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# JASON E. DODD, MSW, LICSW

## RALLY FORWARD COUNSELING

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### COUNSELOR DISCLOSURE STATEMENT

Welcome. I am a licensed independent clinical social worker and mental health counselor operating in private practice. My business name is Rally Forward Counseling (RFC). This statement discloses my education, training, credential, experience, areas of specialization, and therapeutic approaches. It also outlines my policies and fee structure, as well as information about payment and insurance options, cancellation/rescheduling scenarios, emergencies, and your rights as a client. WAC 308-190-040 requires disclosure of the following information in written form by counselors to their clients before treatment may begin. Please read the following and sign consent for treatment at the bottom.

#### Qualifications & Training

- Active Social Worker Independent Clinical License, *Credential # LW 60810774*
- Master of Social Work (MSW): Mental Health, *University of Southern California*
- Bachelor of Liberal Studies (BA): *Antioch University Seattle*

#### Experience & Specialties

PTSD and Complex Trauma	Adolescent/Adult Individual Therapy
Attachment Issues and Disorders	Healthy Relationships and Communication
Anxiety, Depression, and Self-Esteem Issues	Domestic Violence/Abuse
Depth/Self-Actualization Therapy	Spiritual/Religious Abuse

#### Client Rights

RFC's mission is to provide scientific, compassionate, strengths-based, and client-centered counseling services that adhere to the Social Work Code of Ethics. *Respect, Informed Consent, and Right to Self-Determination* are cornerstones of Social Work's core values (which include: service, social justice, dignity and worth of the person, importance of human relationship, integrity, and competence). As such, I will be as upfront as possible about what to expect when seeking psychotherapeutic services at RFC. Please always feel invited to raise any questions or concerns before and during services. You have the right to terminate services at any time. I keep a record of the service I provide; you may ask to see a copy of that record.

#### Therapeutic Approach

I was trained in eclectic, evidence-based mental health counseling, which means that I draw from scientifically credible psychological theories and interventions to support client goals by emphasizing one's own internal and external strengths. My academic and field study areas of concentration revolved around intersections between family systems and modern attachment theory, interpersonal violence/abuse trauma, and addiction. The majority of my clinical experiences have involved working with adult and adolescent trauma survivors, as well as with people seeking healthier, more mutually satisfying relationship dynamics. In sessions, I employ insights from modern neuroscience to help people gain improved mindfulness skills and management of emotional regulation capacities. Effective

psychotherapy requires honoring and working with a client's personal and cultural values, so I place bio-psycho-social (holistic/contextualized) assessments and empowerment methods at the core of any therapeutic intervention. I offer brief, long term/relational, and depth interventions, including trauma-focused and regular cognitive behavioral therapy, cognitive processing therapy, internal family systems therapy, interpersonal therapy, emotion-focused therapy, and advocacy-based counseling.

### Treatment Planning, Duration & Frequency

I develop individualized treatment plans in collaboration with my clients in concert with their expressed treatment goals and preferred modality, methods, frequency, and duration. In most cases, evidence-based practices predict that one year of psychotherapy produces the best outcomes. Twelve weekly sessions is the minimum effective duration supported by research for treating certain issues (e.g. single event PTSD). Some minor adjustment-related issues can be resolved with solution-focused therapy for 3-5 weekly sessions. Best practice for session frequency is to meet weekly, at least for the first 12 sessions. I will agree to bi-weekly sessions on a case-by-case basis, taking into account: client preference, safety, diagnosis, prognosis, treatment goal progress, and financial means.

### Service Fees & Payments

Service Type	Duration	Fee (–8/31/18)	Fee (9/1/18–)
Individual Counseling Session	55 Minutes	\$110	\$120
Couples Counseling Session	55 Minutes	\$130	\$140
TeleHealth (Video Chat) Session	55 Minutes	\$110	\$120
Phone Counseling (ad hoc)	10-50 Minutes	\$20 Per 10 Minutes	\$25 Per 10 Minutes

- Regular session fees cover 55 minutes of counseling and 5 minutes of case note prep.
- Request for Copy of Client File to Authorized Persons: \$15 + \$.50 per page.
- These fees do not apply to court appearances or assistance in legal proceedings. **I do not participate in legal proceedings.** If you are looking for assistance with a legal matter, I can offer an appropriate referral. In the event that I am subpoenaed for deposition or appearance before a judge on your behalf, I will bill you for my time and legal expenses at the rate of \$300/hour.
- Sliding Scale Fee Schedule available upon request for clients with limited means, subject to current availability. I carry two active sliding scale cases at a time.
- **Payments:** All fees are due at time of service, at the beginning of each session, unless other, prior arrangements have been made. Acceptable forms of payment are: Cash, Mastercard, Visa, Discover, American Express, HSA, or checks payable to: “Rally Forward Counseling.” **By signing this disclosure statement, you are agreeing to be responsible for full payment of all relevant fees.**
  - **Credit Card Convenience Fee:** Each credit card payment is subject to an additional 3% convenience fee to cover transaction costs (effective April 23, 2018).
  - **Returned Check Fee:** There will be a \$35 charge for returned checks.

### Insurance

I do not participate in insurance boards, but I am considered an out-of-network provider by most health insurance carriers. This means that the majority of my clients with insurance are eligible to be reimbursed a significant portion of my fee. For a variety of reasons, many of my clients prefer to work with a therapist outside their insurance plan. Such as:

- Enjoying significantly more privacy and confidentiality, since I am not required to share a great deal of your personal history and information with an insurance company. When you elect to use your out-of-network reimbursement benefits, my custom is to provide the minimum necessary information to your insurance carrier. That said, please be aware that any form of claim submitted to an insurance company will involve disclosure of confidential information that carries a risk to

privacy and/or future capacity to obtain health insurance, life insurance, or even a job (e.g. a DSM-5 diagnosis is a required element of an insurance claim). Medical data has also been reported to have been legally accessed by law enforcement and other agencies.

- We are not limited to a certain number of sessions or certain treatment protocols pre-determined by insurance companies on the basis of controlling their costs, so we can decide together about what treatment methods, frequency, and duration will be the best fit for you.

**Out of Network Insurance Reimbursement:** If you elect to seek insurance reimbursement, you will be provided a monthly receipt (“superbill”) for services paid in full (NOTE: clinical superbills will not include any missed session fees, as insurances do not reimburse them), which you can submit to your insurance company, and they may or may not reimburse you for services. I strongly recommend calling your insurance company *prior to beginning services* to find out whether services are reimbursable or not. Check your coverage carefully and make sure you understand their answers. *Determining whether you will be reimbursed is your responsibility.*

- **Insurance ROI: By signing this disclosure statement, you are authorizing me to release any medical information necessary to your insurance carrier for the purpose of processing your insurance reimbursement claim.**

## **Cancellation / Rescheduling**

**By signing this disclosure statement, you are committing to prioritize your appointments with me.** To maximize the benefits of therapy in pursuit of your self-expressed treatment goals, you must commit to therapy and be consistent in attendance. Please be aware that, **unless a client expressly cancels or reschedules with me over 24 hours prior to a session appointment, I charge clients the full session fee for missed appointments.**

- **Exceptions:** Contagious illness or if the missed session can be rescheduled for a time falling within the same calendar week that it was originally scheduled—subject to my availability.

## **Vacation**

To attend to my self-care obligations, I take 10-day vacations three times a year. During vacations, I am unavailable for communication until my designated return date.

## **Remote Communication**

- **Phone:** In between sessions, you may leave me confidential voicemails at (425) 585-8295, and I will return your call within 24 hours. If I am on vacation, I will respond within 24 hours of my return. Calls under 10 minutes are free of charge. See *Service Fees* above for calls lasting longer than 10 minutes. **Be advised that insurances do not reimburse for time on the phone with a therapist.**
- **Email/Text:** You may elect to communicate with me between sessions via text message or email, but please be advised that there is a risk of third party access to this confidential information. These forms of communication are not considered secure and are therefore not within compliance standards of HIPPA law. In general, the safest use of these electronic communication methods is to limit content to scheduling matters.
  - **To authorize me to correspond with you by EMAIL, initial: \_\_\_\_\_; by TEXT, initial: \_\_\_\_\_.**
    - By placing your initial in either/both space(s) directly above, you are giving informed consent to bear entirely the aforementioned privacy risks, and you are agreeing to not hold me responsible in any way if you elect to communicate with me by text and/or email and a security breach occurs. **You may decline to initial either/both space(s) above**, thereby requiring me to communicate with you solely by secure means (e.g. in my office, by phone, by Vsee video chat).
- **Telehealth:** You may elect to conduct therapy sessions remotely via Telehealth, provided that you agree to use the **Vsee** secure video chat application designed specifically to comply with HIPPA law standards for private, confidential healthcare communication. Skype, FaceTime, and most other video chat platforms are not secure and do not comply with HIPPA law, so I am obligated to decline their usage for therapy and otherwise confidential communication with clients. For more information on the Vsee app, which is available for computers and smart phones, visit: <https://vsee.com>

- **Social Media:** Due to a variety of ethical, legal, privacy, and clinical concerns, I do not interact with clients via social media platforms. RFC does maintain a Facebook page that you are welcome to visit and contribute comments to, but the page is considered an information-only outlet for a general audience, and I will not respond to comments left by current, past, or prospective clients.
- **Crisis:** If you are experiencing an emotional crisis between sessions and need immediate support, please call the **VOA Crisis Line at (800) 584-3578**, or chat at: [www.imhurting.org](http://www.imhurting.org).
- **Emergency:** If you are experiencing an emergency, **PLEASE CALL 911** and/or **go to the nearest hospital emergency room.**

### Confidentiality & Records

All counseling sessions, client information forms and records, and treatment plans and other documents produced in-session are privileged and confidential. The client determines whether and what privileged information may be released to a third party by signing a written Release of Information (ROI) authorizing consent. The only exceptions to confidentiality are:

- I may consult other therapists, who are required to keep client information confidential, for case consultation purposes. During such consultations, identifying information is withheld, disguised, or kept to the bare minimum necessary for me to receive accurate recommendations.
- Washington State Law requires me to report suspected abuse or neglect (past or present) of a child, dependent adult, or developmentally disabled person to proper authorities.
- Washington State Law requires me to inform proper authorities if a client threatens to harm self or others. If I perceive a threat to another person as serious, I am legally bound to contact authorities and the threatened person to disclose the threat.
- Information which may jeopardize my safety will not be kept confidential.
- In the event of a court order, counselors may be required to disclose information to a judge.
- In the event of a medical emergency, emergency personnel may be given necessary information.
- In the event of client's death/incapacitation, information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs an ROI authorizing disclosure.
- If you bring a complaint against me with the State of Washington, Department of Health, information will be released.
- If you choose to use your insurance to receive Out-of-Network Provider reimbursements, I am obligated to release your personal information to your insurance carrier, and they can access your record at any time.

### Consent for Treatment

With my signature, I acknowledge that I have read and understand this disclosure and that I agree to abide by all stated policies contained within. I consent to therapy with Jason E. Dodd, LICSW, according to the terms described here.

\_\_\_\_\_  
**Client Name(s)**

\_\_\_\_\_  
**Therapist Signature**

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

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

\_\_\_\_\_  
**Parent/Legal Guardian (if under 13)**

\_\_\_\_\_  
**Date**