

EMERALD CITY COUNSELING AND CONSULTING

Counselor Disclosure Statement, Privacy Practices and Client Rights

Clinician: Vinnu Komanapalli, Licensed Mental Health Counselor in Washington State, License Number LH61069216, NPI: 1780043729, EIN 87-2835824

Training and Background: I received my Bachelors in Psychology in 2004 at St Joseph's College for Women in India, after which I completed an MSc in Child Development in Learning at Oxford Brookes University in England. After several years of working in the education and nonprofits field in India, I was inspired to pursue my interest in counseling psychology. I completed my MA in Counseling Psychology in 2015 from The Seattle School of Theology and Psychology and have since worked in outpatient psychiatric clinics, private practice settings, community health clinics and crisis line support in the Seattle area. After completing a Masters in South Asia Studies at the University of Washington where I focused on structural violence in relation to mental health, I have worked with South Asian organizations in the US to begin support programs for South Asian immigrant individuals and families experiencing difficulties in their personal lives, or are experiencing caste, race or gender-based discrimination. I currently continue to provide part time consultation for some organizations.

Counseling Approach and Focus: I use Relational-Cultural (also called Relational), Cognitive Behavioral, Mindfulness, and EMDR models of therapy to explore the nature of your struggles. While I have seen individuals from age 15 to 80, my current focus is with adults who are experiencing significant transitions in their life, women experiencing interpersonal difficulties and adults in care giving roles who identify as helpers, healers, advocates, caregivers, and parents who, laboring to support others, seek support for themselves. On a case-by-case basis, I may be able to provide counseling for individuals under the age of 21 and above the age of 13, or to families, particularly if you are struggling to find a South Asian or BIPOC clinician and find me to be a good fit. In my current practice, I am not equipped to offer emergency care or rapid response service.

I view the counseling process as a chance to pause and give you time and a safe place to explore your struggles and connect them to your whole self in the past and present - this includes identifying your self-beliefs, any thought patterns that are holding you back, your body's natural responses to situations, and to the important relationships, events, and cultural learnings over the years that have shaped you. We will also then explore what change and healing looks like for you, including how to practice a new way of relating to yourself and to others.

Please note that you have the freedom to select your treatment provider and the treatment type that suits you best.

Course of Treatment: Your exact course of treatment will depend upon your goals for therapy. Therapy sessions are anticipated to occur once weekly until symptoms or issues subside, or until you as the client choose to discontinue services. This process usually lasts between six to twelve months however, may continue for the length of time that you feel that treatment and support is required. While therapy does not guarantee that your behavior or circumstance will

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change, it can support you in gaining self-understanding and clarity around patterns that keep you stuck. Often the therapy process can take place in phases. During the initial phase we will become acquainted with your current concerns, identify your goals for therapy, and also spend time 'resourcing' (learning grounding and coping skills). After this initial phase we will focus on the internal causes of these difficulties such as negative self-beliefs, and trace how they become noticeable in different areas of your life such as relationships, or work. We will then pay attention to the change that you would like to see happen, and I will support you as you bring new responses and new beliefs into different areas of your life.

I may provide temporary counseling services for clients while their primary clinician is out of office for vacation or family medical leave. In such cases, the course of therapy will be for the limited amount of time until you can see your primary clinician.

Billing and Insurance Information: My fees are based on a standard 53-minute weekly counseling session, plus the time given to note-taking and billing. The fee agreed to pay per session is \$180 for 53-minute Individual Counseling, and \$235 for a 53-to-80-minute session. I have a few, limited sliding scale spots that I offer based on financial need. The sliding scale is from \$155 - 180 per 53-minute sessions, and \$215 to \$235 for 80-minute sessions. Additional services, whether requested or recommended, must be scheduled or requested separately, and will be charged the same as the weekly appointments, that is, \$155 -\$180 for 40 - 53-minute sessions, or \$215 - \$235 for 53 - 80 minute sessions. Unless otherwise agreed upon fees are due at the beginning of the session. You may pay by cash, check, or a credit card through the client portal. A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

I am currently not on any insurance panel. However, you can contact your insurance provider to learn their policies about Out-Of-Network providers. In some cases, they will reimburse you for a portion of services. I am happy to provide a super-bill or other supporting documents that your insurance may require.

I will provide you with a good faith estimate of costs. The good faith estimate is only an estimate, and the actual charges may differ. You as the client have the right to initiate a dispute resolution process if the actual billed charges substantially exceed the expected charges in the good faith estimate. The good faith estimate is not a contract and does not require you to obtain the healthcare services that are being offered.

Cancellations: Your appointment time is reserved for you! This weekly standing appointment time greatly increases the potential for growth and change. Please remember to cancel or reschedule appointments at least 48 hours in advance. Cancellations and re-scheduled sessions will be subject to a full charge if NOT RECEIVED AT LEAST 48 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, the session cannot be extended.

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Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Telephone Accessibility: If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that face- to-face sessions are preferable to phone sessions. However, if you are out of town, sick or need additional support, phone sessions are available. These additional sessions will be charged the same as the weekly appointments, that is, \$180 for 40 - 53-minute sessions, or \$235 for 53 - 80-minute sessions. ***I am not equipped to offer emergency care. If an emergency arises, please call 911 or go to the Emergency Room. If you are not in immediate danger and would like to speak with someone, you may call the Suicide Prevention Lifeline at 800-273-28255.***

Electronic Communication: Secure messaging and email should only be used for scheduling/rescheduling purposes. All other communication should be in person during our sessions. Please note, I cannot ensure the confidentiality of any form of communication through electronic media, including text messages or email. Through my client portal, you may send me a HIPAA compliant, secure message. While I may try to return emails in a timely manner, I cannot guarantee immediate response.

Confidentiality: All information revealed by you in a counseling session and most information placed in your file is considered “protected health information” by HIPAA (Health Insurance Portability and Accountability Act of 1996). As such, your protected health information cannot be distributed to anyone else without your express informed or voluntary written consent or authorization. With the exceptions described below, you have a legal and ethical right to confidentiality. I cannot and will not disclose any information regarding you or your treatment to anyone, except my consultation group (in which case no names or identifying information is used), without your written consent.

Limits of Confidentiality:

- Under the provision of the 1992 Health Care Information Act, I may legally speak to another health care provider or family member without your prior consent in emergency situations.
- A court order, issued by a judge, could require me to release information contained in your records, or could require me to testify:
- Due to the importance of confidentiality in the therapeutic relationship, I will not agree to represent my clients in a court of law unless mandated by the court. By signing this document, you agree that you will instruct your attorneys not to subpoena me.
- If, for any reason, I am required to provide testimony or documentation for any court case, legal dispute, adoption proceeding or dependency case, or to appear as a witness, you (or the party responsible for my participation) agree to reimburse

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me at the rate of \$550/hour for time spent traveling, preparing reports, testifying, being in attendance (including wait time), and any other case-related costs.

- If you pose a threat of harm to yourself, to another person, or to the community, I will take whatever steps required by law to help prevent potential harm from happening. This includes threats of homicide or suicide.
- If you report information indicating a child, disabled, or elderly person is suffering from abuse or neglect, I am required by law to report it. This includes prenatal exposure to a harmful substance.
- If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Your Rights as a Client:

- You have a right to be informed about your treatment, please ask if you ever have any questions about our work together.
- You have the right to discuss what specific information will be shared if you sign a Release of Information Authorization Form.
- You have the right to terminate therapy at any time. I can provide a referral if you wish to see another therapist.
- You have the right to let me know about any concerns you have about your treatment, and you are encouraged to do so.
- You have the right to register a complaint with the Secretary of Health & Human Services if you feel your rights, herein explained, have been violated.
- You have the right to request that no records of treatment (notes) be kept. Otherwise, I am required by WA state law to maintain confidential records of our work together. If you do require that I keep no treatment notes, I am still required by law to note that the meeting happened, the date and time at which it occurred and am required to note if you express any thoughts of suicide, or homicide. If you seek reimbursement with insurance, I am required to keep progress notes on your treatment.
- You have the right to a copy of your records upon request unless it would endanger your health or another person's health or safety.
- You are protected under HIPAA. This law ensures the confidentiality of electronically transmitted information. If you choose to communicate with me via email, please be aware that email is not a secure form of communication. Any email received from you, and any responses sent to you, will be placed in your file.
- In addition to the above, you have the right to be treated with respect and dignity and receive appropriate care without discrimination towards age, race, ethnicity, ability, gender, sexual orientation, or religious background.

By signing below, I am agreeing that I have read and understand the Counselor Disclosure Statement and Client Rights. I voluntarily consent to counseling with Vinnu Komanapalli (Vignapana Komanapalli).

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Client Signature

Date

Therapist Signature

Date