

PROFESSIONAL DISCLOSURE AND FINANCIAL POLICY STATEMENT

I have a MA in Rehabilitation Counseling from Western Washington University (2015) and an MEd in Applied Behavior Analysis from the University of Washington (2018). I am a Licensed Mental Health Counselor in Washington State (LH60889173), a Board Certified Behavior Analyst with the BACB (1-18-31729) and Licensed Behavior Analyst with Washington State (BA60916078), and a Certified Rehabilitation Counselor with the CRCC (00151519). I participate in at least 25 hours per certification, per year of approved continuing education.

I see individuals, couples, families, and children for mental health and behavioral counseling services. My primary approach utilizes Acceptance and Commitment Therapy (ACT) which starts where you are, and builds a positive sense of self and direction through developing coping strategies, confidence, understanding your behaviors in response to emotions and thoughts, commitment to change, your values, and strengths.. Additional approaches I may use depending on my clients' needs include strength- based, play, mindfulness, cognitive behavior therapy (CBT), and applied behavior analysis.

If you experience an urgent mental health crisis, please call the Associates in Mental Health (AMH) Answering Service at (360) 715 2470 and they will attempt to connect you with me as soon as possible. If they cannot reach me, you will be connected with the AMH on-call therapist. Also, you may call the Care Crisis Response Services 24-hour crisis line at (800) 584 3578. In case of any life-threatening emergency, call 911 immediately and/or proceed to the nearest emergency room.

I communicate with clients via phone, and **text and email for scheduling purposes only**. Please note that email is not secure and I cannot guarantee that information transmitted will remain confidential. **With suicidal clients**, I will notify emergency services for a wellbeing check if an appointment is missed and I have attempted to establish contact twice without a return phone call.

As a client, you have a right to complete privacy per HIPAA law except in the following instances: (1) If there is reasonable belief or if you threaten grave bodily harm or death to yourself or another person; (2) If there is reasonable belief that a child or vulnerable adult are being abused or neglected; (3) If the court issues a legitimate subpoena. Outside of those exceptions, all information you reveal will be kept confidential, including information from written records. Should exchange of information be needed, a written consent must be signed by you. Regarding all other uses and disclosures for which an authorization or opportunity to agree or object is not required, including specialized government functions, please see HIPAA 164.512. I regularly participate in professional, confidential consultation with other mental health professionals in a variety of specialty areas including psychiatry, multicultural issues, ethics, and treatment planning. In the case of consultation, nonclinical identifying information, including client names, are not disclosed without written client consent. I maintain chart notes exclusively as required by the WA Administrative Code and second party payors.

Washington State Law provides a complaint procedure through the Department of Health. If you believe there was a breach of ethics in your therapy you can write to P.O. Box 47857, Olympia, WA 98504-7857, or phone (360) 236 4700.

The fee for psychotherapy is \$120 per standard 53-minute session and \$140 for intake, due at that session if not billed to a second party payor. Insurance copays are also due at each session. For all other services, including phone calls beyond a typical brief check in (more than 7 minutes), I bill hourly. Court/legal service fees are \$220 per hour. Court appearances include all preparation, consultation, travel, and lost work time at a minimum retainer of \$1600. House calls include a \$50 fee and travel time pro-rated at my hourly rate. Letters and treatment summaries are billed hourly at a minimum of \$40. Clients maintain all responsibility for any fees unpaid by health insurance. If an appointment is missed or cancelled without 24 hours' notice I will charge the full fee of our agreement.

I HAVE BEEN PROVIDED WITH A COPY OF, AND UNDERSTAND, BRIANNA LONGWELL'S DISCLOSURE AND FINANCIAL POLICY INFORMATION.

Signature of Client or Legal Guardian

Date

Printed Name of Client or Legal Guardian