

PROFESSIONAL DISCLOSURE, FINANCIAL POLICY, AND ATTENDANCE POLICY STATEMENT

I have a MA in Rehabilitation Counseling from Western Washington University (2015) and an MEd in Applied Behavior Analysis from the University of Washington (2018). I am a Licensed Mental Health Counselor in Washington State (LH60889173), a Board-Certified Behavior Analyst with the BACB (1-18-31729) and Licensed Behavior Analyst with Washington State (BA60916078), and a Certified Rehabilitation Counselor with the CRCC (00151519). I participate in at least 25 hours per certification, per year, of approved continuing education including 5 hours of ethics per certification. I abide by the standards, expectations, and policies of the APA, BACB, and CRC Codes of Ethics.

I see individuals, children, families, and couples for mental and behavioral health counseling services. My primary approach utilizes Acceptance and Commitment Therapy (ACT) which starts where you are and builds a positive sense of self and direction through developing coping strategies, confidence, understanding your behaviors in response to emotions and thoughts, commitment to change, your values, and strengths. Additional approaches I may use depending on my clients' needs include, but are not limited to, strength-based, play, motivational interviewing, mindfulness, cognitive behavior therapy (CBT), and applied behavior analysis. Counseling services are provided both in-person and via telehealth. Telehealth is hosted via a HIPAA-compliant video conference platform: doxy.me.

If you experience an urgent mental health crisis after hours, please call the Associates in Mental Health (AMH) Answering Service at (360) 715-2470 and they will attempt to connect you with me as soon as possible. If I am on leave and unavailable to answer calls, they will connect you to the on-call AMH therapist assigned to my caseload for the duration of my absence. You also have the option to call the Care Crisis Response Services 24-hour crisis line at (800) 584 3578. For any life-threatening emergencies, call 911 immediately and/or go to the nearest emergency room.

I communicate with clients via phone, text, and email based on client preference during work hours only, M-Th 9a-5p. For communication outside my work hours please use the AMH answering service if it is urgent; for non-urgent messages, leave a message using your preferred communication method with the understanding that there is no guaranteed response until the next business day. Please note that email and texts are not secure, and I cannot guarantee that information transmitted will remain confidential but will maintain confidentiality to the best of my ability. For suicidal clients, I will notify emergency services for a welfare check if an appointment is missed after I have attempted to establish contact twice, using the preferred communication method, without return contact.

As a client, you have a right to complete privacy per HIPAA law except in the following instances: (1) If there is reasonable belief that you or someone else has been threatened/you have threatened another of grave bodily harm or death; (2) If there is reasonable belief that a child or vulnerable adult is being abused or neglected; and (3) If the court issues a legitimate subpoena. Outside of those exceptions, all information you reveal will be kept confidential, including information from written records. Should exchange of information be needed, a written consent must be signed by you or your legal guardian/representative. Regarding all other uses and disclosures for which an authorization or opportunity to agree or object is not required, including specialized government functions, please see HIPAA 164.512. I regularly participate in professional, confidential consultation with other mental health professionals in a variety of specialty areas including psychiatry, multicultural issues, ethics, and treatment planning. In the case of consultation, nonclinical identifying information, including client names, is not disclosed without written client consent. I maintain chart notes exclusively as required by the WA Administrative Code and second party payors.

Parents/legal guardians of minor clients under the age of 13 have rights to access all information regarding their child's treatment except for information deemed harmful should the parent know—in this case, standard procedure per WA State law is to submit information to a third-party provider to determine appropriateness and risk of harm before deciding to release that specific information to the parent/guardian. Topics discussed during a minor child's session that are not directly related to treatment or are determined to not be detrimental to the child's welfare, are also kept private to maintain rapport and a trusting therapeutic relationship. Unless it has been determined time-sensitive that parents/guardians be informed of progress or a topic of safety has been discussed, in which I will directly reach out via preferred method of contact, it is up to the parents/guardians to connect with me to request information and updates. Once a minor client has reached the age of 13 years old, a release of information will need to be signed for parents/legal guardians to access any and all treatment information and any releases signed by the parent/legal guardian are null and voided, and will need to be recompleted by the minor client using the adult release form, at their own discretion.

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Washington State Law provides a complaint procedure through the Department of Health. If you believe there was a breach of ethics in your therapy you can write to P.O. Box 47857, Olympia, WA 98504-7857, or phone (360) 236 4700.

The fee for psychotherapy is \$120 per standard 53-minute session and \$140 for intake, due at that session if not billed to a second party payor. Insurance copays are also due at each session. For all other services, including phone calls beyond a typical brief check in (more than 7 minutes), I bill hourly according to the appropriate insurance code or private pay fee of \$30/15-minutes. Court/legal service fees are \$220 per hour. Court appearances include all preparation, consultation, travel, and lost work time at a minimum retainer of \$1600. House calls include a \$50 fee and travel time pro-rated at my private pay hourly rate. Letters and treatment summaries are billed hourly at a minimum of \$50 private pay or billed according to appropriate insurance codes. Clients maintain all responsibility for any fees unpaid by health insurance. Clients are allotted one 24-hr cancellation or no call/no show (both unrelated to illness) per calendar year without charge; the subsequent last-minute cancellations/no shows will result in the full fee of \$120. Outstanding bills owed to Brianna Longwell Psychotherapy will accrue a 3% charge every 30-days.

Clients who miss three consecutive appointments without appropriate notice will be terminated from therapy. Clients who miss three out of five consecutive appointments (or has missed more than 30% of sessions over a 6-month period), with and/or without appropriate notice, will be prompted to select a better appointment time, if available. If no other times are available, an attendance agreement will be decided on in writing—inability to meet agreement expectations will result in therapy termination per the individual agreement.

I HAVE BEEN PROVIDED WITH A COPY OF, AND UNDERSTAND, BRIANNA LONGWELL’S DISCLOSURE, FINANCIAL POLICY, AND ATTENDANCE POLICY INFORMATION.

Signature of Client or Legal Guardian

Date

Printed Name of Client or Legal Guardian

Brianna Longwell Signature

Date