

Rob Coiner, MEd, LMHC, NCC, CMHS

103 E. Holly St., Suite #202, Bellingham, WA 98225

Phone: 360-739-4560 Fax: 888-977-1830

Telehealth: <https://doxy.me/RobCoiner> E-Mail: rob.coiner.counseling@gmail.com

Disclosure Statement and Consent to Treatment

Welcome! This document describes my treatment philosophy, qualifications, and service policies as required by Washington state law. I hope it supports your understanding of my practice in order to make an informed decision about the fit of my style to your needs. Please read this document carefully, retain a copy for yourself, and ask me about anything you would like clarified. This shall serve as our agreement about our respective rights and responsibilities as therapist and client. Prior to the start of therapeutic services, I must receive a signed copy of this document.

Treatment Philosophy and Approach

I am always honored when individual clients and families entrust me with their mental health needs. In my practice, I work from a person-centered perspective that values and prioritizes your hopes and experiences. Starting in the initial intake session, I seek to build a collaborative partnership for growth and change. I promote clients' and families' natural strengths, interests, and supports while working to build new skills and connections to address your identified needs. My therapeutic approach integrates a variety of techniques including narrative, creative arts, play, nature-based, and mindfulness approaches within a trauma-focused cognitive behavioral therapy (TF-CBT) framework. Balancing empathetic listening with active intervention, I will follow your lead to fit my services to your personal sense of what is best for your counseling experience.

I enjoy working with elementary-aged children up to college students and young adults, as well as parents and families. Therapy appointments could be individual, family, or group sessions depending on client needs and interests. Our work may address a variety of themes: healing past trauma and relieving current stresses, managing depression and anxiety, modifying behavioral challenges, resolving anger, improving academic or professional performance, finding fulfillment in family or social relationships, improving communication, building parenting skills, navigating change, strengthening one's identity and self-esteem, and many other goals. Regular appointment attendance sets a foundation for maximum benefit in therapy. While such benefits cannot be guaranteed, I invite feedback as a healthy component of effective therapy and can offer information about other local professionals if needed.

Licensure, Education, and Experience

I am a Licensed Mental Health Counselor (LMHC, #LH60866589) in the state of Washington. Additionally, I am a National Certified Counselor (NCC, #225775) and a Child Mental Health Specialist (CMHS). I maintain memberships in both the American Counseling Association and the Washington Counseling Association. I earned my Master's in Education (MEd) with a focus on school counseling and mental health counseling from Western Washington University in 2007. I graduated with highest honors and highest distinction from the University of North Carolina at Chapel Hill in 2003, majoring in English literature with a minor in creative writing. I began my professional counseling career working as a school counselor from 2007 until 2013. From 2013 to 2018, I worked as a child and family therapist at a community mental health agency in Bellingham, WA. I then became a clinical supervisor of child and family services for the same agency in Skagit County from 2018 to present. I joined Associates in Mental Health as an associate member in 2020.

Confidentiality, Privacy Practices, and Disclosure of Confidential Information

Our work together is confidential and protected by law. If you wish for me to send or receive protected healthcare information to coordinate your care and interests with other entities, I will first obtain your written consent to release information. There are a few notable exceptions to confidentiality where I am mandated by law to report information: 1. Abuse or neglect of children or vulnerable adults, whether reported to me or suspected; 2. Risk of harm to a client or other person due to suicidality, threats of violence toward self or others, or other dangerous behaviors likely to cause significant harm; 3. Valid court orders, such as subpoenas or judicial direction during legal proceedings.

Parents and guardians of child clients under the age of 13 control access to client records. Clients aged 13 years and older are considered adult clients in Washington state with the right to determine what information is provided to others, including parents and guardians. The same exceptions to confidentiality described above apply to such clients. I collaborate with clients and families to achieve an agreed upon balance of client rights and autonomy alongside appropriate adult involvement in treatment and awareness of progress. Both parents of a client under the age of 13 have access to records, regardless of marriage or custody status. If a valid court order limits one parent's access to records, the other parent or legal guardian is responsible for providing a copy of the court order. In the event of competing or contradictory court orders, documents with the most recent date receive precedence.

Good clinical practice requires periodic consultation and peer review. I meet with other professionals to consult about cases and assist each other to maintain quality care. I do not disclose client names or other identifying information in such sessions, which may include your case. In the event I am out of town or unavailable, other providers may provide clinical coverage and require a minimum of information to be prepared for emergent client needs. Since I work and live in Whatcom County, you may see me in public. In order to respect your confidentiality, I will not greet you in public unless you greet me first. Beyond greetings, I will not converse or interact with clients outside confidential settings. Please note that if you greet me in public, other community members may ascertain that we have a therapeutic relationship.

Payment Policies, Fees, and Appointment Standards

All payments and co-payments are due at the start of sessions whether you pay out of pocket or use insurance. My initial client intake sessions are 90 minutes for a fee of \$150. My fee for standard 55-minute sessions is \$125 for individuals and families. I accept some insurance plans as well as cash, checks, and major credit cards. Please make checks and money orders payable to Rob Coiner. Please call at least 24 hours in advance if you need to cancel an appointment. My voicemail is available 24 hours per day for messages, including cancellations. Note that no shows and late cancellations are not covered by insurance companies. You will be responsible for my full fee for the missed appointment prior to future appointments. If technical difficulties disrupt a telehealth session, I will prorate appointment charges to reflect our actual working time.

If you plan to use insurance, please provide a copy of your insurance card or bring it to our first appointment. You may contact Candace at Associates in Mental Health at 360-671-5348 for help coordinating your insurance billing. It is your responsibility to know your insurance eligibility, benefits, and authorization requirements. You will also need to know your co-pay, co-insurance, and deductible amounts and be prepared to pay them at the time of service. Some insurers require that I coordinate care with your primary care physician or behavioral healthcare manager. If you choose to use insurance, a mental health diagnosis is required for claim submission that will become a part of your medical record.

My services are primarily focused upon appointments for intakes and ongoing sessions, but other service fees are possible. Telephone consults lasting longer than 10 minutes are charged at my hourly session rate prorated for time. I charge \$150 per hour for any out of office meetings you request for treatment coordination with other professionals. I charge \$250 per hour for all court and legal-related services—testimony, consultation, preparation, travel, and lost work time. Clients are responsible for all fees not covered by insurance. Checks returned by your bank for insufficient funds will result in a \$35 fee. I will send monthly bills for balances more than 30 days overdue. If your account is more than 90 days overdue, it may be sent out of office for further collection.

Communication Considerations and Emergency Contacts

Messages can be left on my confidential voicemail at any time: 360-739-4560. I am available to return messages Monday through Friday, 9am to 5pm. I try to return calls within one business day. Please leave your contact information in each voicemail as I may check your message while away from my office. My number cannot be used for texting. If you need to reach me after regular business hours, please call the Associates in Mental Health answering service at 360-715-2470. In the event of an emergency involving a threat to your safety or the safety of others, please call 911 or go to the emergency room. The Volunteers of America offer a 24-hour Crisis Care Line at 1-800-584-3578.

I take measures to both protect and limit electronic communications such as email, faxing, and cell phones. I use Virtru to encrypt my rob.coiner.counseling@gmail.com messages if requested and restrict such exchanges to scheduling needs and the coordination of forms such as intake documents. Email will only be used at a client's discretion and will never be used for therapeutic exchanges. My fax number 888-977-1830 runs through RingCentral, which is HIPPA compliant and offers a Business Associate Agreement. I do not utilize texting with clients since it is not a secure communication. Despite these protections, if you choose to communicate with me by these electronic means, I cannot be held responsible for breaches of confidentiality. Finally, my Doxy.me telehealth portal <https://doxy.me/RobCoiner> is HIPPA compliant and comes with a Business Associate Agreement. I provide my telehealth services from a secure, private location and ask that clients also protect their own confidentiality when selecting their setting for telehealth appointments.

Complaints and Grievance Procedures

I believe that collaboration and constructive feedback about our working relationship are normal topics during the course of treatment and essential to achieving positive outcomes. I will solicit your views on our processes and progress. You have the right to end services at any time for any reason. As a licensed counselor, I am also accountable to all of the laws and ethical codes of my profession. I invite you to discuss any questions or concerns about my work. If I cannot address your concerns and you believe that I have acted unprofessionally or unethically, you may file a complaint. The Washington State Department of Health Customer Service Center can be reached at 360-236-4700 and online forms and information are available at www.doh.wa.gov.

I look forward to working with you. If you have any questions or concerns about this Disclosure and Consent to Treatment, please ask me at any time. Please complete the signatures on the following page and bring to your first appointment. Thank you and take care.

Signatures for Consent to Service

By signing below, I attest that I have read, understood, and agreed to these policies. I understand my rights and responsibilities as a client. I have received my own copy of the disclosure statement and consent to treatment. I give my permission to release to my insurance company any medical or other information necessary for payment of my sessions. A parent or legal guardian for a minor under the age of 13 must sign this form.

Client Signature (Age 13 and Over)

Client Name (Printed)

Date

Parent/Guardian Signature + Relationship to Minor

Parent/Guardian Name (Printed)

Date

Rob Coiner, MEd, LMHC, NCC, CMHS

Date