

### **DISCLOSURE STATEMENT**

Welcome to my counseling practice. This document contains important information about my professional services and my business policies. For detailed information about my privacy policies and your client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations as required under HIPAA, it is important for you to read and understand the information provided in the Notice of Confidentiality and Privacy Practices statement on my website, [www.hahntherapy.com](http://www.hahntherapy.com). Please ask me any questions you may have.

### **BACKGROUND AND TRAINING FOR MARSHA HAHN, M.A., LICSW**

I am a Washington State Licensed Independent Clinical Social Worker (#LW60767530). This means I have completed accredited graduate and post-graduate training programs in social work and that I have passed the examinations required by the state intended to ensure competence. I received my M.A. in Social Work from the University of Chicago in 2005. I completed my masters internships at Thresholds, in Chicago, and at the University of Chicago Hospital. I worked as a therapist at Turning Point Behavioral Health Care Center, a community mental health center in Skokie, Illinois, from 2005 to 2017. I have practiced in Washington State since 2017.

### **CURRENT PROFESSIONAL ACTIVITIES**

I am a professional member of the National Association of Social Workers. I provide psychotherapy through my independent private practice, Marsha Hahn Psychotherapy & Consulting PLLC. I attend ongoing professional training, workshops and seminars to further my own skills in my work with individual adults and couples.

I am also involved in regular consultation groups to enhance my work with my clients. If I consult with a professional who is not involved in your treatment, I will protect your identity. These professionals are legally bound to keep all information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

### **COUNSELING SERVICES**

Counseling is not easily described in general statements as it varies depending on the personalities of the therapist and the client, and the particular issues you are experiencing. Counseling is a process of examining the feelings, thoughts, behaviors, and relationships that trouble you with the goal of helping you evaluate and perhaps change them. The specific goals of counseling – what you want to change or achieve – are up to you. Reaching your goals calls for active effort on your part.

Counseling can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have many benefits. It often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

My theoretical orientation integrates aspects from various therapeutic orientations. These include the Client-Centered, attachment, neuropsychology, and psychodynamic traditions, as well as EMDR (Eye Movement Desensitization and Reprocessing), ego state, and somatic therapies. With couples, I generally practice Emotionally Focused Couple Therapy. I consider our therapeutic relationship a collaborative one, so we will work together. Because the ultimate responsibility for making choices and taking action is yours, I will expect you to be very active in your own treatment, inside and outside of the therapy office. Though I may make observations and interpretations and/or make suggestions, the emphasis of treatment will be on finding the answers within yourself. It is my responsibility to do all that I can to help you find those answers within yourself and to help you identify and eliminate any obstacles to change that become apparent.

To ensure the success of our work together, it is very important that we communicate openly with each other. It may take us a little while to create a sense of trust and comfort in our relationship but it should grow as we work together. In

addition to open communication, the success of our work also hinges on your working on things both during our sessions and at home.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will discuss these first impressions of your needs and begin to develop a treatment plan. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Counseling involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have any questions about my approach and practice, we should discuss them whenever they arise. If you have doubts that persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion or to refer you to a different provider.

I do not specialize in court or legal matters. If you anticipate being involved in any legal proceedings or are looking for advocacy or an assessment for legal purposes, I will be happy to provide you with names of other professionals who do specialize in those services. If I am deposed or involved in any other legal activities in relation to our work together, I will be able to speak to our treatment together only, which will automatically void the confidentiality of our sessions.

### **ETHICS AND PROFESSIONAL STANDARDS**

I abide by the ethical, professional, and legal standards established by the National Association of Social Workers and the State of Washington. At any time, you may ask me to discuss my treatment approach. **Please be aware that you have the right to request a change in treatment, referral to another therapist, or other resources, and/or to refuse treatment or discontinue our work together at any time.** I will make appropriate referrals if I become aware of a problem that is outside of my area of expertise. Finally, it is important that you know that you have recourse available if you feel that I have acted unprofessionally or have caused you harm. If you believe that I have acted unethically in our work together, please contact:

Department of Health  
Program Manager for Social Work  
P.O. Box 47877  
Olympia, WA 98504-7877  
[hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov)  
800-525-0127

### **PSYCHOTHERAPY MEETINGS AND CANCELLATION POLICY**

Most psychotherapy sessions last approximately 45-55 minutes and are held once a week, unless we agree upon a different schedule. **Once an appointment hour is scheduled it is reserved especially for you and you are responsible attending or canceling in a timely manner. Unless you provide 24 hours advance notice of cancellation you will be expected to pay a fee of \$90. Please note, insurance companies do not provide reimbursement for cancelled sessions.** I will try to find another time to reschedule the appointment within my schedule. If no alternative time is available during that week, you are responsible for the cancelled appointment.

### **REGULAR WORK HOURS AND AVAILABILITY**

Due to my work schedule, I am often not immediately available by telephone. When I am not available, you may leave me a voice message or send a secure email message through my client portal. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some good times to reach you and any alternative phone numbers where you will be available.

If you need to contact me between sessions, the best way to do so is by phone or with secure email through my client portal. All other forms of email are not encrypted and, therefore, not completely secure or confidential. If you choose to communicate with me by non-secure email, be aware that all emails are retained in the logs of your and my internet service providers. If you contact me via non-secure email, I will assume that you approve of my replying to you and that you accept these risks.

## **SOCIAL NETWORKING POLICIES**

I do not accept friend or contact requests from current or former clients on Facebook, LinkedIn, or other social media platforms. My concern is for your privacy as well as the maintenance of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it. If there are things from your online life (including emails) that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

## **TEXT MESSAGES**

Please do not use SMS (mobile phone text messaging) to contact me. This method of communication is not secure and I may not read these messages in a timely fashion.

## **REGULARITY OF COMMUNICATIONS AND COUNSELING SESSIONS**

It is generally expected that counseling will take place on a regular schedule. Usually, counseling is scheduled every week, but may be scheduled more or less frequently according to your needs. I expect that we will work together to schedule sessions at times that work for you. If for any reason you need to take a break from counseling, please let me know so that we have a shared understanding of your needs and scheduling expectations.

## **TERMINATION OF CARE**

If at any time we do not meet or I do not hear from you for a period of 30 days or longer, I will consider your case closed, unless we have made prior arrangements together. In general, I will attempt to contact you before closing your case.

## **EMERGENCIES**

In emergencies, you can try reaching me by phone. A message can be left for me if I am unavailable. If I miss your call, I will make every effort to return your message at the earliest possible moment. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the Care Crisis Line (425-258-4357). You may also go to the nearest emergency room and ask for the mental health professional on call. If you are in a life-threatening crisis or are unable to travel to an emergency room, call 911. If I will be unavailable for an extended time I will provide you with the name of a colleague to contact in my absence, if necessary.

## **LENGTH OF COUNSELING SESSIONS**

Therapy sessions usually last 55 minutes. Some insurance companies, however, only allow for sessions of 45 minutes. If this is the case for you, I will let you know. Please know that occasionally it is necessary for a session to last longer than an hour. My priority is the well-being of my clients, and sometimes this necessitates a slightly longer session. This might mean that my session with you will be extended occasionally. It also means that I may have to start our session a little late if the client before you required more time. When this happens, I will offer additional time at the end of our session if it is possible for me to do so. If it is not, I ask for your understanding. If you are a private pay client, and I have to shorten your session, I will charge you a prorated amount. If you are using insurance, I will bill your insurance for the appropriate amount of time.

## **COUNSELING AND PROFESSIONAL FEES**

My hourly fee, subject to change, \$135 for each session. In addition to scheduled appointments, I charge \$135 per hour for other professional services you may need, though I will break down the hourly cost into 15 minute increments. Other services include report or letter writing, telephone conversations, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the challenges of legal involvement, I charge a higher per hour fee of \$150 for preparation and attendance at any legal proceedings.

## **BILLING AND PAYMENT POLICIES**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. You will be expected to pay for each counseling session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. You will be required to provide credit card information to be held on file (it will be held on a secure server, not on site or on any computer) to be billed for any

missed or late cancelled appointments and for any balances due that are not covered by your insurance (deductibles, etc.). If you wish, I can also charge your card on file for your copays. That is up to you.

Payments for copays can be made by cash, check, or by credit/debit card. If you have an HSA type of account or work benefit I will be happy to provide you with a receipt with all the necessary information for you to gain reimbursement. Any counseling services I provide are tax deductible as a medical expense. A receipt will be provided for such purposes, if requested.

I may, at my discretion, choose to have billing, accounting, and/or bookkeeping handled by a contracted provider. In this case the provider may have knowledge of some of your HIPAA Protected Health Information necessary for accounting/billing purposes only, but not your confidential clinical information.

### **PRIVATE PAY CLIENTS**

Many individuals choose not to use their health benefits for their mental health care. In such cases my regular fees apply and payment can be made by cash, check, or credit/debit card. If paying by check, please make it out to Marsha Hahn Psychotherapy.

Upon request I will be happy to provide you with a receipt to be used for tax purposes as my services can be deducted as a medical expense. I am also happy to provide you with a receipt, if necessary, for you to gain reimbursement from your health savings account or other resource you may have.

Private pay clients are not burdened with having to meet any sort of diagnostic criteria or level of severity to access services.

### **INSURANCE REIMBURSEMENT**

If you have a health insurance policy that will cover some mental health treatment, I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. Your copay, co-insurance and/or deductible will be expected to be paid at the time of service and can be made by cash, check, or credit/debit card. If paying by check, please make it out to Marsha Hahn Psychotherapy.

**It is very important that you find out exactly what mental health services your insurance policy covers and whether they will cover services with me or not.** Because plans are consistently changing, it is not possible for me to know the details of your individual plan.

To qualify for coverage by your health insurance plan you must receive a mental health diagnosis. This diagnosis indicates that your symptoms meet certain criteria and indicate a mental disorder. This information will become a permanent part of your medical record. While there are a great variety of mental health diagnoses indicating a wide range of impairment, insurance companies will only pay for certain ones. Treatment is also often limited to short-term approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. It is not guaranteed that additional services will be authorized simply because we ask for them. The decision to reauthorize or not is entirely in the hands of your insurance company. Although much can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. In such cases, clients can continue treatment on a private pay basis.

Your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis, dates of services, types of services provided, and any copayments already received. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purposes requested. This information will become part of the insurance company files, will be part of your medical record, and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. ***By signing this Agreement, you agree that I can provide***

***requested information to your carrier.*** It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

### **UNPAID BALANCES AND RETURNED CHECKS**

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collections agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name and contact information, the nature of services provided, the dates those services were rendered, and the amount due. If legal action is necessary, its costs will be included in the claim.

A \$20 fee will be assessed for returned checks. Payment for the fee and unpaid balance must be made in cash, money order or by credit card before an additional session can be scheduled.

### **LIMITS ON CONFIDENTIALITY**

The law attempts to protect the privacy of communications between a client and a counselor. The Notice of Confidentiality and Privacy Practices, on my website, sets out how I use and disclose your protected health information. I want to highlight that in most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or HIPAA. With your signature on a proper Authorization form, I also may disclose information in the following situations:

- Disclosures required by health insurers or to collect overdue fees as discussed elsewhere in this Agreement.
- If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, such information may be protected. I will seek your written authorization prior to disclosing any information. To prevent the disclosure of information, you must work with your attorney to secure a protective order against my compliance with a subpoena that has been properly served to me and of which you have been notified in a timely manner. However, I must comply with a court order requiring disclosure. If you are involved in or contemplating litigation, you should consult with your attorney about likely required court disclosures.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensation claim, and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the client's record to the client's employer and the Department of Labor and Industries.

There are some situations in which I am legally obligated to take actions which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice.

- If I have reasonable cause to believe that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once a report is filed, I may be required to provide additional information.
- If I reasonably believe that there is an imminent danger to the health or safety of the client or any other individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting

the police, seeking hospitalization for the client, or contacting family members or others who can help provide protection.

If such a situation arises, I will make every effort to fully discuss it with you and I will limit my disclosure to what is necessary.

Although this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

### **PROFESSIONAL RECORDS**

I keep Protected Health Information about you in one or two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problems impact your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

Except in the unusual circumstance that I conclude disclosure could reasonably be expected to cause danger to the life or safety of the client or any other individual or the person who provided information to me in confidence under circumstances where confidentiality is appropriate, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, I charge the per page amount authorized by the Department of Health. I may withhold your Record until the fees are paid.

In addition, there are also times when I may keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. Although the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they affect your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. Although insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Psychotherapy Notes unless I determine that knowledge of the health care information would be injurious to your health or the health of another person, or could reasonably be expected to lead to your identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate, or contain information that was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes, or is otherwise prohibited by law.

**(PLEASE PROCEED TO NEXT PAGE FOR SIGNATURES)**

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS DISCLOSURE STATEMENT, AGREE TO ITS TERMS AND CONSENT TO TREATMENT. IT ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE OF CONFIDENTIALITY AND PRIVACY PRACTICES DESCRIBED ABOVE.**

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**Client Signature**

**Date**

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**Client Signature (Couples Only)**

**Date**

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**Marsha Hahn, M.A., LICSW**

**Date**

**For your convenience, I offer appointment reminders. Please let me know if and how you would like to receive these:**

\_\_\_\_\_ Text Message (Number: \_\_\_\_\_)

\_\_\_\_\_ Email Message (Address: \_\_\_\_\_)