

Megan Kovacevic, PLLC
Licensed Marriage and Family Therapist
State of WA # LF60446954
(206)930-5963

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Seattle, WA 98122

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DISCLOSURE OF INFORMATION, POLICIES AND CLIENT AGREEMENT PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGMENT OF ITS RECEIPT ARE REQUIRED BY WASHINGTON STATE LAW. PLEASE READ IT CAREFULLY. I WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.

Purpose: This statement provides you with information about myself and my counseling services. This may help you decide if I am the right therapist for you. It is your right to refuse treatment at any time, with or without notice, to a treatment provider.

Qualifications: I earned my Masters in Couple, Child and Family Therapy from Antioch University. I also earned a Bachelor of Arts from Western Washington University in Psychology and Sociology. I am a Mental Health Professional and a Child Mental Health Specialist. Since 2001, I have experience working with, and advocating for, at-risk youth and families in a variety of environments: private practice, foster care programs, King County Crisis Team, transitional housing programs, chemical dependency care and in home loss and grief programs. With my experience and education I have been able to hone my skills to create what I believe to be a positive, caring atmosphere necessary for the growth and change that can occur in a therapy session.

Philosophy and Methods: It is my belief that people have within themselves both the drive toward, and the internal resources necessary, for growth. My role as counselor is to support you as you examine and adjust the aspects of your life that seem to be blocking your personal growth, your ability to solve problems skillfully, and your feelings of well-being. It is my belief that therapy is an active conversation between two or more people. Effective therapy also requires that we actively work as a team to foster positive growth and change. We will often discuss personal experiences and relationships in your life that affect you currently and have affected you in your past. This process may raise some challenging emotions and feelings but, with your continued commitment to the process of therapy, you will gain the necessary skills to work through them. As a result, you will create a more positive you. Responsibility and commitment to the counseling process is a shared process. It is my responsibility to be emotionally present, to be honest and to hold you with unconditional positive regard.

My primary commitment is to you, and believing that your well-being is essential to all humanity.

- You have the right to control your own therapy and make the decisions that affect your life.
- You have the right to ask questions at any time you do not understand what is taking place in the session.
- You have the right to end or take a break from counseling at any time, though it is best for us to discuss this should you make that choice.

Confidentiality: I am bound by my professional ethics to protect your rights to confidentiality. What we discuss in session will be held in confidence with the following exceptions:

1. I have written permission from you to share this information.
2. In the event of a medical emergency, necessary information may be given to emergency personnel or services.
3. In the event that you threaten to harm yourself or someone else and that threat is perceived to be serious, the proper individuals will be contacted. This may include the individual against whom you are threatening. Also called "Duty to Warn"
4. In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed by anyone to warrant reporting.
5. If ordered by a judge or other judicial officer, information regarding your treatment must be disclosed.
6. If you bring a complaint against me with the State of Washington, Department of Health, information will be released.
7. If subpoenaed by an attorney in the State of Washington, records will be released unless you file a protective order within 14 days of the subpoena.
8. In the event of your death or disability, the information may be released if your personal representative or beneficiary of your insurance policy signs a release authorizing disclosure.
9. If in the event you do not pay your bill for services provide, your contact information may be shared with a collection agency for full compensation. Or for insurance billing purposes.

Additionally, I meet regularly with a supervisor and a consultation group so that we may gain better understanding of how we can work with our clients more effectively. In both supervision and consultation, your identity will be protected, as will unique identifying information. The professionals I meet with are bound standards of confidentiality as I am. **Please Initial** _____

Payment and Insurance: My fee is \$150 for a standard 50-minute session, and full payment must be made at the conclusion of each session. I accept checks, cash or credit cards. A \$35 fee per check will be charged for returned checks. I do accept Premera, Lifewise, Kaiser PPO insurances. And I am also happy to provide you with a statement for services that you can submit on your own if your insurance is not one of the types I accept. I will do a sliding scale on a case-by-case basis for low income individuals, couples and/or families, please speak directly with me to arrange. It is your responsibility to assess your coverage and keep your account current. Phone calls, email, professional or medical consultations, and any travel time to another location will be billed at my standard hourly rate. Any case work, research or professional consultations done as part of any legal proceedings will be billed at a rate of \$300 per hour. I have agreed to participate in counseling sessions with Megan Kovacevic, PLLC, LMFT, on an open-ended, as needed basis for a fee of \$_____ per hour.

Please initial _____

Appointments and Cancellation Policy: Appointments are scheduled in standard 50-minute increments. We may choose to schedule a single session (50 minute \$150), an extended session (75 minute/\$225), or a double session (100 minutes/\$300). There are times when couples therapy can be better served by longer sessions. If you need to cancel an appointment, please let me know as soon as possible but no later than 24 hours in advance in order to avoid payment for the session. Missed sessions without a 24 hour cancellation will be considered payable prior to our next session. You are responsible for making payments on time or your account may be sent to collections if no agreement has been made with Megan Kovacevic, PLLC. **Please initial** _____

The State Of Washington requires that the following appear on every client's statement: "Counselors practicing for a fee must be registered or certified with the department of licensing for the protection of the 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". (WAC 308-190-041-b)

Please contact Department of Health Counselor Programs Division in regards to unprofessional conduct by me, or any other Mental Health Provider. Call: 360-236-4700

Washington State Law allows the client to choose whether or not they want written records of their sessions to be documented by their therapist. If you should chose to NOT have the therapist keep a record please inform your therapist now and Initial below. I, Megan Kovacevic, do reserve the right to document sessions that I believe to be high risk or concerning or for insurance billing purposes; such as suicidal thoughts and attempts, any type of abuse including substance abuse, etc.

In accordance with WAC 246-810-035, I, (print name) _____, request that no records be kept of my treatment other than a fee arrangement for services rendered, intake form, a record of dates of service were rendered and payments for these services, or for insurance purposes. **Please Initial** _____

Policies for Online Communication: I prefer using email or text only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me via email or text, be aware that all emails are retained in the logs of your and my internet service providers (ISP). While it is unlikely that someone will be looking at these logs, they are possibly available to be read by the system administrator(s) of the ISP. Although I will do my best to make sure our email and text conversations remain private, any emails which I receive from you and any responses that I send to you become a part of your legal record and you voluntarily waive your right to privacy. **Please initial** _____

Social Media: I do not accept friend or contact requests from current or former clients on any social: or professional networking site. Adding clients as friends or contacts on these sites has the potential to compromise your confidentiality and our respective privacy. **Please initial** _____

Client Acceptance: I/We have read this document, understand the content, accept the terms, and have received a copy of this agreement. I/We consent to therapy with Megan Kovacevic, PLLC, Licensed Marriage and Family Therapist under the terms described above. My signature confirms acceptance of the above terms and constitutes Informed Consent for therapy without exception.

Client Signature _____ **Date** _____

Client Signature _____ **Date** _____

Client/Parent/Guardian Signature _____ **Date** _____

(In the case of divorce, I certify that I am the custodial parent and have legal authority to sign).

*Please Initial _____

Therapist Signature _____ **Date** _____

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