



HARTS ♥ SPACE

“Watch Yourself GROW”
2116 Caton Way SW Suite 102
Olympia, Wa 98502
Phone: 360-915-2151



WA State Licensed Mental Health Counselor
#LH60138935

WA State Certified Nutritionist
#NU60040674

DISCLOSURE STATEMENT

WAC 246-809-710

Welcome to HartsSpace. HartsSpace provides individual, family, and group therapy and nutrition services to children and adults. My name is Katie Hart, I have a Masters Degree in Clinical Health Psychology and Nutrition and am registered in the State of Washington. I am a licensed private practitioner in nutrition and mental health therapy. This document provides you with information about my professional psychotherapy background, the therapeutic process, your rights, and our office policies. Please feel free to ask any questions about this information, or about anything that happens during our work together.

The disclosure statement includes information about my education, specific training and treatment modalities I utilize. It also includes important details of therapy such as confidentiality issues, emergencies, and fees. Please read both the disclosure statement and brochure carefully and if you have any questions pertaining to the information please do not hesitate to ask me before signing.

BACKGROUND AND EXPERIENCE

I come to HartsSpace following my graduate education from Bastyr University in Seattle Washington. Bastyr is a University with a focus in natural health and wellness, my education focused on the combination of a natural health approach to mental health and therapy. As I grew into a specialized practitioner, I was reminded of my gratitude to have chosen Bastyr. My approaches and therapies always include a mind, body, spirit component.

THEORETICAL ORIENTATION

I come from a whole person approach, sometimes called BioPsychoSocial. I integrate many techniques in my approach included evidenced based CBT (Cognitive Behavioral Therapy), Trauma Focused CBT(Cognitive Behavioral Therapy), Expressive Techniques, Nutrition Education and Therapy, Sand Expression, and combined approaches to wellness. I truly believe that, as with learning, the approach should come from the therapeutic relationship and the therapists understanding of the client’s needs and best techniques to access the psyche.

I attempt to make this a collaborative effort between the client and the therapist, and come from a general belief that the client is the expert on themselves; I am a guide, an observer, a nurturer and a supporter for this process.

My culturally diverse background, academic interests and my desire to help people find hope and courage is the foundation for my work with others. It is at these most challenging times that people grow. My personal experiences have brought me to a place a great compassion for this process.

In my training at the Bastyr Center for Natural Health I have worked with families and individuals who have had to face the challenges of family conflict, relationship difficulties, extreme crisis situations, domestic violence, depression and anxiety, substance abuse, trauma, and grief. In addition, I provided nutrition education and resources for weight management, general behavior management, and disease state nutrition. I have specialized training and interest in childhood mental health, nutrition and wellness. In addition, I have specialized training through the Washington Coalition of Sexual Assault Partners in the treatment of children with complex trauma and sexual abuse which includes hours of direct work with survivors and their families in individual sessions and groups. I worked as an



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Therapist and Forensic Interviewer at Monarch Children's Justice and Advocacy Center for 3 years and have a certification in Trauma Focused Cognitive Behavioral Therapy.

In Nutrition, I focus on a whole person approach to food and relationship with food. Eating Disordered Behaviors, Emotional Eating, Obesity, and Nutritional Related Disease State Management are all included in my client population. I focus on a whole foods approach to nutrition; I believe in food as medicine, and Intuitive Eating. I do not prescribe diets and help each individual find the right eating patterns for their unique system.

THERAPEUTIC ORIENTATION/PRACTICE PHILOSOPHY

I believe that individuals seek psychotherapy, counseling, and nutrition counseling because they are seeking guidance to make changes, try new behaviors, and learn to heal and grow. Many times these changes are precipitated by a crisis demanding a change. I support and encourage clients to bring in intellectual, emotional and spiritual resources, or medical information to help them with the problems that they are struggling with, freeing them to create new ways of thinking and believing. I would feel honored and deeply touched to be witness to these transformations.

Our work together may include assessments, crisis intervention, individual adult, child, adolescent, family or couple therapy, general nutrition, and disease state management.

At times, I may move from one modality to another. For example, when working with a teenager I may suggest that I work with the teenager individually at times, and with the entire family, or the parents, at other times. I use a variety of tools with each client, tailoring our work to what seems to work best for each. For example, with young children I use play, art, and other expressive therapies as a way to facilitate communication. I offer child development, parenting information, and communication tools as needed to parents and couples. I might use cognitive techniques to help you think differently about yourself and your situation. I might use insight and interpretive techniques to help you understand yourself and your emotions better.

When we begin working together, I usually start by asking questions and listening carefully to understand what led you to seek psychotherapy support and to the deep feelings underlying your concerns. I may ask some questions about your life history and your food and eating history or habits to help me understand better.

As we work together, we will focus on the presenting issue, your previous attempts to cope with it, your feelings about the issue, and possible alternative actions and their consequences. Although I cannot guarantee a particular outcome, I can promise that I will give my full attention to working with you in a responsible, caring, respectful, thoughtful, and professional manner. Together we will decide the frequency and type of treatment that works best for you. I may offer other therapeutic resources or referrals in the course of our work in order to best meet your particular needs. I welcome your feedback and questions about this document, or any aspect of our working together.

AVAILABILITY and EMERGENCIES

I am available by appointment. I expect that most clients will need to call from time to time for information, appointment scheduling, or emergency phone consultation. I return calls in 24 hours Tuesday - Friday, or there will be an on-call number on the message. If an emergency arises, leave a message at my office number, (360) 915-2151 and then call the Crisis Clinic at (360) 586-2800 for support. If you feel you are experiencing a life-threatening



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emergency, call 911. Please be sure to discuss with me any questions or concerns you have about this emergency policy.

APPOINTMENTS AND CANCELLATIONS

Individual sessions are 50 minutes or 70-85 minutes long. You need to arrive on time because your appointment will not be extended beyond the scheduled time if you are late. Your appointment time is held exclusively for you. If it is necessary to cancel an appointment, please give 24-hour notice, otherwise you will be charged for the session. Once in awhile an emergency arises (illness or accident), when it is not possible to give the 24 hours notice. Each client is allowed one emergency cancellation at no charge, all after will be billed \$50 per missed appointment or late cancellation. To cancel an appointment, simply call the office at (360) 915-2151 and leave a message on the voicemail or email sustainablehealth@hartsspace.com stating your need to cancel the session.

Sessions are billed through A&R Billing and questions can be directed to 206-725-0683. Insurance Companies are billed in and out of network.

Rates for sessions are

2hour Nutrition Intake \$352

1.5 Intake Nutrition or Mental Health \$264

70-85 Minute Sessions \$228

50-60 Minute Sessions \$152

You are responsible for your copay and any unpaid insurance premiums. Plans vary with their allowed amounts; you are not responsible for insurance disallowed amounts.

CONFIDENTIALITY AND PROFESSIONAL RECORDS

All issues discussed in the course of therapy are strictly confidential (including that of minors) and information may only be released with your written permission. However, Washington law requires a break in confidentiality and for the therapist to inform appropriate agencies or persons in the following circumstances: **1)** When your life or someone else's life is threatened or in danger through your actions or inaction; **2)** When there is suspicion or evidence of sexual abuse, physical abuse or neglect involving a minor child, elderly individual, physically disabled, or developmentally delayed person; **3)** When a judge orders information to be disclosed in a court proceeding **4)** In the course of my receiving regular professional consultation and supervision; and **5)** You give written permission to share information. It is the policy of MCJAC that records which are requested for court may only be released with your permission or upon a judge's order. If your records are ordered by a judge for inclusion in a legal proceeding, the requesting party will be charged for preparation and copying. At your request, I will write and furnish a report to attorneys or for insurance purposes or other appropriate parties. In the event that your request is in conflict with any of the requirements of the public disclosure act, or if it is reasonably concluded that such knowledge could be harmful or injurious to you your request may be denied in whole or in part.

Additionally, this office will be compliant with federal laws.

If it is necessary for me to speak with a teacher, attorney, physician, etc. you will be asked to sign a “Release of Information” form. In the case of minor children, under the age of 14, the parent or legal guardian will be asked to sign.



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According to the standards of my profession, I keep records of the mental health services I provide you. If necessary, you may see, copy, or request a correction of that record. If the client is a minor, and the parent(s) request to view the child's records, our policy is that the child be present at the time the records are reviewed. Adolescents above 13 years of age and above have the same confidentiality rights as adults (that is, signed, voluntary consent must be obtained before his/her parent(s) may view the records).

When I work with children, much of my work with them is kept between us in order to build trust. However, I always encourage the child to share what we do during session with their parents, as long as they feel comfortable doing so. You can best support your child by letting them know that they can share with you anything they'd like to about the therapy session. Be careful not to ask them too many questions however or your child may feel too vulnerable and then shut down. I am always happy to do a mixture of family sessions as well as individual sessions with children.

Teenagers, 13 and over receive the same confidentiality as adults. Therefore, I cannot share what is happening in their sessions without their permission. This includes disclosure of drug use. When working with teenagers, I usually encourage some of the sessions to be family sessions to keep open communication between the teenager and his/her parent(s).

My client is the child or teenager unless I am specifically doing family therapy. Therefore, my confidentiality is to them. I encourage parents and guardians to call and leave me voicemails about any concerns they have regarding their child or teen. Please realize that in order to maintain trust with them and to let them know that I do not keep secrets from them, I may let them know that you called and I may share the information you gave to me with them.

Nutrition clients, will also be seen in a whole family context. Especially in the case of children, where they are not the primary food choice maker or preparer. These issues become essential in nutritional change and management. This may mean a parent, or an adult who is not responsible for their food choices and preparation. There are times where in this case it may be necessary to meet with the person who is responsible. It also at times may become important to consult with a Primary Care Doctor or other Medical Provider. The same release of information policy that was mentioned for therapeutic services will be followed.

Your Medical Needs

I do not prescribe for or diagnose a physical illness or disease. I also cannot prescribe medications for psychological concerns. Nothing said or done by me should be construed to be such. Please see the appropriate healthcare professional as needed. I may suggest that you consult and consider different nutrition changes or supplements but do not prescribe any medication. If there is any question about my scope of practice, just ask.

Notice of Disclosure

The State of Washington requires all clients to receive the following information:

- You have the right to choose your own therapist.
- You have the right to terminate treatment at any time.
- You have the right to control the method and modality of treatment that you or your family undergoes.
- You have the right to confidential treatment, except in the exceptions stated under the previous section titled Confidentiality and Professional Records.



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- Counselors/therapists practicing counseling must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the Department of Health does not include recognition of any practice standards, nor necessarily implies effectiveness of any treatment. Licensure, does, however involve Master's level education, documented post-masters work experience, successful completion of a national licensing examination, and on-going continuing education training requirements.

Termination of Therapy

If after working together for a while you feel dissatisfied with the progress being made, please come in and talk to me about it. Therapy is a joint effort between both therapist and client and both must be committed to the process for it to work properly. At any point in treatment you have the right to terminate therapy and to receive a referral to another therapist. Please be aware that a therapist also has the right to terminate therapy. The following circumstances are reasons why a therapist may choose to terminate therapy: 1) If a therapist feels that it is in the client's best interest to be treated by another professional who has specialized expertise in the area needed by the client; 2) If a therapist feels threatened by a client or if the therapist is being treated abusively by a client; 3) If a client repeatedly attempts to violate the boundaries of the therapeutic relationship; 4) If the therapist should lose objectivity; and lastly, 5) If a therapist is not being paid for services.

Termination of Nutrition

This is also a very important process as part of the change required in many nutrition sessions. Nutrition termination will be based on the client's needs, the referring party's needs, and will always be discussed with the client. Some nutrition needs can be addressed in several sessions with follow-up sessions. Some more serious, or more complex nutrition issues may require longer term treatment, and will be discussed at intake with the client.

WA Counselors Licenses, Registration and Nutrition Certification

Counselors practicing counseling for a fee must be registered, certified or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. For further information or to review provider information, complaints and other information.\

Washington State Department of Health

www.doh.wa.gov

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia, WA 98504-7857

360-236-4700

IF YOU HAVE ANY QUESTIONS WHICH ARE NOT ADEQUATELY ADDRESSED HERE, PLEASE ASK ME BEFORE SIGNING BELOW. ALSO, IF YOU HAVE QUESTIONS AT ANY OTHER TIME, PLEASE ASK. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE "DISCLOSURE STATEMENT" AND AGREE TO THESE CONDITIONS. PLEASE SIGN BOTH SIGNATURE PAGES AND RETURN THEM TO ME. I WILL RETAIN A COPY FOR MY RECORDS AND RETURN THE OTHER TO YOU.

I have read and understand the information contained in the Disclosure Statement/Office Policy Form for therapy at HartsSpace. I give my full informed consent to services. I understand the confidentiality rules and the procedures to



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call and leave a voicemail and to call the Crisis Clinic if there is a crisis. I agree to attend all my sessions and will give a 24-hours notice if I am unable to attend a session. Otherwise, I do understand I will be responsible to pay for any missed appointments.

HIPAA Statement

(You keep this statement/page)

As a patient of Katie Hart or Cat McPherson, you have the right to adequate notice of the uses and disclosures of your protected health information.

Katie Hart or Cat McPherson will use and disclose your health information in order to treat you or to assist other health care providers in treating you, to obtain payment for services or allow insurance companies to process insurance claims for services rendered to you. Information could be disclosed for certain limited operational activities such as quality assessment, licensing, accreditation, and training of students.

Except as stated in more detail in the Notice of Privacy Practices, Katie Hart or Cat McPherson will not use or disclose your health information without your written authorization.

Uses and disclosures not requiring your written authorization include:

- To family members or close friends who are involved in your health care

- For certain limited research purposes

- For purposes of public health and safety

- To government agencies for purposes of their audits, investigations and other oversight activities

- To government authorities to prevent child abuse or domestic violence

- To the FDA to report product defects or incidents

- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders

When required by court orders, search warrants, subpoenas and as otherwise required by law

PATIENT RIGHTS:

- To have access to and/or copy of your health information

- To receive an accounting of certain disclosures made of your health information

- To request restrictions as to how your health information is used or disclosed

- To request that communication with you be made in confidence

- To request amendment of your health information

- To receive notice of privacy practices

If you have a question, concern or complaint regarding the privacy practice, please contact Katie Hart or Cat McPherson. You may also file a complaint with the U.S. Secretary of Health and Human Services.



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I have read and understand the HIPPA AND DISCLOSURE Statements for Katie Hart, MS, LMHC, CN

Signature of Client(s): _____ or
Legal Guardian:

Relationship to
Client (if
Applicable)

Print full name(s):

Date signed:

Signature of Therapist:

Date Signed:
