

Emilie A. Diesen, LCMHC, MA
828-407-0480

Client Disclosure Statement and Office Policy

My Experience and Licensure

I received my Master's Degree in Clinical Mental Health Counseling in 2005 from Lesley University in Cambridge, MA. My Bachelor's Degree is in Psychology from Gonzaga University in Spokane, Washington in 1999.

I have been in private practice providing counseling services since June of 2010. My clients include adults, adolescents and children over the age of 12 yrs. I have been trained in individual, family and group therapy. Between 2011 and 2018, my private practice was located within two different group practices: Emmaus Counseling Center in Redmond, WA and Mindful Therapy group in Mountlake Terrace, WA.

From 2008 until 2010, I was a Child and Family Therapist at Community Psychiatric clinic in Seattle. I provided treatment to adults, adolescents and children. From 2006-2008, I worked as a Clinician at Compass Health, a community mental health clinic in Everett, WA. I provided psychotherapy and case management for adults. I also led and co-led psycho-educational groups for clients.

Since receiving my degree, I have had education and training in DBT (Dialectical Behavioral Therapy) and TF-CBT (Trauma-Focused Cognitive Behavioral Therapy). I attend educational seminars several times a year to further my professional education.

Prior to graduate school, I worked for Eastside Domestic Violence Program as a Women's Advocate. I counseled clients and led groups for women and children who had experienced domestic violence. The program provided housing for clients while providing emotional support, education, vocational support and case management.

After obtaining my Master's Degree, I obtained additional education, training and supervision in order to become a state licensed LMHC in Washington state (Licensed Mental Health Counselor, #LH60103655), a license I've held since 2010. I also have my Licensed Professional Counselor license in North Carolina (#15019).

Fees, Cancellation Policies and Emergencies

Please note that I am a provider on some but not all insurance panels. If you are planning on using your insurance for mental health services, please verify that I am contracted with your plan prior to the first visit and provide your insurance information including a copy of your insurance card so that I might verify your benefits. I accept cash, checks, and credit card payments which are available through my online portal.

My rate for those paying the full fee is currently \$145 for each 53 min. session. If you cannot afford the full fee, please discuss your situation with me. I am occasionally able to offer a reduced fee on an individual basis. As of 2013, some insurance companies only allow for a 45 min. session, in which case we will limit our session to 45 minutes. I will discuss this with you if this applies to your situation.

If for some reason you do not come to a scheduled session, I request that you either cancel at least 48 hours in advance or pay a missed session fee of \$99. Insurance cannot be billed for missed sessions. However, I will not charge you for session missed due to a

sudden illness or emergency (work emergency not included). If you arrive more than 20 min. late to a session, we will likely need to reschedule for another time. I will make an effort to reschedule you into another available slot within the next week. However, if we are unable to reschedule within the week you'll be responsible for the missed session fee.

My confidential voicemail is available to take your calls at any time. It may take me a day to respond or longer if over my days off. You are also welcome to email me with non-urgent or scheduling needs. In North Carolina, you can text "Rise" to 741741 to connect with someone right away or call 1-800-939-5911 24 hours a day (Cardinal Innovation Healthcare crisis line) with more urgent mental health crises. In Seattle, you can call 206-461-3222 for the crisis line.

At certain times it may be necessary and therapeutic for us to connect over the phone on matter beyond basic scheduling issues. There may be a fee assessed (\$45 for 30 min and \$90 for 60 min.) for phone conversations longer than 10 minutes. These cannot be billed to insurance and are therefore the responsibility of the client.

Due to the sensitive nature of the counseling work that I do, namely addressing psychological and emotional issues, the physical and emotional safety of all parties involved is extremely important. For this reason, weapons of any kind are not permitted in my office or in the building.

Confidentiality

In general, whatever is said during your sessions with me is held in strict confidentiality, meaning that I will not discuss you or our work with anyone else except in my own strictly confidential professional consultation, unless you sign a release of information form allowing me to discuss our work with another person (e.g. your physician, school counselor, previous therapist, family member).

There are some exceptions to this confidentiality. A judge may order me to release my records to the court and/or to testify. State law requires that professional counselors must respond protectively by notifying the appropriate authorities if we are informed of the physical or sexual abuse of a child, a disabled person, or an elderly adult. State law also requires me to report knowledge of a client's serious threat or intent to harm self or others or an inability to care for oneself. In instances where I am required to take such action, I will do my best to communicate this to you in a way that promotes the best counseling or therapy practices.

When working with children, it is the counselor's role to maintain the confidential nature of the counseling relationship consistent with legal and custodial arrangements. However, I will do my best to form appropriate, collaborative relationships with parents/guardians in a way that is in the best interest of the children. Parents or guardians will be informed if a minor client informs this staff of self-injurious behavior, and indicates that they are at risk of harming themselves or someone else. Also, if you should refer a friend or relative to my practice, I would not be able to confirm whether or not that person is a client nor discuss their case with you.

Professional Practice: Psychotherapy

I provide individual and sometimes family psychotherapy services. Psychotherapy involves close attention to personal experience. In this mode of work, we try to discover the patterns and periods in one's development that have been formative in impacting the

current barriers to a fully vital, productive and satisfying life. Psychotherapy offers an opportunity to reflect safely upon, understand, and integrate problems of fear, doubt, immobility, shame, and confusion. More profound experiences of depression, anxiety, trauma, and developmental hardships can be thoroughly addressed and resolved.

Depending on your needs and the problems that you want to work on, my therapeutic approach may include elements of Psychodynamic, Cognitive-Behavioral, Relational, Family Systems and/or Attachment and Developmental Theory. I believe that the families and environments that we grow up in powerfully influence the way that we think about ourselves and the way that we relate to others. When appropriate, it can be helpful to explore the impact of family relationships on the problems that clients bring to counseling or therapy. Psychotherapy does have the risk of sometimes exploring uncomfortable feelings such as sadness, guilt, anxiety, frustration and helplessness. It often requires discussing unpleasant aspects for your life. However, psychotherapy does typically produce benefits over time such as a reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness, increased skills for managing stress and resolutions to specific problems.

I encourage you to ask me questions about my orientation and approach to counseling and therapy. You are free to leave therapy at any time and have the right to refuse my recommendations. I do request that if you decide to leave therapy that we meet one last time to discuss and summarize your therapeutic experience and to say goodbye.

Professional Consultation

In order to provide the best service possible, I may seek professional consultation on the dynamics and process of your case, if needed. If I discuss your situation in that context, I will not use information that would identify you personally. Every effort will be made to not reveal any identifying information and to maintain your privacy.

Additional Information Required by State Law on Disclosure Statements

If you reside in North Carolina and you wish to file a formal complaint of an alleged ethical or legal violation, it can be submitted by mailing your complaint to the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC) at P.O. Box 77819, Greensboro, NC, 27417. You may also call them at 844-622-3572 or 336-217-6007. More information is available at [http:// www.ncblcmhc.org](http://www.ncblcmhc.org).

If you reside in Washington and you wish to file a complaint of an alleged ethical or legal violation it can be submitted to Washington State Department of Health; Health Systems Quality Assurance; Complaint Intake; PO Box 47857; Olympia, Washington 98504-7857; or, call: 360-236-4700. In addition, (WAC 308-109-040) Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing 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 purpose of the Counselor Credentialing Act, chapter 18.19 RCW, is to: (A) Provide protection for public health and safety; and (B) Empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. The

The practice of both licensed and unlicensed persons in the field of counseling is regulated by the Washington State Department of Health.

My signature below is acknowledgement that I am the client or the person authorized to consent for psychological care for the client and consent to services provided by Emilie Diesen, MA, LMHC, LPC that I have read and understand the disclosure information and have received a copy of this disclosure form.

Current Practice Location:

Luna Bella Therapy Candler,
NC 28715

Client's Name (Printed)

Date

Client's signature

Emilie Diesen, LCMHC, MA provider

Date