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Following is an overview of my clinical practice. If you have questions or concerns regarding my practice, please feel free to ask.

**Psychotherapeutic Orientation:**

The approach to therapy will vary according to the different needs of the particular clients. My psychotherapeutic orientation is Jungian psychoanalytic psychology. The therapy involves exploration of the patterns of the individual's relationships, thoughts, beliefs, and feelings, and examines how they may artificially and subconsciously color perceptions, limit choices, and contribute to inhibiting his/her freedom. It is based on the belief that greater discovery and awareness of one's own self lead to more authentic life, and consequently living more fully in various aspects of one's life.

Psychotherapy is an interactive process. I encourage clients to be active in raising their own questions and concerns about how therapy can be most beneficial to them.

**Confidentiality:**

The counseling relationship is founded on trust, which is a deeply personal experience that defines the counseling relationship and provides a context for the therapeutic process. Counselors do not share confidential information without client consent or without sound legal or ethical justification. One exceptional circumstance in which counselors will override the pledge is when the client is in the imminent danger of harming him/herself or others. There is also mandatory reporting of child, elder and vulnerable adult abuse. Another situation where the clients' information may be disclosed to the third party is when someone requests in writing for release of information for legal purposes or social services. In such cases, the process of disclosure will be discussed in session. In the interest of providing the best possible services to clients, issues discussed in sessions may be brought to consultations.

**Fees, appointments, payments:**

My fee is \$150 for a 55-minute Individual session. Payment is expected at each session, unless other arrangements are made. Please give at least 24 hour notice if you need to cancel. You will be charged for missed appointments.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 10 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for my professional time required even if another party compels me to testify.

**Insurance**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, you are responsible for direct payment or finding another therapist.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM 5. There is a copy in my office and I will be glad to let you see it to learn more about your diagnosis, if applicable.) Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). 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. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide information requested by your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by check or cash. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by my provider contract.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

### **Contacting me**

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) King County Crisis Line (866)427-4747, 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences. Text and Email messages are used generally for appointment purposes only. Email or Text messages are not a format where counseling matters can be discussed. I will not respond to your email/texts that contains counseling matters.

### **Other rights**

If you are unhappy with what is happening in therapy, it is important to discuss this with me so that I can respond to your concerns. Such comments will be taken seriously and handled with

care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. Also, if I realize that I was not the best fit to work with your issues and needs, I will suggest you to work with other therapists. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

I have read the above and agree to receive the service under the above conditions.

Client's name (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Therapist's Signature \_\_\_\_\_ Date \_\_\_\_\_