

# Eddie Edmondson, LICSW

## Psychotherapist

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### DISCLOSURE STATEMENT

#### November 1, 2008

#### I. INTRODUCTION TO THERAPY

The purposes of this document are to give you information about the process and procedures for your psychotherapy, as well as to identify your rights and responsibilities as a client and mine as a therapist. We will discuss many of the issues outlined here, but you are always encouraged to ask questions at any time during your therapy.

#### 2. QUALIFICATIONS

##### a. State Licensure

The State of Washington requires that all providers of mental health services must be licensed with the Department of Health. Having met the education, supervised experience and examination requirements, I am licensed with the State of Washington as a Licensed Independent Clinical Social Worker (No. LW00005212).

##### b. Education

I received a Master of Social Work degree from the University of Washington in 1992, and I practice clinical social work—meaning that I work with individuals, couples, and groups about emotional and behavioral problems. Additionally, I completed a nine-month course in psychodynamic psychotherapy in 1997, and an advanced training seminar in couples therapy in 2000. I continue to attend educational seminars to expand my knowledge and skills.

##### c. Experience

My professional experience has included providing therapy in a community mental health clinic, various clinical and research programs, and a private practice for individuals, couples, and groups. Additionally, I have been involved in clinical, prevention, and direct services work with HIV/AIDS issues since 1992. I have been in private practice since 1992.

##### d. Professional Credentials

I am a member of these professional organizations: National Association of Social Workers (NASW), the Washington State Society for Clinical Social Work, Clinical Social Work Association, and the Seattle Counselors Association. I also hold two advanced NASW credentials: Academy of Certified Social Workers (since November 1994) and Qualified Clinical Social Worker (since June 1996).

#### 3. THERAPY PROCESS

##### a. Philosophy of Therapy

I work with individuals, couples, and groups. Psychotherapy is a process where you gain insight into yourself, learn to make better decisions, improve your personal skills, and acquire a deeper awareness of your needs and those of others. I do not believe therapy is something I do *to* you or *for* you. Rather, it is a **process**, and I work *with* you to help yourself. For me, it is helpful to think of therapy as a journey that you and I are going on together. I have the privilege of accompanying you on *your trip*. I will not tell you where to go or what to do; instead, I will serve as a guide—pointing out things you may not have noticed, suggesting things to consider exploring, or giving you a new perspective on things. I will go with you and stand beside you—rather than lead you—as you explore and discover things about yourself.

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Individuals  
Couples  
Groups

**b. Therapy Methods**

I have an eclectic approach to therapy, utilizing a variety of psychological theories and techniques. The focus of our work will be helping you to gain insight and awareness of your current situation through an understanding of your past experiences and relationships (psychodynamic). We will then use that understanding in the present, for that is where change has to occur. As appropriate for individual needs, I may also use other techniques (such as cognitive-behavioral) that may help you. The work will be "talk" therapy—that is, talking with me about your thoughts, feelings, and beliefs as they relate to your concerns and goals. Therapy requires a very active effort on your part, both during and outside our sessions. I may sometimes suggest reading or writing that is done outside the session, but this is then brought into your therapy sessions and discussed. Your talking, along with my comments and questions, can help you to gain the insight to make the changes you want to make.

**c. Process**

Psychotherapy can have benefits and risks. Since therapy sometimes involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you, specifically, will experience.

**4. BILLING PRACTICES****a. Fees (cost to client for each therapy session)**

Sessions are 50 minutes long, and it is expected that payment will be made at each session. If you wish to make alternative arrangements, please discuss this with me. The fees for a therapy session are \$90 for individuals or couples, and \$40 per person for group sessions. There is no charge for normal business calls (for example, to reschedule an appointment). Clinical telephone calls, however, are charged at the same rate, prorated per minute (unless I am not permitted to bill for such calls in accordance with an insurance managed care panel to which I belong).

**b. Cancellations and Missed Appointments**

**If you do not show up for your scheduled session, you will be charged for it.** This time is *yours*; I have reserved it exclusively for you. **You must also pay for appointments that you do not cancel within 24 hours**, unless we both agree that you were unable to attend due to circumstances beyond your control. **Insurance will not pay for no-show or late-canceled appointments; you must pay these.**

**c. Third Party Payments (Insurance)**

If you decide to use health insurance to pay for therapy, I will complete the required forms to help you receive the benefit. You will need to sign a form that authorizes me to release information about you and our work. **However, you (not your insurance company) are ultimately responsible for full payment of my fees.**

**Benefits & Liabilities of Using Insurance for Therapy:** If you have an insurance, government, or managed care plan which you expect will cover all or any part of your outpatient treatment costs, you should be aware of some of the features of your plan or insurance which *could* compromise your experience of therapy. These could include, but are not limited to: caps or limits on reimbursement by your health plan (both currently known and unforeseen); limitations on your treatment options that may be imposed by a third party management reviewer (such as number of authorized visits, form of treatment, etc.); lack of confidentiality of your therapy records (such as disclosure of diagnoses, recommended course of treatment, status, etc.); and indirect influences (such as guidelines) placed on me as a contracting professional under contract with the plan to provide services.

The decisions about acceptable use of your insurance benefit (that is, need for therapy, medical necessity, etc.) are made by the insurance or managed care company, not by me. Approval, once granted, may be terminated—even though the benefit has not been exhausted. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Your records could be accessible to other insurance companies or, perhaps, employers or private investigators.

We will discuss this so you understand the costs and benefits of using your insurance—both financially and emotionally. It is important to consider these factors carefully, so you can make an informed choice. You always have the right to pay for my services yourself to avoid the potential problems described above.

**Preferred Provider or Managed Care Panels:** If I am a preferred provider on your insurance company panel, I will bill the insurance company directly. If your insurance plan has a copay arrangement (a flat dollar amount for which you are responsible), you will need to pay that at the time of each session. If your insurance plan has a coinsurance arrangement (a percentage of the service for which you are responsible), I will first submit a claim to your insurance company. Once I receive payment from the insurance company, I will then bill you for what you owe.

**Non-Managed Care Panels:** If I am not a preferred provider for your insurance, then you will need to pay my full fee for each session at the time of service. I will give you a statement at the end of each month that you can submit to your insurance company for reimbursement. This statement will include a diagnosis and dates of service.

**Non-Covered Services:** If at any point during therapy, your insurance or managed care company determines that your therapy is not covered (for example, that therapy is not medically necessary), you will become solely responsible for the cost of your therapy. Of course, you become financially responsible when your mental health benefit is exhausted.

#### **d. Employee Assistance Program (EAP) Clients**

If you were referred to me by your Employee Assistance Program (e.g., Wellspring/Family Services EAP or First Choice EAP), you will not be charged by me for your authorized EAP visits. If you wish to see me beyond your authorized EAP visits, you will then be billed according to my stated fees and billing procedures outlined above.

### **5. MY CONTACT INFORMATION AND SCHEDULE**

I am a solo practitioner, one of a number of tenants who share limited common facilities at a common business address. You may contact me by telephone **206.322.5733**. However, if I am with a client, I will not answer the phone. Also, my practice is part-time, and I am not in the office every day. Should you call and get my voicemail, please leave a message stating the issue or concern, as well as times when you will be available for me to return your call. I can usually get back to you within a few hours. I check my messages throughout each weekday until 7:00 p.m. Calls left after that time will be returned the next day. I check messages on weekends once per day.

**If you are in crisis, you should call the Crisis Clinic (206.461.3222), open 24 hours a day, or go to a hospital emergency room.**

### **6. COURSE OF TREATMENT**

The length of therapy is affected by the number of issues that concern you, your pace in working through these issues, and the amount of change you want to make. It can sometimes be slow work, or sometimes move fairly quickly. How long it will take cannot be exactly predicted. Ideally, termination of therapy will be a decision, which you and I make together. However, you may always end treatment at any time.

### **7. CLIENT RIGHTS**

All clients in therapy have certain rights. You have the right to question, refuse or terminate treatment at any time. As a client, you have the responsibility to choose the counselor and treatment modalities that best suit your needs and purposes. What you say in therapy is confidential. I will not disclose any information without your written authorization. If I believe you are a threat to yourself or others, I may need to break this promise of confidentiality. Confidentiality issues are explained in more detail in my Notice of Privacy Practices, a copy of which I will give you.

If you have a complaint about my professional conduct, you may write the Department of Health, Health Professions Quality Assurance Division, PO Box 47869, Olympia, Washington 98504-7869. Or, you can call 360.753.1761, Monday through Friday, 8:00 a.m. to 5:00 p.m.