



2116 Caton Way SW Suite 102
Olympia, Wa 98502
Phone: 360-915-2151

WA State Licensed Mental Health Counselor Associate
#MC60681410

WA State Certified Nutritionist
#NU60681879

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 Lisa Caldwell, 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 counseling and nutrition 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.

I have experience providing both individual and group counseling in community mental health where I have worked with individuals challenged by anxiety, depression, stress, self-esteem, personality disorders, and trauma, in addition to the upsets of everyday living. I have also provided nutritional counseling for individuals on healthy body image and promoting healthful lifestyle changes to support both physical and mental health.

I currently have my Associate's license to practice mental health counseling. I am working toward full licensure as a mental health counselor and require clinical supervision to oversee my work with clients. My clinical supervisor is Katie Hart, MS, LMHC, CN. She can be reached at (360)-915-2151.

THEORETICAL ORIENTATION

I believe in the importance of treating the whole person from a physical, mental, and spiritual approach. My goal is to provide a safe and welcoming space where people can feel comfortable in addressing their problems and difficulties in a strength-based environment. Through building a trusting relationship, I strive to help people make sustainable changes that enable them to live fulfilling and meaningful lives.

I integrate many techniques in my approach including CBT (Cognitive Behavioral Therapy), ACT (Acceptance and Commitment Therapy), CPT (Cognitive Processing Therapy), Mindfulness techniques, and Nutrition Education. In my work I believe that no two individuals are alike, and therefore, at times I will utilize a mix of different approaches in working with an individual so that their specific needs are met in a fashion catered for them.



2116 Caton Way SW Suite 102
Olympia, Wa 98502
Phone: 360-915-2151

When working with individuals for nutrition, I focus on a whole person approach; with primary emphasis on their relationship with food and cultivating a positive body image. In our work together, I focus on whole foods nutrition, food as medicine, intuitive eating, balance in eating/nutrition/healthful options, and acceptance of food. I do not prescribe diets, but rather help people find the right balance for their lives where their nutritional goals and successes are attainable.

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 Monday - 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 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 lisacaldwell@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



2116 Caton Way SW Suite 102
Olympia, Wa 98502
Phone: 360-915-2151

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.

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 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).

Nutrition clients may 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.
- 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,



2116 Caton Way SW Suite 102
Olympia, Wa 98502
Phone: 360-915-2151

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 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.



2116 Caton Way SW Suite 102
Olympia, Wa 98502
Phone: 360-915-2151

I have read and understand the DISCLOSURE Statement
for Lisa Caldwell, MS, CN, LMHCA

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

Relationship to
Client (if
Applicable)

Print full name(s):

Date signed:

Signature of Therapist:

Date Signed:



2116 Caton Way SW Suite 102
Olympia, Wa 98502
Phone: 360-915-2151

HIPAA Statement

(You keep this statement/page)

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

Katie Hart, Lisa Caldwell, 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, Lisa Caldwell, 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, Lisa Caldwell, or Cat McPherson. You may also file a complaint with the U.S. Secretary of Health and Human Services.



2116 Caton Way SW Suite 102
Olympia, Wa 98502
Phone: 360-915-2151

I have read and understand the HIPAA Statement for
Lisa Caldwell, MS, CN, LMHCA

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

Relationship to
Client (if
Applicable) _____

Print full name(s): _____

Date signed: _____

Signature of Therapist: _____

Date Signed: _____



2116 Caton Way SW Suite 102
Olympia, Wa 98502
Phone: 360-915-2151

Communication by Email and Text Message

It may become useful during the course of treatment to communicate by email, text message (e.g. “SMS”) or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with Lisa Caldwell there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with Lisa Caldwell
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

The primary purpose of utilizing email and text message communication will be for scheduling. All other clinical content will be best delivered via phone call or in person during scheduled sessions.

CONSENT FOR COMMUNICATION VIA EMAIL AND TEXT MESSAGE

I, _____ authorize Lisa Caldwell, MS, CN, LMHCA
(name of client) (name of clinician)

to contact me via email or text message for scheduling related questions or other non-clinical focused information.

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this authorization at any time

(Signature of client)

Date