

**Heather J. Johnson M.A, L.M.F.T**  
**Aspire, Inc.**  
**677 Woodland Square Loop SE**  
**Lacey, WA 98503**  
**LF60032040**

The following statement explains my fees, services, procedures, therapeutic/counseling approach, your rights as a client, and outlines my education, training and experience. After you have read this statement you will be asked to sign that you have read the statement and agree to the terms. Please carefully read this agreement for your awareness and protection. If you have any questions or concerns about fees or procedures, please feel free to ask.

**My Therapeutic Approach**

I value the therapeutic relationship and believe that it is essential to growth and transformation. Forming a trustworthy relationship with the client and attuning to the client's thoughts, feelings, actions, frustrations, desires, and goals is vital to successful therapy. Attention is given to the client's past, present, and future. Insights and new understandings are important, underscoring the importance of being a learner in therapy. Both therapist and the client are co-learners with the central focus being the client's life. However, for therapy to be effective, insight must be translated into action, responsibility and new ways of being. I take a dynamic approach with the client, believing that active feedback is critical in supporting both learning and the active life of change and growth. I might suggest specific actions to take, fully aware that the client is the decision maker and ultimately the one in charge of his/her life.

I work with individuals, couples and families. I work in partnership with the client, carefully listening to the client's concerns and collaborating on solutions. I believe that every person has the inner resources they require to face any challenge or free themselves from "stuck" places in their lives. Typical concerns I work with include depression, anxiety, trauma, addiction issues, relationship issues, couple and marital issues, work stress, feelings of "stuck-ness", and worries about the self's movement through life.

I use a variety of therapeutic models dedicated toward solutions and the restoration of hopefulness. These include but are not limited to family systems theory, cognitive-behavioral therapy, holistic approaches (mind, body, spirit & emotions) and humanistic and psychodynamic techniques. Treatment may be short term or long term depending on the nature of the concern.

**My Education**

I am a Licensed Marriage and Family Therapist in the state of Washington (license # LF60032040). I am a Clinical Member of the American Association for Marriage and Family Therapy. I have a Bachelor of Arts from the University of Washington and a Masters of Arts in Applied Behavioral Science with an emphasis on Systems Counseling from Bastyr University. I have completed several additional trainings at The Haven Institute of Professional Development in British Columbia. For more information about my work please visit my website: [www.heatherjohnsoncounseling.com](http://www.heatherjohnsoncounseling.com)

**Appointments & Fees**

Fees: **All fees are due at time of service**, including insurance co-pays and co-insurance fees. I accept cash, checks, and credit/debit cards. Sessions are 55 minutes. Sessions are billed at the rate of \$190 for the initial intake appointment and \$150 per session for individual counseling and \$150 per session for family and couples counseling. Some insurance companies will only allow 45- minute sessions. In that case, 45-minute sessions are billed at a rate of \$135. **I require 24-hour notice for appointment cancellations and/or rescheduling; late cancellations /rescheduling and "no show" appointments will be charged the full clinical rate.** Any amount past due over sixty days **may be** sent to collections – it is your responsibility to provide prompt payment of your therapy bill.

Other fees: If I am doing work related to your treatment outside the bounds of scheduled counseling I will bill you on an hourly basis for all time I spend on your case including preparation, travel time to another location (such as the hospital, your home, an attorney's office, etc.) email and phone consultations, etc. My fee for this type of work is prorated at \$200.00 per hour.

I am happy to bill your health insurance company, provided you have mental health coverage. It is your responsibility to manage your health insurance benefit, including any deductibles, etc. I am a preferred provider with most insurance companies and can accept most other insurances as an "out of network provider." **I do not accept second and third party payments for adults engaging in therapy services; I will provide you with a receipt if you wish to pursue second and third party payments.**

A finance charge of 1% per month or \$2.00 minimum, whichever is greater, will be assessed on balances outstanding over 60 days, unless we have made other arrangements in advance about your incurring a debt to me. In the event that this matter is turned over to a third-party for collection, you agree to pay all principal, interest and the cost of collection. You further agree that the reasonable cost of collection shall be fifty percent (50%) of the total amount of principal and interest due and owing.

\_\_\_\_\_ **(Initial Here).**

**It is important that you know I will not provide letters of fitness or make evaluative statements concerning child custody situations or issues relating to divorce or separation, nor will I provide “expert testimony” in these situations. These services may be obtained from a clinical psychologist; referrals made on request.**

### **Confidentiality**

Your participation in therapy, the content of our sessions, and any information you provide to me during our sessions is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give me written consent to have the information released to another party;
- 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 sixty days, the account name and amount may be submitted to a collection agency;
- If I have any other legal duty, obligation, or right to report.

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 and RCW 18.19.180(3), suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

If you have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let me know. I will be happy to discuss this with you further.

For additional information regarding your confidentiality rights, please carefully review the attached HIPAA and Washington State Notice of Rights and Privacy Practices.

### **Insurance Providers**

Insurance companies and other third-party payers may require that I provide them with information regarding the services I provide to you. This information may include the type of service provided, the dates and times of service, your diagnosis, treatment plan, a description of impairment, progress of therapy, and case notes and summaries. If you do not want me to provide your confidential information to your insurance company, let me know so that we can discuss alternatives.

### **Group Family, Couples and Marriage Counseling**

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

If you have any questions about the limitations to confidentiality, or about the access to treatment records, for group, family, couple or marriage therapy, please let me know. I will be happy to discuss this with you further.

### **Professional Consultation**

I seek ongoing consultation from colleagues in order to provide you with the best services possible. I may disclose information about your counseling session in consultation with colleagues, in which case I will withhold your name and other easily identifiable information. I have an agreement with Frank Hesketh MA LMFT to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Frank Hesketh accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

### **Emergencies**

I do not provide direct emergency service. If you are experiencing a life-threatening emergency please call 911 or go directly to



Client Signature

date