ELANA KUPOR, MA, LMHC

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DISCLOSURE STATEMENT

EDUCATION AND TRAINING

I am a Licensed Mental Health Counselor in Washington State. I received a Master's Degree in Clinical Psychology from Antioch University Seattle in 2007. During 2007, I completed a one year internship at Seattle Counseling Service, where I provided counseling primarily for LBGT clients. After working for five years at Catholic Community Services, I opened a full-time private practice. I am also a member of the Northwest Alliance for Psychoanalytic Study, where I serve on the education committee.

TREATMENT PHILOSOPHY

I use an eclectic approach to therapy—I adapt my treatment to best fit the needs of each client. However, I am primarily drawn to the psychodynamic perspective. This means that I draw from a variety of approaches that share a common theme—that our early environment and experiences have a profound impact on our way of understanding and relating to the world. As adults, we may discover that we are unable to create the lives we want while being constrained by beliefs and behaviors stemming from our earlier years.

During therapy, we will explore what is working and what is not working for you in your life right now. I believe that unresolved conflicts from our past will continue to manifest in the present until we are able to bring more awareness to what they are, and how they play out in our lives.

My commitment to you is to help create a safe, supportive space where you can bring your issues, and where together we can discover how to move towards greater integrity. I will

not solve your problems or make decisions for you. I believe that you contain the wisdom you need to guide your own life. Our work together will be to focus on clarifying the conflicts which obscure your ability to make clear choices.

Therapy can bring up feelings of pain, anger, and confusion. You may find that you begin to experience conflicts with me that feel similar to those you have in other relationships. I believe that it can be very valuable for us to talk openly about these conflicts, if they arise. Working through these painful spots together may help you resolve these difficulties in other areas of your life.

As the client, you will choose when to end therapy. I ask that you first discuss this decision with me, so that I can share my perspective. I believe that we can learn as much from endings as we can from beginnings.

Trust and intimacy often develop in a good therapeutic relationship. Because I respect you and our work, I will maintain a professional relationship with you at all times. I will not enter into any other relationship with you either during or after our therapy: this includes personal, social, or business relationships. Also, if in my professional judgment I am unqualified to meet your particular needs, I will notify you of this and refer you to a more suitable therapist.

CONFIDENTIALITY

Our communication is confidential. If you want me to share information regarding your therapy with anyone, I will need you to sign a Release of Information form. Exceptions to this confidentiality include:

- My participation in professional consultation. I participate in consultation so that I may provide high quality services for your benefit.
- If I believe that you have made a serious threat to harm yourself or someone else, I must contact the appropriate authorities.
- If I believe that a child or an elder is being abused or neglected, I must contact the proper authorities. This law also protects developmentally disabled adults.
- If ordered by a judge or other judicial officers, I will need to disclose information regarding your treatment.
- If records are subpoenaed by an attorney in the State of Washington, they will be released unless you file a Protection Order within 14 days of the subpoena.

- If you bring a complaint against me to the State of Washington, I will be required to release information regarding your treatment.

Notice about electronic communications: Please be aware that not all communications are secure. I do not text with clients, as texting is not a secure form of communication. E-mails are also not fully secure. Therefore, I only e-mail clients about logistical information such as giving directions or scheduling appointments. I will not e-mail you about your protected health information (PHI) and I ask that you refrain from e-mailing me about any confidential matters. Please call me or wait until we meet to share sensitive information.

APPOINTMENTS AND FEES

My standard fee is $125 for a 50 minute session. For couples, we will meet for 75 minutes at a fee of $180. I accept a limited number of clients on a sliding scale fee, for people experiencing economic hardship. If we decide to work with a sliding scale fee, we will negotiate this fee during our first session.

You are responsible for paying weekly unless we have made prior arrangements. I will charge you for any bank fees I receive if you give me a check with insufficient funds in your bank account.

If you arrive late to a session, we will still end at the predetermined time. Once we have established a regular meeting time (i.e. Tuesdays at 4 p.m.) I require 3 business days of notice (72 hours of notice on Monday through Fridays, NOT including weekend days) for cancellation of sessions. If you do not cancel at least 3 business days in advance, you will be charged for the session except in cases of emergency or illness. I will, however, offer you any other available appointment times I have for that week, so that we will still be able to meet.

For all in-network insurance clients: I will bill your insurance for our sessions. I will require your co-pay at each session.

If your insurance company will not reimburse for sessions (for example, you have not met your deductible yet and do not qualify for reimbursement) you will need to pay me directly for the full amount owed. If you are experiencing financial hardship, we can arrange a payment plan.

Insurance companies do not pay for cancelled or missed sessions. If you cancel or miss a session without sufficient notice, you will be responsible for paying the full amount of that session ($125 for a 50 minute session, and $180 for a 75 minute session).

NOTICE TO CLIENTS

The Department of Health requires the following disclosure statement for mental health care providers:

Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of public health and safety. Registration of an individual with the Department does not include a recognition of any practice standards, or necessarily imply the effectiveness of any treatment.

You have the right to refuse and/or end treatment at any time. You have the right to request a copy of your mental health records at any time. I will need one week's notice to make a copy of your records. I will charge a nominal fee for this service.

If you are dissatisfied with my therapy services, I hope you will discuss your concerns with me so that we may address them together. If you believe that I have been unwilling to hear your concerns, or that I have behaved unethically, you may place a complaint about my behavior to the Secretary of the Department Of Health in Olympia, Washington. You can also contact the Department of Health to obtain more information regarding misconduct and your rights as a healthcare consumer:

Washington State Department of Health
Health Professions Quality Assurance
Customer Service Center
P.O. Box 47830
Olympia, WA 98504
Phone: (360) 236-4700
www.doh.wa.gov

By signing this form, I acknowledge that I have received and reviewed the Disclosure Statement for Elana Kupor, LMHC. I acknowledge that I will keep this copy of the Disclosure Statement updated on 4/23/2014.

I acknowledge that I have asked any questions I may have about the following sections, and that I agree to the terms specified (please initial):

Confidentiality _____

Appointments and Fees _____

Notice to Clients _____

Signature of Client _____ Date: _____

Elana Kupor, MA, LMHC _____ Date: _____

(This form to be retained in the mental health record)