

Regina A. BlackWolf, LICSW, MAC

Approaching Authenticity, PLLC

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Disclosure Statement

Treatment Modality and Therapeutic Orientation: My approach to psychotherapy is client-centered, strength perspective, and I work to create a therapeutic relationship in which the client(s) can discover and take actions appropriate to improve functioning in one's life. My methods are informed by a variety of clinical orientations including Eye-Movement Desensitization and Reprocessing (EMDR), Cognitive and Dialectical Behavioral Therapies, Motivational Interviewing/Enhancement, and Gestalt Therapy.

Educating & Training: I received a Master's Degree in Social Work (Clinical and Contextual Practice) with emphasis on adult mental health from the University of Washington in Seattle, Washington in June 2006 and a Certificate in Drug and Alcohol Counseling from Bellevue Community College in June 2004. I have experience as a counselor/therapist since January 2002, both working and interning in outpatient community mental health, outpatient chemical dependency and co-occurring disorders of chemical dependency and mental illness, as well as inpatient psychiatric hospitals. I am a Licensed Independent Clinical Social Worker, a Mental Health Professional, EMDR Therapy Provider, and I am Certified as a Chemical Dependency Professional as well as Master Addiction Counselor (license numbers at the bottom of this page).

Billing and Appointments: Payment is expected at time of service. With insurance authorization you are required to pay only your co-pay or co-insurance at time of service. Please note that you are responsible for any amounts not paid by your insurance company. Frequency of appointments will be arranged by mutual agreement. Failure to give 48 hours notice for cancellation may result in you being charged the full session fee (including any amount that would normally be paid by an insurer). I can bill most insurance plans directly. If I am unable to bill your insurance I will provide a detailed invoice or fill out insurance forms that you provide. Fee Schedule:

One Hour Intake/Assessment	\$260
One Hour Standard Therapy Session	\$175
One Hour Crisis Therapy Session	\$260
Half-Hour Crisis Therapy Add-On	\$120
Forty-five-Minute Therapy Session	\$150
Half-Hour Therapy Session	\$130
Formal Reports Writing (per hour)	\$175

Client Rights: You have the right to (1) Be treated with respect and dignity; (2) Develop a plan of care and services which meet your unique needs; (3) Refuse any proposed treatment, (4) Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation; (5) Be free of any sexual exploitation or harassment; (6) Review your case record; (7) Confidentiality, (8) Choose counselors who best suit your needs and purposes. In Washington State, the Department of Health is charged with the task of regulating the healthcare professions. For further information or complaints contact: Health Professions Quality Assurance, Customer Service Center, PO Box 47865, Olympia, WA 98504, Email: hpqa.csc@doh.wa.gov, Phone: (360) 236-4700, Fax: (360) 236-4818, www.doh.wa.gov.

About Counseling: You, as an individual, have the right to refuse treatment and the right to choose a practitioner and treatment modality that best suits your needs. You have the right to stop treatment at any time. If you stop treatment, you will not be required to explain why you stopped treatment. Counselors practicing counseling for a fee must be registered or certified with the Department of Health 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. The purpose of the Counselor Credentialing Act is (A) To provide protection for the public health and safety; and (B) To empower the citizens of the state of Washington by providing a compliant process against those counselors who would commit acts of unprofessional conduct. This subsection does not grant clients new rights and is not intended to supersede state or federal laws and regulations, or professional standards.

Confidentiality: No information is released to anyone without your written consent unless required by law. Mandatory reporting includes suspected child abuse and neglect and vulnerable adult abuse as well as evidence of planned acts of violence toward oneself and others. I am required to take steps to secure the safety of the client or others. If your records are properly subpoenaed and/or I receive an appropriate order by a court, I may need to disclose information about your treatment to a court. Other exceptions to confidentiality include exchange of information to third party payers and other clinical staff and supervision.

Office location: Regina practices at North Creek Counseling Center as do other therapists. All therapists practice independently of each other. There is no partnership or joint venture between or among therapists.

Phone Numbers: Regina can be reached at 206.375.7657 and will make every effort to return your call within 24-hours if you call Monday-Friday. Please limit your calls to arranging appointments and/or emergencies. **If you are in a crisis and need immediate assistance call 24 - Hour Crisis Line at 866.4CRISIS (866.427.4747) 206.461.3222 TTY / TDD for the Deaf 206.461.3219 or 9-1-1 if you are in acute crisis.**

Acknowledgement and Consent for Treatment. By my signature below I acknowledge that:

I, _____,
Please Print Name

have read and understand the Disclosure Statement of Approaching Authenticity, PLLC, have had an opportunity to ask questions about it, and I have received a copy for my records.

I consent to receive psychotherapy from Approaching Authenticity, PLLC dba Regina A. BlackWolf, MSW.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____
Regina A.BlackWolf, MSW, LICSW, President and Therapist