

**Elpis Counseling, LLC**  
**Lea Sullivan, MA, LMHC, NCC**  
**417 E. Pioneer, Suite B**  
**Puyallup, WA 98372**  
**(253) 363-0337**

You have the right to choose a health care provider who best suits your needs and purposes. With that in mind, please read carefully the following disclosure information for counseling services. You have the right to refuse treatment.

**Credentials**

I am a Licensed Mental Health Counselor in the State of Washington. My license number is LH60601865. I received my Master of Arts degree in Counseling, graduating Summa Cum Laude from Multnomah University Portland. My one-year internship was at Mary Bridge Hospital in Tacoma.

My training is primarily in attachment-based interventions and I am working toward a specialization in Emotionally Focused Therapy (EFT). I receive supervision for an EFT certificate of specialization from Roy Hodges, LMFT LMHC, who is an approved supervisor for couples therapists through the International Center for Excellence in EFT. I am a solo practitioner in private practice working with individuals and couples.

I am a member of the American Counseling Association (ACA) and a member of the International Center for Excellence in Emotionally Focused Therapy.

**Counseling Approach**

In counseling I will be actively involved in working with you, providing information, guidance, and support.

I primarily use Secure Base Psychotherapy (also referenced as Emotionally Focused Therapy). This approach helps to address dysfunctional attachment styles, maladaptive behaviors, and thinking processes using the power of the therapeutic relationship to literally change the brain's chemistry, structure, and function. Secure Base Psychotherapy offers an attachment-informed system for assessment and treatment through establishing a curative relationship, navigating treatment resistance, and healing attachment wounds.

This approach often involves helping you change your communication and behaviors that are causing you emotional pain. We may talk about how you've attached to people in the past and in your current relationships. EFT is thought to be effective for the treatment of a variety of conditions, including, relationship distress, attachment wounds, depression, and anxiety.

Counseling may involve helping you identify, develop, and implement more effective strategies for problem solving and how to make healthier decisions. At times I may ask you to do some specific activities outside our sessions, such as keeping a journal or reading a book that I think would be helpful.

The length of time you would be in treatment cannot be known early-on.

Counseling is understood to be a choice you've made among available options. Other options include: Receiving therapy from another counselors, using other therapies, using support groups, seeking self-help resources, and other modes of treatment.

### **Risks and Benefits**

Counseling can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as 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, it can provide solutions to specific problems, and there is often a significant reduction in feelings of emotional distress.

Some patients need only a few sessions to achieve their goals, while others may benefit from long term counseling.

### **Concerns about Treatment not working or Unprofessional behavior**

You have the right to terminate counseling at any time. Stopping therapy early may result in the return or worsening of the initial problems and symptoms.

I encourage you to talk with me directly if you are dissatisfied with my services or if you want a second opinion or referral to another counselor. If you intend to discontinue therapy, please discuss it with me first.

If you are concerned about my professional conduct, you may file a complaint with: Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. Their telephone number is (360) 236-4700.

### **Confidentiality**

In addition to this document, you received my Notice of Privacy Practices, which described how I might use and disclose your health information. Examples of when I may disclose information about you is: To report suspected abuse of a child, a developmentally disabled person, or a vulnerable adult; to interrupt potential suicidal behavior; to intervene against threatened harm to another, which may include knowledge that a patient is HIV positive but a patient is unwilling to inform others with whom he/she is intimately involved; and if required by court order or other compulsory process.

Disclosures may also be made if you sign a written authorization for me to release information to another person or agency, such as your physician.

If you file a complaint with the Department of Health, the minimally necessary disclosures will be made to present the Department with the full picture.

Payment by check permits bank employees to view names of my clients, because my name will appear on the check.

## **Minors**

If you are a patient under 18 years of age and not emancipated, your parents have the right to examine your treatment records.

Services to minors are provided within the context of the family. Parents are required to be involved in the minor's treatment so as to improve the minor's current situation. The minor child and the parent(s), who will be involved in the treatment process, will be required to sign a No Secret Agreement at the beginning of treatment.

## **Court Proceedings**

It is the policy of this agency to not get involved in court proceedings.

## **Appointments/Payment**

My counseling appointments are 45 minutes in length, and my fee per session is \$130 per hour session. While I do my best to minimize rate changes, from time to time I do find it necessary to increase my hourly rate. If you are continuing in therapy with me at that time, your rate will remain the same as when you first began treatment. If you discontinue therapy and in your absence my hourly rate increases, you will be made aware of the new hourly rate before you decide to begin treatment with me again. You are not responsible for any costs prior to you being given this notice.

Unless we have made other arrangements, full payment is due at the start of each session. You will be charged in quarter-hour increments for telephone calls to me to discuss issues or concerns between sessions. The same will be true for my telephone interactions with attorneys, physicians, and others on your behalf, and for reports and letters you request me to write on your behalf. You are expected to pay these extra costs at our next session.

There is no sliding fee offered at this time. If your situation dictates that you cannot afford therapy, some pro bono sessions are available. Please indicate this need during your initial call so that we can make every effort to assist you.

***If you will be unable to attend a scheduled session, you will be charged my full fee for the missed session unless you notify me by noon of the prior business day. Health insurance companies will not pay for missed sessions, nor will they pay for telephone calls, reports, letters, or interactions with attorneys and others; you will be solely responsible for payment for these services.***

## **About Insurance**

You are responsible for payment of all treatment fees and other costs. I do not bill insurance companies directly and I do not guarantee reimbursement from any given company. Upon request, I will provide you with a Superbill for an entire calendar month detailing your billed services. You may submit this receipt of treatment to your insurance company.

If you have health insurance and/or a third party payer, it will usually provide some coverage for mental health treatment. I will provide you with whatever assistance I can in helping you receive

the benefits to which you may be entitled. It is very important that you find out exactly what mental health services your insurance policy covers.

Your health insurance company and/or a third party payer may require that I provide it with information about your diagnosis, treatment plan, and your attendance at therapy sessions. It is rare, but they may require a copy of your entire treatment record. If you are using insurance and/or a third party payer, you acknowledge this and you agree to allow these disclosures.

**Acknowledgement and Agreement**

By signing below, each of us confirms this disclosure document to represent the agreement between us, and you confirm receiving and reading a copy, and you confirm your understanding of the information provided and agree to allow the disclosures of health information as described above.

Signed.

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Signature of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client (or Parent or Legal Guardian)

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Date

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Signature of Client (or Parent or Legal Guardian)

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Date

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Signature of Client (or Parent or Legal Guardian)

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Date