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## **DISCLOSURE STATEMENT**

It is a pleasure to welcome you as a new client.

Washington State Law requires that, before starting therapy with a client, mental health counselors provide information about their practice; and that clients have the opportunity to ask questions and agree to receive services. I have therefore written up a brief description which includes my professional qualifications, therapeutic orientation, treatment methods, and business practices.

*Please read this disclosure carefully. I will gladly discuss questions or concerns you have regarding any part of this disclosure statement now and/or in the future.*

### **CREDENTIALS/TRAINING/EXPERIENCE:**

I am a Washington State Licensed Mental Health Counselor. My license number is LH #60717808. My education includes a master's degree in Community Mental Health Counseling from Seattle University. I bring to my work a wide range of experience with individuals of all ages, families and groups, from diverse backgrounds; in settings, including: community mental health centers, day-shelters, hospitals, crisis lines and schools. I have focused particularly on adults, including older adults, coping with difficult life transitions and associated unresolved or re-awakened issues often brought up from the past. Before training as a therapist, I worked in the medical field. This provides me a depth of understanding of health issues and medical treatments which I can draw on in my counseling practice, when appropriate. My therapeutic work is informed as well by extensive personal lived experience.

*Please feel free to ask questions or otherwise discuss my credentials, training or experience with me at any time.*

### **TREATMENT INFORMATION:**

The goal of my work is to help people in emotional distress gain relief from their distress through short and long-term psychotherapy.

My therapeutic perspective is *strength-based, person-centered, psychodynamic*; when it suits your specific needs, I incorporate, a variety of evidence-based methods in which I have training. These include but are not limited to Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT).

**Strength-Based counseling** recognizes and fosters an individual's resilience and resourcefulness. I work to help you identify, celebrate, and build on your strengths, your values, and what is going right for you.

**A Person-centered approach** is collaborative and accepting; appreciating that each of us is different. I individualize therapy accordingly. Your felt wishes and needs are always the starting point and define the focus. I work to understand your thoughts, feelings and actions from your perspective; I might notice and be inquisitive about certain parts of yourself that may not seem to match. We can then explore these inner-discrepancies and conflicts together: with curiosity, without judgment. This deepens our understanding of you.

**A Psychodynamic orientation** stresses the influence in our lives of experiences which we are not fully aware of (i.e. wishes, fears, reactions to past events). These can come to light during therapy and help in understanding current issues. Psychodynamic Psychotherapy also emphasizes the importance of relationships and how we affect each other. Throughout our work, I remain attuned to patterns of relationship, both in your past and current life - relationships with yourself, with important others in your life, and with your larger world, including within the therapeutic relationship.

## **THE THERAPEUTIC RELATIONSHIP:**

A significant part of what can make therapy effective has to do with the clinician-client relationship. Throughout our time together, if you develop questions or concerns about the therapy process or our relationship, I encourage you to let me know. Often such discussions can be clarifying and lead to greater understanding and insight. While the psychotherapy process can benefit from such open dialogue, it is the case that not all psychotherapists and clients work well together and not all treatment approaches are appropriate for all clients. You always have the right to choose to stop therapy or request a referral to another therapist and to get my help with the referral if this is what you want.

*Please feel free to ask questions or otherwise discuss therapy approach, progress, and relationship with me at any time.*

## **RISKS AND BENEFITS:**

Psychotherapy requires active effort on your part, most often involving talking about difficult or unpleasant aspects of your life. You may find yourself experiencing uncomfortable feelings such as sadness, loneliness, guilt, anger, or anxiety. With time, psychotherapy often leads to a significant reduction in feelings of distress, better relationships and the resolution of specific problems. There is no guarantee, however, but it is my goal is to create a safe environment where together we can work to identify and address your wished-for change.

It is advisable to let your family doctor or any specialist treating you know that you are going to be working with me. It's also a good idea to have a general physical exam to note any health problems which might contribute to your current symptoms.

*Please feel free to ask questions or otherwise discuss with me at any time the risks and benefits of therapy.*

## **FEES and INSURANCE POLICIES:**

A session length is 55 minutes.

### **In Network:**

I am currently *contracted with Premera/Lifewise, Kaiser and First Choice*. If you are utilizing one of these insurance providers, I will directly bill your insurance. The fees are in accordance with rates set by your specific plan and *you are responsible for any deductibles and coinsurance or co-pays*.

### **Out of Network and Private Pay**

For clients utilizing an out-of-network insurance carrier, as well as those wishing to pay without insurance (Private Pay), my fee is currently \$170.00 session. At this time, I do not work directly with other insurance companies than those listed above; however, many healthcare policies will reimburse your work with me under an out-of-network benefit. In this case, you can request reimbursement from your insurance company by submitting the paid bill, or “superbill” which I can provide. I cannot, however, guarantee reimbursement and I recommend contacting your insurance provider to verify coverage of counseling services from an out-of-network provider.

I may periodically raise my fees to adjust for increases in the cost of living and doing business; if this occurs, I will inform you ahead of time.

Fees for collaboration with other professionals, filling out paperwork, court-related activity, or inpatient psychotherapy will be discussed if they arise.

A sliding fee scale is sometimes available for patients with limited incomes

### **Pre-Authorization, Changes in Your Benefit Plan**

Some plans require that you obtain a referral from your primary care physician or insurance case manager before the first session. If your plan requires pre-authorization for coverage, it is your responsibility to obtain it, or pay for sessions yourself until it is obtained. There is no guarantee that your insurance company will pay for your sessions, and you are responsible for your bill whether or not your insurance company pays. It is your responsibility to advise me of any changes in your insurance, managed care or other benefit plan.

*Please feel free to ask questions or otherwise discuss policies regarding fees and insurance with me at any time.*

## **APPOINTMENT and CANCELLATION POLICIES**

It is essential that we meet consistently for the work to be effective. Meeting at least one time per week is advised although we can decide together what is best for you based on your unique situation. Some clients find it quite helpful to meet more than once per week as additional sessions may afford us the time to move more deeply into the work together.

Once we settle into a regularly scheduled appointment time, I reserve that time for you. If you are unable to keep your appointment, please call me at least 24 hours in advance to avoid being charged for a session. Exceptions to the charge are made if we can mutually agree on a time to reschedule later in the same week. Please be aware that insurance companies will not reimburse for missed psychotherapy sessions, making you responsible for entire amount your insurance would have allowed.

I reserve 55 minutes for our session. If you are late for or need to leave a session early, I will run the insurance for the actual time we meet; and bill you directly for the difference between that allowed amount and one for a full session.

*Please feel free to ask questions or otherwise discuss policies regarding appointments and cancellations with me at any time.*

### **Between session-communications:**

If something comes up between sessions, the quickest way to get my attention is to email me at [maggieelkon@gmail.com](mailto:maggieelkon@gmail.com) (For your privacy, please do not include personal information in the email). We can usually arrange to talk within 24 hours (I do not charge for a 10 minute phone call); or schedule an extra session if you would prefer.

For more pressing matters, you can call the Crisis Clinic (206-461-3222).

If you are feeling unsafe or acting in an unsafe manner; or if you otherwise need to be seen right away, please call 911 or go to the hospital emergency room.

*Please feel free to ask questions or otherwise discuss policies regarding communication between sessions with me at any time.*

## **PRIVACY AND CONFIDENTIALITY**

The privacy of your health information is important to me and is essential to our therapeutic relationship. I will maintain the privacy of this information and not disclose it to others unless you request this of me (via written authorization), or the law requires me to do so.

State law and the professional code of ethics provide certain exceptions to our confidentiality agreement. I have summarized (below) what I believe are the essential takeaways.

Under the following circumstances, I am required to breach confidentiality:

1. You indicate that you intend to harm yourself, others, or property, or if you are unable to attend to your own basic human needs and require, but refuse, hospitalization.

2. Any information disclosed to me about possible or suspected abuse of a child, elderly person or dependent adult must be reported by me to the department of social and health services (if you were abused as a child and there is “reasonable cause” to suspect that the adult is currently or in the future at risk of abusing or neglecting other children or vulnerable/dependent adults this information may have to be reported.)

3. If you are HIV positive or have AIDS and are not “complying with prescribed infection control measures,” then I will consult with the health department anonymously and they may require that I release your name and other pertinent information.

4. If your records are subpoenaed by a court order, then I may be required to release information. This may be more likely if you are involved in divorce or custody proceedings either during or after therapy. You may wish to consult an attorney for further information.

5. If records are requested by the department of health regarding a complaint.

6. Per the Uniform Health Care Information Act. (see below; please choose one and sign\*)

I have provided a separate page called “Notice of Privacy Practice” which details how I may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations. This notice also describes your rights regarding health information I maintain about you and how you may exercise these rights. I am required by law, not only to abide by, but also to notify you of these practices.

*Please review the material I have provided regarding privacy and confidentiality carefully and feel free to ask questions or otherwise discuss these policies with me at any time.*

Washington State Law also requires me to inform you of the following:

Counselors practicing for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.” The Counselor Credentialing Act is (A) to provide protection for public health and safety; and (B) to empower the citizens of the State of Washington by providing a complaint process against those counselors who commit acts of unprofessional conduct.

My work with clients complies with all regulations as set forth by the state of Washington in RCW 18.19. If you wish to review the professional record for Mental Health Counselors or other allied mental health professionals, you may do so at the Department of Health website, [www.doh.wa.gov](http://www.doh.wa.gov).

By signing below, you are acknowledging the receipt of the above information as well as the separate, more detailed “Notice of Privacy Practices” which I have provided. My signature below acknowledges that I have read, understood and received a copy of this Disclosure Statement and the Notice of Privacy Practices and Client Rights.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Singing below indicates, for both of us, an agreement or contract to start working together in a psychotherapeutic relationship.

I authorize Maggie Elkon, LMHC to provide psychotherapeutic services. I have read and understand this information; and I agree to the above.

\_\_\_\_\_  
Date Client name

\_\_\_\_\_  
Date Client Signature

\_\_\_\_\_  
Date Maggie Elkon, LMHC

**\*Issues of Confidentiality with Third Party Payors (Insurance companies, etc.):** It is important to be informed of the effect of changes in the health care industry on you. If you choose to use a third-party payor (insurance company, etc.) to “manage” benefits, your treatment here will be subject to utilization review. This usually requires disclosure of confidential information such as symptoms, diagnosis, treatment plan and relevant history. For the purpose of audits, third party payors also have access to clients’ treatment records once identifying information has removed.

You have the right to choose whether or not to utilize your third-party payor benefits.

1. I choose not to use my third party payor benefits. \_\_\_\_\_  
(initials)
2. I choose to use my third party payor benefits. I authorize the release of any medical or other information necessary to process this claim. I hereby assign payment of insurance benefits directly to Maggie Elkon, LMHC. \_\_\_\_\_  
(initials)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This form will be retained in your medical record.**