236-4700. A copy of the Washington Acts of Unprofessional Conduct can be found in RCW 18.130.180.

**In the event of my death or incapacitation:**

In the event of my death or incapacitation, your records will be maintained for full amount of time required by law by my supervisor Dr. Stephen T. Wilson and/or the electronic health record entity that are bound by the laws to protect your privacy. In such case, you may access your record and receive referral resources by contacting Dr. Stephen T. Wilson.

**Walking Therapy:**

Sometimes clients want to meet outdoors at a park, do their therapy as a walk, or meet in a public place. It is important to understand that therapy in these settings is not always confidential. Public may overhear what we are talking about or identify you as a client and I being a therapist and you may be identified as a client.

**Attestation Consent for Treatment:**

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you have received a copy of your HIPAA Notice of Privacy Practices.

By signing this document, you are attesting to your consent to participation in clinical services provided by Sazi Wald, MSW, LSWAIC, SUDPT.