

DISCLOSURE STATEMENT

Jeffery Clark, LICSW
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(509) 720-7073

WAC 246-809-710 requires the disclosure of the following information in written form for patients. If a patient would like a physical copy, please let the provider know during your intake.

Licensure(s), Education and Training

I hold the following license(s) in the indicated state(s): Washington State Licensed Individual Clinical Social Worker (LICSW; Licensure #LW61435143).

I received my Master of Social Work (MSW) from Eastern Washington University and abide by the National Association of Social Workers Code of Ethics. As a licensed clinician, I am required to participate in continuing education. Credentialing an individual with the Washington State Department of Health does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. My professional background includes experience working in both in-patient and outpatient settings focusing on a wide range of patients including adolescents and active-duty service members, and adults. My specialties include post-traumatic stress disorder (PTSD), bipolar disorder, anxiety, substance addiction, and depression. I am trained to provide Eye Movement Desensitization and Reprocessing (EMDR) as well as interventions from Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI), and Cognitive Processing Therapy (CPT). My therapeutic orientation is humanistic, and strength based.

Additional information about my licensure is available at <https://doh.wa.gov/>.

Patient Mix

Horizon Enigma Counseling, PLLC offers therapy services for individuals with the standard session time of 53-60 minutes. We see patients between the ages of 13 to 55 years old. My practice often includes sessions where family members and/or significant others are integrated into the treatment plan to engage in the family system, provide psychoeducation, and/or a therapeutic place to engage in collective change. These sessions are only allowed with the patient explicit agreement and will include a specific and actionable goal related to the session(s) as well as a release of information (ROI) on file.

Treatment Modality and Therapeutic Orientation

Horizon Enigma Counseling, PLLC believes therapy is about finding your authentic self and learning to embrace suffering that is a part of human life. It is our passion to develop a genuine relationship with our patients where we can safely have difficult conversations, resolve conflict(s), and experience our true, authentic selves. We will work with you to tune into your true self, recognize maladaptive coping mechanisms learned through life experiences, and discover self-compassionate ways of living.

Therapy has both benefits and risks. During therapy, you might notice changes in your symptoms, problems, and functioning. Since we will be exploring challenging territory in your life, you might experience greater difficulty throughout our work together. Therapy typically produces benefits over time, but sometimes as you get to the root of your issues, you may feel them even more acutely than in the past. I cannot offer any promise or guarantee about the results you will experience. However, as you commit yourself to work through your vulnerable issues and build upon your strengths, it is likely that you will see improvements throughout your work and in the future.

Horizon Enigma Counseling, PLLC does not complete paperwork to determine disability compensation for either civilian and/or military personnel. I have no relationship between Washington States Department of Health and Human Services and/or The Department of Veteran Affairs. Questions regarding these processes will be redirected to those agencies.

Horizon Enigma Counseling, PLLC does not complete paperwork that needs to be created for, or completed for, the topic(s) of the Family Medical Leave Act (FMLA), or Emotional Support Animal (ESA). Your primary care provider and/or medication manager are best suited for the completion of these documents. If you do not have a primary care provider, please let me know and I will complete a referral to one within your geographical area.

New Patients

There will be 1-2 initial visits to ensure proper assessment and thorough evaluation. These appointments will be used to evaluate, educate, and determine a mental health diagnosis. A personalized treatment plan will be created and supplied to you within 2 sessions. Initially, I will see you weekly until either your symptoms are alleviated, or your condition is stabilized. We will work together to determine the best frequency of appointments going forward, based on your health, treatment goals and stability of your condition(s).

Emergencies

As an independent, private practice clinician, Horizon Enigma Counseling, PLLC does not offer crisis coverage. If you are experiencing a potentially life-threatening situation, get immediate emergency assistance by calling 911, going to your nearest hospital emergency room, or contacting the National Suicide & Crisis Lifeline at 988. The scheduling of additional settings can be accommodated on a “as needed” basis and will be determined when medically appropriate by the provider. Please verify with your insurance company prior to these sessions as certain plans do not cover more than one session per week. The patient understands that this agreement enables Horizon Enigma Counseling, PLLC to schedule these sessions without first confirming insurance status and that all financial responsibilities remain with the client.

Financial Responsibilities and Fees

Horizon Enigma Counseling, PLLC is in network with several major insurance companies and Employee Assistance Programs (EAPs). Please provide your full insurance information to include your date of birth, address, and group policy number prior to your initial visit. If you have a change in insurance, please let Horizon Enigma Counseling, PLLC know as soon as possible to avoid out of pocket costs.

Your insurance plan may require me to assess your co-payment, coinsurance, or deductible (“cost share”). Mental health appointments are assigned billing codes on claims that vary based on factors such as appointment length, complexity, and parties attending. As a result, your cost share may vary from visit to visit.

Any cost share is due at the time of service. Horizon Enigma Counseling, PLLC will do our best to estimate your cost share in advance of your appointment. However, it is possible that your insurance plan, after reviewing the claim, will determine that your cost share is higher than we estimated. In these situations, Horizon Enigma Counseling, PLLC will notify you about any balance due. In the event your insurance overestimated the cost share a credit will be applied towards your future visit(s), unless you specify otherwise.

If your insurance plan requires pre-authorization for services, it is your responsibility to obtain this authorization prior to our appointment. Please provide Horizon Enigma Counseling, PLLC with a copy of the pre-authorization document prior to your initial session. If you fail to obtain prior authorization, any charges incurred for services rendered by Horizon Enigma Counseling, PLLC and not reimbursed to me by your health insurance will be your financial responsibility.

Confidentiality

All information disclosed within appointments is confidential. I keep brief notes of our appointments (e.g., psychotherapy notes), but such notes and other information related to these appointments will not be disclosed

to anyone except as permitted or required by law. Please see each individual document for specific language regarding confidentiality.

Use of Artificial Intelligence (AI)

At Horizon Enigma Counseling, PLLC, we are committed to providing you with the best possible treatment. To help me manage my practice efficiently and enhance my services, the use of certain artificial intelligence (AI) tools may be utilized. You will be provided with a document that explains this tool(s) and how I specifically use these tool(s) during our sessions. We ask for you to read that document, ask any questions you may have, and [with your signature] ask for your consent to use them as part of your treatment episode. If you wish us to not use AI tools, at any time, please notify us via secure e-mail and we will ensure to disable the feature at the beginning of our next session. Information pertaining to the specific AI platform Horizon Enigma Counseling, PLLC utilizes can be located at the following addresses: <https://www.simplepractice.com/blog/ai-in-therapy/> or <https://help.headway.co/hc/en-us/articles/38767656501012-AI-assisted-notes>.

Regarding the use of AI in the therapy space, Horizon Enigma Counseling, PLLC is aware that insurance companies, hospitals, and referral agencies [may] use AI in the performance of their duties. This statement is to confirm that Horizon Enigma Counseling, PLLC has no awareness of said AI platforms, control over, administer, supervise, or have access to those platforms. Please refer to your insurance company, hospital system, or referral agency for their specific policies regarding the use of AI and privacy practice(s).

Cancellations and Fees

Sessions will be terminated ten minutes after the start time if the patient has not communicated the reason(s) for their absence. Sessions where the patient is not geographically located in Washington State and do not notify the provider will have their session cancelled and the late-cancellation fee will be applied accordingly. The fee for this instance is \$150 and will be assessed immediately to the card on file. Insurance cannot be billed for these missed sessions. With coordination, and our discretion, Horizon Enigma Counseling, PLLC will reschedule for the same week to prevent the no-show fee from being applied. If you no-show two appointments, at our discretion, Horizon Enigma Counseling, PLLC may remove you from your reserved appointment time and terminate you from our care with appropriate referrals. This decision will be made on a case-by-case basis, and a notification will be sent to the patient's identified e-mail address with a final determination of action. Contact information to settle any outstanding debts to your account (as necessary) will be made available as well.

Note: Washington State Medicare, Medicaid, and EAP patients are not subject to the cancellation fees noted above.

Telehealth Location

All sessions conducted via secure telehealth platforms must be completed with the patient physically located within Washington State. Failure to notify and/or conceal your true location will result in immediate termination from my care with referrals to another agency/provider. This requirement cannot be waived under any circumstances and is meant to ensure adequate resources can locate you if/when an emergency arises during our session.

Active Debit/Credit Card

An active debit/credit card must be on file throughout the therapeutic relationship. Charges assessed for fees related to services (e.g., no-show, late cancellation, co-pay, etc.) that are declined will result in all subsequent sessions being cancelled until the charge is paid.

Note: Washington State Medicare, Medicaid, and EAP patients are not subject to this policy.

Court Fees

In instances where Horizon Enigma Counseling, PLLC is subpoenaed or required to produce any document related to ongoing legal proceedings, a fee of \$150 per hour, for a minimum of eight hours, will be assessed plus \$150 per report (if required). These fees are charged directly to the patient and are not reimbursed through insurance.

Assignment of Benefits

By signing, in exchange for, and in connection with, any and all of the services provided to you or your child, as applicable, by me, your provider, by Horizon Enigma Counseling, PLLC, you irrevocably assign and transfer to us all of the rights, benefits, privileges, protections, claims and any other interests of any kind whatsoever, without limitation, that you or your child, as applicable, had, have or may have in the future pursuant to or in connection with any insurance policy or plan, health benefit plan, health management agreement, risk-bearing agreement, trust, fund or any other source of payment, insurance, indemnity or health or medical coverage of any kind covering you or your child, as applicable. This assignment also includes an assignment of your or your child's, as applicable, appeal rights, rights to payment, rights to full and fair claims review, rights to penalties or interest, rights to plan documents and plan information, and rights to notices and disclosures from any source

Patients' Rights and Responsibilities

You have the following rights:

- To refuse treatment.
- To choose a practitioner and treatment modality which best suits your needs.
- To expect that I have met the qualifications of training and experience required by Washington State law.
- To examine public records maintained by the state authority that licenses me and to have such authority confirm my credentials.
- To obtain a copy of the code of ethics to which I am bound.
- To be informed of the cost of my services before receiving the services.
- To be assured of privacy and confidentiality while receiving services from me (note - the law sometimes permits or requires disclosures of private/confidential information).
- To be free from free from discrimination because of age, color, culture, disability, veteran status, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.
- To report complaints to the state authority that licenses me:

Department of Health
Health Systems Quality Assurance Complaint Intake
360-236-4700
HSQAComplaintIntake@doh.wa.gov
P.O. Box 47857
Olympia, WA 98504-7857