

Collette Bishop Counseling, PLLC
Seattle & Tacoma
collettebishopmsw@gmail.com 206.949.9805

Disclosure Statement

Therapeutic Approach

Common to the human experience are periods of sadness, fear, anxiety, harm, and loss. Various factors may be deriving this pain, such as our most significant relationships, the ways we have learned to relate to others, and oppressive societal and cultural systems. Although relationships are often the source of our deepest wounds, they also hold the possibility for our greatest healing and transformation. Therapy is a place to explore our life's story within a safe and secure relationship. It is a courageous act to begin therapy and enter onto a path towards fulfillment, freedom and wholeness.

As we sit together, I will recognize you as the ultimate expert on you. My role in our relationship is to come alongside you on your journey- to be a witness and support as you explore where you have come from and where you are going, as well as who you have been and who you would like to become.

I primarily work from a relational psychodynamic therapeutic approach with emphasis on family of origin, personal beliefs, mind/body/spirit connection, and attachment styles. My practice is informed by critical social theories, feminist, queer, postcolonial and critical race theories.

Education, Training, and Experience

I graduated with distinction from Indiana University with a Bachelor of Arts in Comparative Literature, a focus in Human Development/ Family Studies, and accreditation as a Certified Nonprofit Professional. Later, I went on to obtain my Master of Social Work degree from the University of Washington. In 2014/2015 I trained and practiced as a Mental Health Therapist Extern with MEND (previously, Seattle Therapy Alliance), providing affordable counseling to women and couples on their journeys toward healing and self-actualization. I opened my private practice in 2015.

In addition, I have worked for over a decade in a variety of contexts (case management, advocacy, and volunteerism - locally, nationally, and internationally) within marginalized communities serving clients from diverse backgrounds and social identities. I most recently held a faculty counselor position at Edmonds Community College, specializing in serving students who have experienced domestic violence and/or sexual assault.

I am a Licensed Independent Clinical Social Worker in the State of Washington (#SC60589133).

Services and Clientele

My training and experience cover a scope of areas, but I have the most experience in treating: trauma, anxiety & depression, grief & loss, identity formation, adult children of parents with mental illness/addictions, sexual, physical, emotional & spiritual abuse, self esteem, codependency, domestic/relationship violence, eating disorder recovery, pregnancy & postpartum, and infertility & pregnancy loss.

Technology-assisted Therapy

While in-person therapy is my primary mode of practice, I am able to meet remotely with clients via telephone or virtually using Theranest Telehealth software, a HIPAA-compliant software program for online video chat. While Theranest Telehealth provides safeguards to ensure confidentiality and to protect client information, the client is responsible for creating and using additional safeguards when the computer used to access services may be accessed by others, such as creating passwords to use the computer, keeping their email and chat IDs and passwords secret, and maintaining security of their wireless internet access points.

Fee and Payment Information

The fee for individual psychotherapy is \$150.00 per 50 minute session. I reserve the right to increase my fee at any time with notice; however, I typically increase my fee at the beginning of each calendar year.

I will bill you monthly to be paid via check or electronically with Zelle, upon receipt. Bounced checks will incur a \$25 returned check fee. All monthly balances not paid in full by the 10th of the following month will incur a \$30 late fee. All balances not paid within three months of time of service may be forwarded to a collection agency.

Collette Bishop Counseling, PLLC
Seattle & Tacoma
collettebishopmsw@gmail.com 206.949.9805

Scheduling and Missed Appointments

My commitment to you is my consistent time and attention and I ask the same commitment from you. Thus, we will meet on a weekly recurring basis on the same day and time each week. **Our weekly scheduled sessions are your financial responsibility whether you attend or are unable to keep the appointment.** Please note that missed sessions are billed at my current hourly rate, as I am unable to bill insurance for a missed session.

*With adequate notice if scheduling conflicts arise, I will make best efforts to reschedule your session within the same week.

*I understand you may take a moderate amount (2 weeks) of vacation throughout the year; please provide advance notice for vacations (30+ days).

I plan to take 2-3 weeks of vacation throughout the year and I will not be in the office on major holidays (New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas). I will not bill sessions when I am not in office, including due to illness or emergency.

Insurance

I am an in-network provider with **Premera and First Choice Health**. With these insurance companies, you may only owe a co-pay per session, or whatever may apply after you hit your deductible. **You are responsible for any amount not covered by your insurance, for any reason.**

For other insurance companies, I may be covered as an out-of-network provider. I do not file these insurance claims for you. If your insurance provider will be covering the cost of your psychotherapy, you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. I am available to assist providing you with any necessary information. Once I receive your payment, I will send you a superbill (receipt), you may use to submit to your insurance company.

Contact Information

You may leave a voice message at 206.949.9805 or email me at collettebishopmsw@gmail.com. My goal is to return your phone call or email within 48 hours. Because therapy is a relational dynamic that requires both of our presence, please limit communication to appointment scheduling and emergencies. All phone conversations exceeding 10 minutes will be billed at a prorated amount of the regular session fee.

Be aware that although my voicemail and email are confidential and protected as best I am able, there is a greater risk to confidentiality. Please reserve any important therapeutic information for our in-person time. Do not use my voice mail or email for disclosure of life threatening emergencies. If you cannot reach me immediately, see below.

Emergencies

For emergencies, you may dial **911** or call the Crisis Clinic at **206.461.3222**.

Consultations

I regularly seek consultation from colleagues as well as a licensed supervisor to discuss your treatment and for the purposes of improving my work with you. All information is shared confidentially and remains so.

Rights and Responsibilities

Your participation in therapy is voluntary and you may terminate these services at any time without additional cost. You will always maintain the right to select another therapist. You have the right to ask me to review my treatment approach at any time and you may request changes as you deem appropriate. You have the right to review your records and, upon written request, may receive a copy at any time; if requested, you will be charged \$0.25 per page.

Counselors practicing counseling 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 implies the effectiveness of any treatment.

The Counselor Credentialing Act (Chapter 18.19 RCW) regulates counselors in order to provide protection for public health and safety and to empower the citizens of the state of Washington by providing a complaint process against those

Collette Bishop Counseling, PLLC
Seattle & Tacoma
collettebishopmsw@gmail.com 206.949.9805

counselors who would commit acts of unprofessional conduct.

Unprofessional Conduct

The Department of Health’s brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number:

Department of Health, Counselor Programs
P.O. Box 47869
Olympia, WA 98504-7869
360.664.9098

Confidentiality

There is a legal privilege in the state of Washington protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others:

- 1) If you give written permission for me to share confidential information,
- 2) if you present an imminent threat to yourself or another,
- 3) in cases of suspected abuse to another individual,
- 4) information is shared that suggests the commission of a crime,
- 5) if you were to bring legal charges against me,
- 6) under court order.

When it is possible, we will discuss any exceptions to confidentiality as they arise.

Important Note to Minors and their Parents

It is my goal to encourage and facilitate safe, effective communication between parents and youth. Conversations in therapy with minors are kept confidential, even when information disclosed would be of concern to the parents. I encourage teen clients to disclose to their parents when they are ready and willing. However, minors need to be aware that I must inform parents if anything is disclosed that indicates significant danger to the minor, or potential harm to another person.

Consent

I have read and agree to the above policy and give my informed consent for services.

Signature of Client

Date

Therapist

Date