



Catherine Hylan, MA, LMHC
Full Circle Counseling, PLLC 360-888-2783
1155 N State Street, Suite 608; Bellingham, WA 98225

Office Policies & Disclosure Statement

Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy and methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, this document reviews basic information about psychotherapy, summarizes my background and my therapeutic approach, and provides details about my office policies. Please read this information carefully and ask me to explain anything that you don't understand. This document, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it before we begin our therapy together.

This document addresses the following topics:

- My therapeutic approach
- Fees and payment policies
- Limits of care & if you are experiencing an emergency
- About Confidentiality
- Referrals to other providers
- My education, licensure, and business entity
- Cancellations
- Professional boundaries
- The benefits and risks of therapy
- My statement of principles and complaint procedures

My therapeutic approach

My work is client-centered, which means I work with what is most relevant to you in session, without a predetermined idea of how it will go. My approach involves working with your strengths and focusing on your inherent health, rather than pathology. I believe that our symptoms are ways that the marginalized parts of ourselves are attempting to communicate with us. By listening to these messages, we can find a path to health and wholeness.

Initially we will discuss your goals/intention for participating in counseling and how our time together can support you to further explore this. My intention is to foster a safe, supportive environment. I will periodically check in with you to ensure your needs are being met and I welcome feedback from you at any time. I believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with any recommendations I may make.

My education, licensure, and business entity

MA, LIOS Graduate College of Leadership Studies 2009-2011

Degree in Psychology; Specialization in Family Systems Counseling

BA, the Evergreen State College 2001-2005

Degree in Psychology and Health Sciences

My business name is Full Circle Counseling, PLLC. PLLC stands for Professional Limited Liability Company. Please make checks out to: Catherine Hysten or Full Circle Counseling. On all of our financial interactions such as billing records, charges, and receipts, you will see one or both of these designations: Full Circle Counseling, PLLC; Catherine Hysten, MA, LMHC.

Fees and Payment Policies

Listed below are the fees for my services. For payments made within 24 hours of the time of service, I offer a \$30 discount from the fees listed below, with the exception of group therapy. This discount does not apply if an insurer's policy or contract prohibits it. This discount applies to the standard fees listed below and does not apply to any contractually reduced fees.

Diagnostic evaluation, 60 minutes session: \$160

Individual counseling, 60 minute session: \$130

Individual counseling, additional 30 minute session: \$80

Group therapy: \$30

I accept cash, check, or credit card prior to the start of the service. Please make all checks payable to Catherine Hysten or Full Circle Counseling, PLLC. Note: Credit cards require a 3.5% service charge.

All payments are due 60 days from the date of service. Accounts that are delinquent for more than 90 days may be referred to an outside collection agency. A fee of \$30 is charged for returned checks and a fee of \$25 will be charged if "rented resources" such as books, workbooks, etc. are not returned after the agreed upon amount of time.

If you plan to use insurance to pay for our sessions, you are responsible for knowing what your particular plan covers. Please make sure you have contacted your insurance company prior to our first appointment to confirm this information. You are responsible for all co-pays, co-insurance, and meeting your deductible. If I am not a preferred provider on your plan, you can see if your insurance plan offers out-of-network benefits that would cover a percentage of my fee by contacting your insurance company directly. If you find that you have out-of-network benefits, I ask that you pay me directly, and I will provide you with a receipt to submit to your insurance company for reimbursement. Clients may choose to pay privately, without insurance, because it offers them more control and privacy. When mental health services are billed to an insurance company, the provider is required to submit a diagnosis, which then becomes part of your medical record.

Cancellations

If you need to cancel an appointment, please notify me at least 24 hours in advance of your scheduled appointment time. If you cancel with less than 24 hours notice or do not show for an appointment, you will be charged a “No Show Fee” at the full regular session rate. Note: Insurance companies will not pay for missed sessions. I do not make exceptions for my cancellation policy.

Limits of care & if you are experiencing an emergency

I am not available to provide therapy between scheduled appointments. For this reason I do not work with clients who are experiencing acute challenges, involving a significant risk of harm to self or others, that may require more availability from a therapist.

I will make sure to provide you with more information about the limits of my services and to ask you questions to determine whether we are a good fit for working together. If I cannot provide the level of care you need or your presenting issues do not match my areas of expertise, I will provide you with a referral to a provider who can better meet your needs.

If you feel you are in immediate danger for any reason call 911. If you are experiencing a crisis and need to talk with someone immediately, contact the Crisis Care Line at 1-800-584-3578 (24 hours a day, 365 days a year, toll free).

I am available between appointments times via phone/text and email to coordinate scheduling or answer brief questions. I will do my best to respond in a timely manner. You can call/text me at 1-360-888-2783 or email me at <chylen@fullcirclecounselingpllc.com>.

I will respond to communication via phone or email as I am able. Please be aware that email is not a secure method of communication and I cannot guarantee that information transmitted will remain confidential. By choosing to contact me via email you are consenting to the associated risks.

I will make an attempt to let you know if I will be out of the area and/or have another reason I may not have access to phone communication for an extended period of time.

Professional Boundaries

Because of the nature of psychotherapy, the therapeutic relationship is different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must also be limited to the relationship of therapist and client only. If we were to interact in any other way, we would then have a "dual relationship". Therapy professions have rules against such relationships to protect us both.

I uphold the following practices regarding professional relationship boundaries:

- I will not have a relationship with you beyond my range of psychotherapy, counseling, and referrals, and the collection of fees for these professional services.
- I will not interact with you on social media (ex- accept “friend” requests, etc.)
- I will not be your supervisor or evaluator.

- I will not be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts. I cannot have any other kind of business relationship with you besides the therapy itself.
- I will not give legal, medical, financial, or any other type of professional advice.
- I will not have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.
- If I were to see you in public at any time, I will not acknowledge you, out of respect for your confidentiality. If you initiate I will respond in kind, but no further than you offer.
- My duty as therapist is to care for you, but only in the professional role of therapist.

About Confidentiality

It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. Exceptions to confidentiality include, but are not limited to, situations where you pose a threat of serious harm to yourself or someone else; cases involving suspected child, elder or dependent adult abuse; and/or cases in which I am court-ordered to testify or produce records.

Professional consultation is an important component of an effective psychotherapy practice. As such, I will regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you or your situation.

In terms of records and record keeping practices, I will take notes during or after our session. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are the sole property of the therapist. Should you request a copy of my records, such a request must be made in writing. I will maintain records for at least seven years following termination of therapy. After seven years, your records may be destroyed in a manner that preserves your confidentiality.

The Benefits and Risks of Therapy

Therapy is a process in which we will discuss a myriad of issues, experiences and memories for the purpose of creating positive change. It provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties you may be experiencing. Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, school, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Therapy may also involve some discomfort, including remembering and discussing unpleasant feelings and experiences. The process may evoke strong feelings such as sadness, anger, or fear. The issues presented by you may result in unintended outcomes, including changes in personal relationships.

Sometimes a decision that is positive for one family member is viewed quite differently by another. You should be aware that any decision on the status of your personal relationships is your sole responsibility. If your symptoms worsen, it is often a sign that we are going “too fast” in the therapy, so please let me know so we can adjust our work accordingly. Finally, even with our best efforts, there is a risk that therapy may not work out a you had hoped.

Referrals to Other Providers

If after our initial appointment or at any time during our treatment, I believe that you could benefit from a treatment I cannot provide, I will help you with a referral. Based on what I learn from you, I may recommend you seek a medical consultation or other type of healing resource. If I do this, I will discuss my reasons with you, so that you can decide what is best. If for some reason therapy is not going well, I might suggest you see another therapist or another professional. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you.

My Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Psychological Association (APA), by Federal laws, and by those of my state license. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, I encourage you to share your concerns with me. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I have treated you unfairly or have even broken a professional rule, please tell me. If I am not able to resolve your concerns, you may call and/or file a written complaint with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services, or with the state Department of Health, Health Professions Quality Assurance Division at (360) 236-4900, P.O. Box 47869, Olympia, WA 98504.

Thank you!

Thank you for carefully reading this Office Policies and Disclosure Statement. If, after reading this form, you decide against entering a therapeutic relationship with me, please contact me no later than 48 hours prior to our scheduled appointment time. Also feel free to contact me if you have any questions prior to our first appointment.

AGREEMENT AND CONSENT FOR SERVICES

By signing below, I attest that I have read, understood, and agreed to the above Office Policies and Disclosure Statement. I understand that I can request a copy of this information at any time.

Client Signature: _____ Date: _____

Print Name: _____

PAYMENT AND CANCELLATION AGREEMENT

Please read carefully.

- All services may be paid with cash, check, or credit card prior to the start of the service. Please make all checks payable to Catherine Hylan or Full Circle Counseling, PLLC. Note: Credit cards require a 3% service charge.
- If utilizing insurance for payment, I give Full Circle Counseling, PLLC permission to bill my insurance for services.
- If my insurance rejects a submitted claim for any reason, I am responsible and will pay the full fee for the service(s) rendered.
- All appointment cancellations must be completed 24 hours in advance. Failure to cancel within 24 hours will still require full payment for the cost of the scheduled appointment.
- There will be a \$30.00 charge for all returned checks.
- Appointments start on time. If I am late, I may use the remaining time of my appointment but not beyond that. I will be required to pay for the entire cost of the visit.
- Full Circle Counseling, PLLC does not provide any refunds.
- I have an obligation to pay my account in full 60 days from the scheduled date of service. If I do not pay my account in full within this time period I acknowledge my credit card will be charged for the remaining balanced + 3.5% processing fee.

Credit Card Information
Type of Card:
Card #:
Exp. Date:
Security Code:
Billing Zip:

I understand that by working with Catherine Hylan, I must comply with the payment and cancellation policies listed above. By signing this agreement, I am indicating that I understand these policies and agree to adhere to them.

Client Signature: _____ Date: _____