

**COUNSELING WEST SEATTLE**  
**Colette Swenson, MEd, LMHCA**  
**Licensed Mental Health Counselors**  
**Individual, Couples, Children, Family Counseling**

**Disclosure Statement**

Thank you for choosing Counseling West Seattle for services. The following information is for Colette Swenson and is provided to help you determine if her services as a therapist match your needs as a client. It contains information about her therapeutic philosophy, education, and fees, as well as your rights as a client. Please read the following and ask any questions that would help you determine whether working with her at Counseling West Seattle would be a good choice for you.

**Introduction**

My name is Colette Swenson and I am a Mental Health Counselor Associate licensed by the state of Washington (MC61146476) under the supervision of Toni Napoli. I received my BS in Psychology from the University of Washington in 1992 and my Masters in Education as a School Counselor, ESA M.Ed., in 1994, also from the University of Washington.

**Treatment Philosophy**

My primary philosophy in counseling embraces a client-centered approach, which means that I work to understand your challenges, feelings, and goals and then work together with you to determine a path forward to achieving your goals. I utilize an array of techniques to support you in reaching your goals.

**Associate Practice**

I am a Mental Health Counselor Associate, currently in the process of obtaining full licensure. As an associate, I practice under the supervision of Toni Napoli, who may be contacted by email at [tonin@counselingwestseattle.com](mailto:tonin@counselingwestseattle.com) or by phone at (206) 387-2767.

**Appointments and Fees**

Therapy sessions are scheduled as follows: Intakes of 60-75 minutes at \$215.00 and ongoing Regular Sessions of 50-60 minutes at \$200.00. Services provided involving legal circumstances or in accordance with court orders are charged at \$250 per hour. If I have to reschedule, you will be given 24 hours' notice if I have to reschedule, except in case of an emergency. If you are unable to keep your appointment for any reason, please contact **Colette Swenson at (564) 654-8847**. You must give at least 24 hours advance notice, or you will be charged the full amount. Please be aware that insurance companies do not reimburse for missed sessions. Payment is due at the time of service.

Occasionally I find it necessary to increase my fee. If this occurs during your treatment, you will be given one month's notice before the increase. If you have any questions regarding payments, I encourage you to ask.

**6957 California Ave SW, Seattle, WA 98136 - (206) 938-5947 – [colettes@counselingwestseattle.com](mailto:colettes@counselingwestseattle.com)**

### **Insurance Information**

It is your responsibility to discover benefits prior to services. The contact number and/or website address are on the back side of your insurance card. Every insurance plan is unique, therefore when you contact member services you will want to ask specifically for outpatient mental health benefits, in network and/or out of network, number of visits allowed, annual deductible, and co-payment and/or co-insurance amounts, if applicable. Upon first scheduling, you will be asked for the details of your insurance plan's outpatient mental health benefits. If you do not have this information at the time of scheduling, a \$150 pre-payment will be assessed in order to cover your portion of the cost, which will be refunded to you if no co-payment is required by your insurance. You may choose to delay scheduling until you have your insurance information, if you prefer not to place a pre-payment.

### **Confidentiality**

The information exchanged between us is confidential, and your right to and the limits of confidentiality are discussed below. In most cases, a signed RELEASE OF INFORMATION (ROI) is required before healthcare information can be disclosed. There are certain circumstances under which information may be released only when a signed ROI is provided. I may also release information to an insurance company or a health care provider who is providing treatment to you if that person needs to know that information. Additionally, the law dictates that in some circumstances your signed authorization MAY NOT be required to release information. These cases are as follows:

- You are considered a harm to yourself and/or another person
- There is cause to believe a minor has been or may be abused or neglected
- There is cause to believe an elder or person with a disability has been or may be abused, neglected, or subject to financial exploitation, and/or
- Your records are requested by a valid subpoena or court order

### **Client Records**

I do keep brief, written records of your treatment and the services that I provide to you. Under law, you may ask me to see and copy that record. You may ask me to correct the record, and I will not disclose your records to others unless you direct me to do so or unless the law authorizes or compels me to do so. If you request records or written information to be released there will be a fee of \$28.00 for paperwork and time spent.

### **Your Legal Protection**

Counseling can help to resolve conflicts, improve relationships, create change, and reduce/relieve distressing symptoms. It involves exploring, processing, and discussing concerns and problems which sometimes may elicit uncomfortable feelings, generate painful memories, or create vulnerability. While this is normal, understandable, and a necessary part of therapy, your participation is completely voluntary and you may terminate services at any time. Additionally, you have the right to receive appropriate care and treatment, and to refuse any proposed treatment.

The State of Washington has asked all therapists to convey the following information to their clients:

“Counselors practicing counseling for a fee must be registered or licensed with the department of licensing 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 implies the effectiveness of any treatment.”

The State of Washington has also asked all therapists to list the following contact information for the Washington Department of Health, in case you wish to file a complaint for unprofessional conduct as outlined by RCW 18.130.180:

Department of Health  
Health Systems Quality Assurance (HSQA)  
Revenue  
P.O. Box 47865  
Olympia, WA 98504-7865  
(360) 236-4700

### Crises

If you or your child is having a mental health crisis that **DOES NOT REPRESENT A SERIOUS THREAT TO YOU OR YOUR CHILD'S PERSONAL SAFETY OR THE SAFETY OF OTHERS**, leave a message and I'll call back as soon as possible. I check my voice mail frequently. If unable to reach me in person during a crisis, a call may be made to the Crisis Clinic's 24-hour hot line at 206-461-3222 or you may choose to go to the emergency room of a local hospital if appropriate. For any mental health crisis that **DOES REPRESENT A SERIOUS THREAT TO YOU OR YOUR CHILD'S PERSONAL SAFETY OR THE SAFETY OF OTHERS** CALL 911