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CLINICIAN DISCLOSURE STATEMENT

Welcome to my practice. Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy, methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to facilitate our work together, here is some basic information about me and my practice.

I have been practicing since 1991, post-graduate since 1992. I have a Masters Degree in Social Work from the School of Social Service at Saint Louis University in St. Louis, Missouri and am licensed in the state of Washington. I use techniques from a variety of theoretical orientations including family systems, cognitive behavioral, Dialectical Behavioral, Emotion Focused, Acceptance and Commitment and Psychodynamic Therapy. I have advanced training in the Gottman Method for couples therapy. I borrow from this method, but primarily use Emotion Focused Couples Therapy in my work with couples. My experience includes work with children, adolescents and adults in individual, group and couples therapy. Currently, I work with adults and couples only.

It is important that you understand that counseling/psychotherapy has both benefits and risks. You may experience uncomfortable levels of feelings like sadness, guilt, anxiety, anger, loneliness, and helplessness. Your therapy may also involve recalling unpleasant aspects of your history. Psychotherapy has been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, better relationships, and resolution of specific problems. However, I can make no guarantees about how the therapy process will be for you specifically.

If you have concerns or complaints about any aspect of your treatment, please attempt to discuss them with me first. If you feel that I have been unethical or unprofessional, you may contact the Counselor Program at the Department of Health's Health Professions Quality Assurance Division.

Counselors practicing counseling for a fee must be registered or licensed with the Department of Health 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 imply the effectiveness of any treatment. The purpose of the law regulating counselors is to provide protection for public health and safety and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct [WAC 246-810-031].

If you are seeing me for couples therapy there are issues of confidentiality, which are unique to it. It is not therapeutically advisable for the therapist and one partner to hold confidential information from the other partner. This does not mean that information will be automatically shared. However, clients will be strongly encouraged to share pertinent information as necessary to augment the therapy process. A culture of "secrecy" disrupts the effectiveness of couples therapy. Thus, if you choose to have a partner

participate in therapy, either individually or conjointly, do not tell me anything you wish kept secret from your partner. These are all things I will discuss with you in our work together.

You will be provided with my Notice of Privacy Practices. Please note: I am part of a clinical consultation team. Identifying information about you will not be used. When I am away, I may provide identifying information (PHI) about you to my back up therapist in order to provide you with the best continuity of care should you need help when I am away. This will of course be with your permission only. Please talk with me if you have concerns about this.

While the attached written summary [see 'Notice of Privacy Practices'] of exceptions to confidentiality should prove helpful in informing you about potential issues, it is important that we discuss any questions or concerns that you may have. The laws governing these issues are quite complex. While I am happy to discuss these issues with you, should you need specific advice, a legal consultation may be advisable. If you request it, I will provide you with relevant portions or summaries of the applicable state laws governing these issues.

I return phone calls as quickly as possible during my work weekdays, which are Tuesday through Friday and Saturdays until 3:00. In case of an emergency, in the evening or on the days I am not in the office, please call 988, the Snohomish County Care Crisis Clinic at 245-258-4357, the King County Crisis Clinic at 206-461-3222, 911 or go to your nearest emergency room. You will hear the crisis line phone numbers in the outgoing message on my voicemail. If you are a current, active client and need to reach me urgently, please let me know this in your message. I will call as soon as I can but please use the above instructions and numbers if it is not soon enough to meet your need. In addition, please contact me by telephone only (not text or e-mail) and leave a voicemail in the event that you need to reach me urgently.

Your appointment is held exclusively for you. If you are unable to keep your appointment, please give at least 24 hours' advance notice to cancel. Appointments that are not cancelled with a 24-hour notice may be subject to the full fee rate.

FEE AGREEMENT

Fee for 45-55 minute **Individual** Session: \$160.00 (*I do 55 minute sessions)

Fee for 60 minute **Couples** Session: \$170.00

A select number of low fee spaces are available for qualifying clients.

By signing this disclosure, you are confirming that you understand and agree to the fee amount above, and that payment is due at the time of service. You acknowledge that you understand that having insurance does not guarantee payment of benefits and that you are responsible for the unpaid portion of the fee. Some plans specify co-insurance or co-pay amounts as determined in a contract signed by Noelle E. Mestres, MSW LICSW. You understand that **Noelle E. Mestres, MSW LICSW will abide by such contractual arrangements should they apply and that you can ask about this at any time. You agree to provide insurance information and to inform Noelle E. Mestres, MSW LICSW if you plan to use your insurance. (**Listed business name with state of WA: Noelle E. Mestres, MSW CSW)

**Please ask me if you have a question about what this means. Insurance does not cover missed appointments.

You agree to pay all fees for which you are responsible and understand that failure to do so may result in a break in service. If you decide to utilize your insurance plan: you hereby authorize your insurance benefits to be paid directly to **Noelle E. Mestres, MSW LICSW and to forward any insurance payments you might receive directly to Noelle E. Mestres. You authorize Noelle E. Mestres, MSW LICSW to release any information required to process this claim or to obtain authorization for services. You understand that a diagnosis will be provided to your insurance company, and you agree to this disclosure. This consent, with respect to the conditions noted above, shall be effective only so long as is reasonably necessary to obtain reimbursement.

Regarding electronic communication, please understand that e-mail and text are not guaranteed to be secure; I do not have an encrypted way to send or receive such correspondence. I use both methods as they can be convenient ways to schedule and do minimal, general, non-emergent coaching. ***If you would rather not use these methods, please let me know before we start our work together.*** Please also understand that any such correspondence may be part of your clinical record. Please do not contact me via e-mail or text for clinical matters or emergencies. Please call me in those circumstances. Please note: I am often not able to respond to e-mail (and sometimes texts) right away. In addition, if I am away or it is a day that I'm out of the office, I may not be able to respond to text until I return. I do not have a way to indicate that I'm out of the office via text. If you need to reach me urgently, please call and leave a message [if I am not available]. If I am out of the office, the details about back up and crisis numbers are always included in my outgoing voice message. Regarding social media, I do not correspond with clients via social media; this is primarily about maintaining your confidentiality and honoring our work together.

Informed Consent for Remote Services: I conduct some therapy sessions remotely, using the video platform Zoom for Healthcare and telephone. The interactive technology that I use utilizes network and software security protocols to protect the confidentiality of client/patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. You, the client, will need access to, and familiarity with, the appropriate technology in order to participate in the services provided. These services rely on technology, which allows for greater convenience in service delivery, but also includes risks in transmitting information over technology. These risks include, but are not limited to: breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. Your signature below indicates that you consent to the benefits and the risks of doing remote therapy sessions, and of other electronic means of communication (e.g., email and phone/text).

Your signature below indicates that you have read and understand this Disclosure Statement in its entirety and that you agree to all terms herein, have received a copy of this Disclosure if you would like one, and wish to enter treatment on these conditions. In addition, fee arrangements and terms of confidentiality have been clearly described, understood, and made.

Client: _____ Date: _____

Client: _____ Date: _____

Therapist: _____ Date: _____

