

## **PSYCHOTHERAPY INFORMATION AND DISCLOSURE STATEMENT**

Welcome to my practice! I am pleased to have the opportunity to work together. This document contains important information about my professional services and business policies. Please read it carefully and bring your questions to our next meeting for discussion.

### **PSYCHOLOGICAL SERVICES: POTENTIAL RISKS AND BENEFITS**

Psychotherapy is a process focused on broadening your understanding of yourself and exploring new ways to deal with the problems or concerns in life. It can also be a process to obtain emotional support while going through a difficult period or under increased stress or life transitions.

There are some risks as well as many benefits with psychotherapy. One of the risks is that clients will, for a time, experience uncomfortable levels of feelings such as sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Some others may recall unpleasant memories. It may also involve thinking and talking about aspects of yourself that you previously had not been aware of. Another risk is that some people in the community may mistakenly perceive anyone in therapy as weak, or perhaps as seriously disturbed. Many of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that psychotherapy may not work out well for you.

While considering these risks, the benefits of therapy have been well researched and documented. Many people experience a significant reduction in their overall distress level. Clients' relationships with the important people in their lives and their coping skills may also improve greatly. They may experience more satisfaction in their life and their job. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

### **MY PROFESSIONAL BACKGROUND AND CREDENTIALS**

I obtained my Ph.D. in clinical psychology in 1997 from the California School of Professional Psychology (an American Psychological Association approved program). I also completed an APA approved internship at the University of California at San Diego. I obtained my licensure from the state of California in 2000 (PSY 16631) and from the state of Washington in 2010 (PY60178887). My post-graduate training experiences include Bowen Family Systems Theory training from the Bowen Center for the Study of the Family (also known as the Georgetown Family Center) in Washington D.C. My special expertise includes working with couples and understanding individuals' issues and problems in the context of their important relationships.

I have worked in many different settings for the past 15 years as a psychotherapist—community mental health centers, day treatment centers, outpatient clinics and university counseling centers. I have also worked as independent consultant, supervising many therapists-in-training. For the past 7 years, I worked at student counseling centers at Seattle University and University of California San Diego. My past clientele includes clients from diverse cultural, racial and diagnostic backgrounds, including Asian-Americans, Latinos, African-Americans, Native Americans, Europeans and European-Americans. I have worked with clients who enter psychotherapy with life transition issues, relationship difficulties, academic performance issues, depression, anxiety, bipolar disorders, phobia, eating disorders, personality disorders and thought disorders. I have taught and given presentations on many topics, such as stress management, anxiety, depression, eating disorders, Asian American students, and family therapy theory.

I draw from many theoretical approaches in psychotherapy. My main approach to psychotherapy is called Bowen Family Systems theory. This theory was developed by Murray Bowen, M.D., in order to help understand the emotional process in families and how that process affects the functioning of individuals. One of his main

ideas of this theory is that there are some general concepts and processes that govern all families. Families are also unique in that each has unique constellations, unique challenges and special strengths or weaknesses. Understanding how an individual may be challenged by the process within their family may greatly broaden the way we conceptualize his/her emotional and behavioral problems. I would believe that an accurate conceptualization is one of the most useful steps toward addressing the problem.

I would see myself as having some expertise in knowing the general principles about the ways to understanding the individuals within their families. However, I would see you as an expert in *your* family and in *yourself*. Therefore, I collaborate with you about how you can best understand your emotional and behavioral difficulties with an ultimate goal of reducing the intensity of those difficulties. Understanding your emotional difficulties would involve obtaining an accurate picture of the context in which those difficulties occur such as your family, your work and other important relationships. This is true even when you do not maintain close contact with your family members.

The techniques would likely to include dialogue, interpretation, and reading books (if you would like). I may also suggest other ways that you can continue to work on yourself outside of the therapy room. Also, I may refer you to other professionals including physicians, dietitians and other professionals.

### **CLIENT RIGHTS**

Psychotherapy operates in a context of a relationship that clearly defines rights and responsibilities for each party. As a client in psychotherapy, you have certain rights that are important to know about. You have a right to refuse treatment. You also have the right to change therapists or to receive a referral to another therapist. Clients also have a right to ask questions concerning the findings of their evaluation and treatment, the right to raise questions about the therapist, the treatment approach and their progress in therapy. I am always willing to discuss how and why I have decided to do what I am doing and to explore alternative ways. You can feel free to request that I try something that you think will be helpful for you.

### **CONFIDENTIALITY**

In accordance with ethical standards of the American Psychological Association and federal & state laws, I keep all of the services that I provide for you confidential. These standards and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the "confidentiality" of therapy. However, there are some times when the law requires me to tell things to others

**The following are legal exceptions to your rights to confidentiality. I would do my best to inform you of any time when I think I have to put these into effect.**

When you or other persons are in physical danger, the law requires me to tell others about it. Specifically:

1. If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person. I must warn and attempt to protect the person. I also must contact the police and ask them to protect your intended victim. I may also try to put you into a hospital.
2. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to.
3. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards.
4. If I believe or suspect that you or another person is abusing a child, an elderly person, or a vulnerable person I must file a report with a state agency. To "abuse" means to neglect, hurt, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.

In any of these situations, I would reveal only the necessary information to protect you or the other person. I would not tell everything you have told me. Also, this is information that pertains to CURRENT or FUTURE behavior and does not pertain to past behavior.

**For minors:** If you are under 18 yrs of age, please be aware that the law provides your parents with the right to review your treatment records. I will attempt to obtain an agreement from your parents that they exercise the above right with great care. If they agree, I will provide them with only general information about how your treatment is going and whether you seem to be benefiting from the process. Additionally, I will notify them if I have particular concern for your safety and well-being. However, whenever possible, I will attempt to discuss my concerns for your health & safety with you prior to contacting your parents.

**The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in couples therapy with me.**

If you and your partner decide to have some individual sessions as part of couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish to be kept secret from your partner. I will remind you of this policy before beginning such individual session.

### **Professional Consultation**

I may sometimes consult with another professional about your treatment in order for me to ensure the best quality of care. This other person is also required by professional ethics to keep your information confidential. Likewise, when I am out of town or unavailable, I might ask another therapist to be available to help my clients. I must give him or her some information about my clients, like you. Additionally, I may talk with other professional (psychiatrists or primary care providers) for the coordination of your care.

This written summary of exceptions to confidentiality is intended to provide general information about confidentiality and some common exceptions. There are other limits of confidentiality that may be applicable to you. Please discuss any questions or concerns that you may have on this topic. The laws and rules on confidentiality are complicated. Situations that are not mentioned here come up only rarely in my practice. Please bear in mind that I am not able to give you legal advice. If you have special or unusual concerns, and so need special advice, I strongly suggest that you talk to a lawyer to protect your interests legally.

### **RECORD-KEEPING**

The law and the standards of my profession require that I keep treatment records. I keep records, noting that you have been here, the topics we discussed and worked on and any progress you made. You have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else. For more information, please refer to my Notice of Privacy Practice.

### **MANAGED MENTAL HEALTH CARE**

If you would like to pay a part of psychotherapy fee by a managed care company, there are usually some things you need to know about your contract with them. They can impose some limitations for your care, including limits on the number of sessions available to you, and the time period within which you must complete your therapy with me. They may also require you to use medication if their reviewing professional deems it appropriate. They may also decide that you must see another therapist in their network rather than me, if I am not on their list. Such companies also usually require some sort of detailed reports of your progress in therapy and on occasion, copies of your case file, on a regular basis. I do not have control over any aspect of their rules. However, I will do all that I can to maximize the benefits you receive by filing necessary forms and by obtaining required authorizations for treatment and assist you by advocating with the managed care company as needed.

If the insurance company requires records in order to reimburse, I will release records to you and you may decide if you may wish to send them. Due to these privacy concerns, some may opt not to utilize their health insurance. Please be aware that Insurance will NOT cover deductible amounts, co-payments, assessments, and/or no-show fees. Some insurance may also not cover certain diagnoses including couples counseling. Please make inquiries to your insurance company between the first and second appointments.

## **MY OFFICE POLICY AND PROCEDURES**

**Phone Calls & E-mails:** I am not in my office on a daily basis. Even when I am at my office, I am often seeing clients and not able to receive phone call/ answer e-mails. If you need to contact me between sessions, the best ways to reach me is by leaving confidential phone message at (425) 372-6816. The second best method is to call & leave a message for me at (425) 739-0575. The third best way to use an e-mail message for quick administrative issues, such as changing appointment times. I will make every effort to respond within 24 hours except for Saturdays, Sundays and holidays. Please be aware that e-mail messages may not be confidential or private. Due to the nature of my practice, I generally do not accept clients who are likely to require intensive psychotherapy or periodic psychiatric hospitalization. I do not have pager or an answering service. If you have an emergency, and feel that you cannot wait until my return call, please call the Crisis Line at (206) 461-3222 or go to your nearest hospital emergency room. If you feel that these arrangements will not meet your need, I will be happy to provide a referral to another psychotherapist.

**Appointments:** Appointments are generally 55 minutes in length. The frequency and length can vary depending on the issue. Therapy is most effective when meeting times are regular and consistent. Your appointment begins at the stated time, not when you arrive. If you are late, we will end on time and not run over into the next person's session. Once an appointment has been scheduled you will be expected to pay for it. For example, for a Monday appointment, cancellation/rescheduling must be made before 5PM on Thursday in order to avoid cancellation fee. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires), or if you or someone whose caregiver you are has fallen ill suddenly. Scheduling times are reserved for clients who are current in their payment.

**Social Media Policy:** Listed below is how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet. I do not accept friend or contact requests from current or former clients on any social networking sites (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. These sites are not secure and I may not read these messages in a timely fashion. If you need to contact me between sessions, the best way to do so is by phone or direct email.

## **FEES AND PAYMENT**

Payment in full is expected at the time of service, in the form of cash or check whether or not you use your managed health care. It is recommended that you pay in the beginning of the session so that the payment is out of the way and that you & I can focus on your clinical issues at hand. If special circumstances require an alternative payment schedule, please let me know of that in advance. Any unpaid balances will be billed in an invoice sent to your home (unless other arrangements are made) at the end of each month. In case of a minor, the parent who brings him or her to treatment is responsible for payment.

My fee for psychotherapy services are as follows:

- The first session (generally about 75 minutes long) is \$235
- 40-45 minutes of individual counseling is \$150
- 55-60 minutes of individual counseling is \$175
- 55-60 minutes of family or couples counseling is \$185
- 75-80 minutes of individual, family or couples counseling is \$210.

Junghee Park-Adams, Ph.D.  
Licensed Psychologist

If we decide to meet for a longer session, I will bill you prorated based on the 60 minute session fee. The invoice will act as the written receipt of payment unless otherwise requested. All payments will be reflected on your invoice. If you miss a session without canceling or cancel with less than 24 hours notice, you must pay for a cancellation fee of \$100. Please be aware that insurance will NOT cover no-show fees.

Emergency phone calls or e-mails less than 10 minutes are normally free. However, if we spend more than 10 minutes in a week on the phone or if you leave more than 10 minutes worth of phone messages in a week or If I spend more than 10 minutes reading and responding to e-mails from you during a given week, I will bill you on a prorated basis for that time.

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I have the option of using legal means (such as a collection agency or small claims court) to secure the payment. This requires me to disclose otherwise confidential information. If legal action is necessary, costs are included in claim. Payments returned from your bank due to insufficient funds will be subject to a returned check fee of \$25 for each time returned.

### **COMPLAINTS**

If you are unhappy with what is happening in therapy, I hope you will talk about it with me so that I can respond to your concerns. I will take such criticism seriously and with care and respect. If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Examining Board of Psychology, Dept of Health, Olympia, WA 98504. You are also free to discuss your complaints about me with anyone you wish and do not have any responsibility to maintain confidentiality about what I do that you don't like, since you are the person who has the right to decide what you want kept confidential.

**CONSENT TO TREATMENT**

I acknowledge that I have received, have read (or have had read to me), and understand the "Psychotherapy Information and Disclosure Statement" and other information about the therapy I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I may stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I know that I must call to cancel an appointment at least 24 hours (1 business day) before the time of the appointment. If I do not cancel and do not show up, I will be charged \$100 for that appointment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

My signature below shows that I understand and agree with all of these statements.

_____	_____
Signature of Client (or person acting for client)	Date
_____	_____
Printed Name	Relationship to Client (if necessary)
_____	_____
Signature of Client (if minor)	Date

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

_____	_____
Signature of Therapist	Date

Copy accepted by client     Copy kept by therapist

*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.*