Lemon Tree Counseling and Therapy Services, PLLC

4501 15th Ave South, Suite 103 Seattle, WA 98108. Phone: (425) 610-7406

To new clients:
15. 2. Disclosure Statement - MCuevas

Thank you for contacting me for therapy.I look forward to getting to know you as a person and creating a space for understanding, peace, and compassion in our time together.

Mercedes Cuevas, MA, LMHC

4501 15th Ave South, Suite 103 Seattle, WA 98108

Email: Mercedesc@lemontreecounselingwa.com

- (425) 610-7406

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by initialing at the end of this document.

Mercedes Cuevas, LMHC:

Licensed Mental Health Counselor: LH61675209

National Provider Identification Number (NPI): 15689031

Employer Identification Number (EIN): 39-4914741

Bachelors of Science in Interdisciplinary Social Sciences and Minor in Psychology, Central Washington University, 2017

Masters of Arts in Clinical Counseling, Palo Alto University, 2021

Contacting Me

My direct phone number is (425) 610-7406, email may be the fastest way to contact me for a direct question. If in Crisis: call 911, mental health crisis line 988, the Seattle Crisis Center (206) 461-3222, or the King County Crisis Clinic: (800) 244-5767,

then alert me to your situation. If I do not pick up, please leave a message in the portal or email.. Please keep email and texts to scheduling concerns.

The Therapeutic Process

My approach with clients is to first get a clear idea of what is most important to address. This allows us to create some relief and establish a calm starting point for what can be a long process with significant ups and downs. I want to fully honor how difficult it is to ask for help and to commit to personal growth and change. I ensure that our time is used thoughtfully to address present needs, overcome obstacles, and identify root causes, as well as to meet immediate needs for stability and safety. We work side-by-side in a partnership to ensure we are moving in the right direction, and that meaningful goals are created and achieved in alignment with the client's values, culture, history, drive, and long-term life goals.

Choosing a Therapist

I encourage all clients to choose a therapist who best suits their needs within a season of time. Please advise me if you are currently in treatment or wish to pursue treatment with a different professional. A good fit is important, and I fully respect each client's choice to choose a therapist who will best serve them.

Confidentiality

As your therapist, I am committed to the strictest ethical standards of confidentiality. The session content and all relevant materials to the client’s treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. Child Abuse: If I have reasonable cause to believe a child has suffered neglect or abuse, I am required by law to report it to the Washington Department of Social and Health Services. The requirement does include current and past offenses committed. It does include past abuse you suffered if children are currently in danger from the same offender that abused you.

2. Threat of harm to self or others by law may need to be reported to family and/or appropriate mental health or law enforcement professionals. I may disclose your confidential mental health information to any person if I reasonably believe disclosure will avoid or minimize imminent danger to your health or safety, or that of any other individual. I may seek hospitalization for you, contact someone else who can provide protection, and/or contact the potential victim or the police.

3. Adult and Domestic Abuse: If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I am required by law to report it to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must report it to the appropriate law enforcement agency and DSHS.

4. Case records and testimony may be subpoenaed by court order.

5. Periodic professional consultation (described below).

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Scheduling of Appointments

Because of the nature of this approach to therapy, I require weekly sessions with my clients who are brand new to therapy to establish a safe space and build a strong rapport. I see the establishment of a therapeutic relationship between you and myself to be an investment in your health and growth. After a relationship has been established, then the frequency of sessions is dependent on the treatment plans created in session. If you are not new to therapy, then we can start at bi-weekly as a minimum to build rapport from there. For fastest results I encourage weekly sessions. Once I agree with you on a regular day and hour, this will become your hour that I'll reserve for you each week or every other week. You will be responsible for payment of that hour unless cancelled or rescheduled. Late starts will be billed for the full amount. No-shows and late cancellations of less than 48 hours before session will be charged $75 fee and cannot be billed to insurance. If a cancelled session is able to be rescheduled within the same week, then there will be no cancellation fee or rescheduling fee.

Fees

• My standard fee is $170 per 53-minute session with insurance billing.
• I am in the process of being credentialed by insurance providers and may be about to assist with getting documentation for out-of-network insurance benefits, please inform Lemon Tree Counseling of your insurance provider and needs.

• I offer a limited amount of sliding scale slots for those facing financial hardship and who do not have insurance.

Payment is made following each weekly session. Clients can pay for services through the TheraNest client portal, or we can arrange to have you send a check by mail. I can provide a statement at the end of each month for clients seeking out-of-network reimbursement to submit to insurance. 48-hours advance notice is required to cancel an appointment without a late cancellation fee (see more below).

Canceling and Rescheduling

As a part of a mutual commitment to therapy, I require 48 hours notice to cancel an appointment and request that you make a reasonable attempt to reschedule within the week. If the session is able to be rescheduled within the week, then no charges will be applied. Clients will be allowed one waived late cancellation fee. Subsequent late cancellations will incur regular fees. Cancellations under 48 hours are charged a 75 dollar late-cancellation fee, which cannot be billed to your insurance, and is the same regardless of payment type . I offer phone or video sessions when transportation or health issues are factors in keeping your appointment, but please note that audio-only sessions cannot be billed to insurance. A no call, no email, no show will automatically be charged the full price of the session.

Duration and Termination

Our work is considered an ongoing relationship unless you state upfront a specific time frame to be in therapy. The duration of the work depends on when you feel ready to transition out of therapy. Often clients feel anxious about telling their therapist that they are ready to discontinue; please feel free to discuss this with me, even if you see it as a temporary pause. Ending treatment is as important as starting treatment, so I encourage you to discuss this in session. I am also happy to provide referrals to further your treatment.

Legal Proceedings

I strongly protect therapy from legal proceedings that can develop between couple clients or parents of minors. Notes taken for

couples counseling are considered a “combined record” and require both parties to sign a release form before releasing. In choosing to work with me as your therapist I ask that you avoid using therapy in legal proceedings. If I am asked to participate in legal matters for courtroom appearances, release of records, depositions, expert testimony, etc., I bill at $250 per hour. Travel and preparation time will be billed at the same rate.

Professional Consultation and Supervision

To maintain a clearer perspective for the clients I serve, I keep regular clinical consultation with other mental health professionals. “Identifying information” (PHI) is not shared in consultations except under a crisis situation. PHI may be shared during administrative tasks or in consultation with Encounter Psychotherapy for purposes of service administration and consultation to provide the best services possible. Your agreement to this disclosure grants me permission to disclose non-identifying information for the purpose of clinical consultation.

Medications

I aim to be holistic in my practice and believe that certain psychological problems have a physical component. I may advise my clients to seek medical consultation in addition to our work. Despite having a clinical familiarity with medications and natural remedies, I cannot prescribe or provide medication. I can, at your discretion, work in cooperation or refer other medical providers and professionals for you in your best interest.

Insurance

It is your responsibility to know how much your insurance will pay for therapy and whether you have met your deductible. Clients are responsible for payment regardless of insurance reimbursement.

1. CONFIDENTIALITY: I understand and accept the statement on confidentiality. (INITIAL):

2. FEE & DISCOUNTS: (check one).

$150 per session for private pay and 170 per session for couples and family therapy sessions. A sliding scale fee agreed upon by client and therapist if applicable to the client’s situation.

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3. THIS DISCLOSURE: I (we) have read this disclosure form and have been provided a copy of these counseling policies as mandated by the State of Washington. I understand its terms and agree that my therapy with Katherine Klevjer will be subject to such terms and conditions. (INITIAL):

4. EMAIL & VOICEMAIL CORRESPONDENCE: If you wish to communicate via electronic mail (email) or voicemail please initial below. Be aware that I do not have encrypted email or voicemail software and cannot guarantee that information transmitted by either email or voicemail will not be intercepted or read by other parties. Messaging in the Ensora client portal, however, is secure and can be used throughout treatment. By initialing below you agree not to hold Mercedes Cuevas/Lemon Tree Counseling and Therapy Services responsible for any breach of confidentiality that may occur by information contained in either email or voicemail correspondence. (INITIAL):

By initialing below, I am acknowledging receipt and understanding of all that has been outlined in this disclosure.

Client Initials (or Legal Guardian, if under 13):

Other Client Initials (couples/families):

Date: