

## Quintessential Counseling & Consultation

Queenie Fitzgerald, Psy.D, LMHC, GMHS

Email: [drqueenief@qcc.services](mailto:drqueenief@qcc.services)

Phone: 206-900-2021

[www.quintessentialcounseling.com](http://www.quintessentialcounseling.com)

### **Welcome**

Thank you for choosing Quintessential Counseling & Consultation. I would like to take this opportunity to welcome you to high quality counseling services. I commend you for taking an important step towards self-care by engaging in therapy. I looking forward to building a therapeutic alliance and help you achieve your goals in therapy.

### **Purpose**

The purpose of this disclosure is to provide information about me, my services, and what to expect from our therapeutic alliance. It is important that you understand the information presented here and ask any clarifying questions related to the counseling/therapy process.

### **Professional Background**

I completed my Doctorate in Psychology with honors (magna cum laude) from California Southern University in 2018. I am a Licensed Mental Health Counselor and an Approved Supervisor according to WAC 246-809-134. I provide clinical supervision to individuals working towards their licensure in the state of Washington. I have worked in the mental health field for over 12 years. I am currently a clinical supervisor in one of King County's leading outpatient mental health agency. In addition, I am also a Geriatric Mental Health Specialist. I have comprehensive experience and knowledge working with individuals 60 years and older.

### **Therapeutic Orientation**

I work with adults who are dealing with depression, anxiety, adjustment disorder, relationship issues, life transitions, self-esteem issues, grief, bereavement and numerous other challenging situations. The therapeutic approaches that I use are mostly evidence-based and are designed around the specific needs of each individual. Some of the most commonly used treatment modalities are cognitive behavioral therapy, solution-focused therapy, person-centered therapy, gestalt therapy, existential therapy, mindfulness based cognitive therapy. Based on the clinical needs of individuals, I may even utilize an eclectic approach which involves a combination of the modalities referenced above. I have a wide-ranging knowledge about issues related to aging such as cognitive decline, loss of independence, low-income issues, physical and health deterioration. I utilize an existential approach in therapy with individuals dealing with meaninglessness, anxiety, freedom, choices, responsibility and end of life issues.

## **Psychological services**

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. Nonetheless, there are no guarantees about the outcome of therapy. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on assignments that are suggested to you during sessions.

## **Confidentiality**

Information shared in therapy will be treated as confidential. Your personal identifying information will be protected with me and will not be disclosed to an outside entity without your permission. Please note, complicated cases may require me to consult with other health care professionals. The purpose of an outside consultation is to provide you with high quality services. Protection of confidentiality is an utmost priority in these consultations.

## **Exceptions to confidentiality**

I am required by law to disclose information to the appropriate authorities with or without your consent in the following events:

1. Suspicion of neglect, physical or sexual abuse of a child or vulnerable adult.
2. Strong indication that you are likely to seriously harm yourself or another person.
3. When records are subpoenaed by a court of law.

## **Appointments, Fees and Cancellation Policy**

Appointments are scheduled in advance. You may set up a schedule to meet for therapy on a weekly basis or every other week, depending on the presenting needs of individuals.

My fees are as follows:

Short session (38-52 mins)	\$135
Standard session (53-55 mins)	\$150
Diagnostic intake session	\$200
No Show Fee	\$150
Late cancellation fee	\$100 (< 8 hours prior to appointment)

If you need to cancel your appointment, please do so within 24 hours of your appointment. If you do not cancel within 24 hours, you will be responsible for the full

cost of the missed appointment. Insurance companies do not reimburse for missed appointments. If you arrive late for your appointment, you will be seen for the remaining time and will be charged the full fee.

I accept cash, checks, and credit/debit cards. Cash must be in the exact amount of the fee. Payment is due at the time of service. Should any payment by check be returned for non-payment, you will be charged a \$25 returned check fee. Additional services such as letter or report writing, court appearances etc. will be charged at my standard 55 minutes' fee to compensate for my time.

*Please initial \_\_\_\_\_*

### **Insurance**

I am currently an in-network provider for:

Blue Cross Blue Shield  
Premera Blue Cross  
Regence Blue Shield  
First Choice Health  
Optum/United Health Care

As a courtesy, I provide insurance billing for my clients. You are responsible for any outstanding amounts not covered by insurance. Most insurance companies have annual deductibles that must be paid before insurance coverage is applied. If you have any questions about this, please contact your insurance company. I do not bill secondary insurance, but will gladly provide a receipt for services for you to bill the secondary insurance yourself.

*Please initial \_\_\_\_\_*

### **Supervision, Consultation, and Presentation Fees**

Supervision Fees: My fees are \$95 per 50 minute hour and may be reduced at my discretion for supervisees with financial need.

Consultation and Presentation Fees: My fees are \$140 per hour and may be reduced at my discretion on a case by case basis.

## **Communication Practices**

My preferred method of communicating with clients is speaking directly by phone. While phone communication is not always convenient, communication by email is also acceptable. Please bear in mind, emails are not entirely secure or confidential. Even though texting may seem convenient and likely preferred communication for most people, I encourage clients to avoid texting me. This is because I cannot guarantee privacy or confidentiality.

## **Ethics**

I try and maintain the highest ethical standards in my practice. I encourage clients to maintain openness and transparency in therapy. If you believe that you are not benefitting from my services, please feel free to discuss with me, so we can look at other options in therapy or I can refer you to another therapist. I encourage you to discuss any therapy/service related concern with me without any inhibition.

## **Client's Rights**

To obtain a copy of your rights as a client in the state of Washington, as well as a list of the acts of unprofessional conduct in my field for which a health professions complaint may be processed, contact the Department of Health – Counselor Programs, PO Box 47869, Olympia, WA, 98504, or call (360) 664-9098.

## **Termination**

I may proceed to terminate a counseling relationship when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the needs and/or interests of the client. I may terminate a counseling relationship when a client does not pay fees charged or when insurance denies treatment. In such cases, appropriate referrals will be offered to the client. If I determine that services are not beneficial to the client, I will avoid entering or terminate immediately the counseling relationship. In such situations, appropriate referrals will be made. If the client declines the suggested referral, I will discontinue the counseling relationship.

**Consent for Treatment**

I agree to engage in counseling services with Dr. Queenie Fitzgerald and Quintessential Counseling & Consultation. My signature below indicates that I have read this disclosure and agree to the terms therein.

Acknowledged by: (client's full name) \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_