

# DISCLOSURE STATEMENT

**Philip Bower**

**Amethyst Therapeutics, PLLC**

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**(253) 878-0421**

If you have questions on scheduling, billing, or technology issues, please contact:

- Email: [frontdesk@mindfultherapygroup.com](mailto:frontdesk@mindfultherapygroup.com)
- Telephone: (425) 640-7009
- Hours: 7:00am – 7:00pm Monday – Friday and 8:00am – 4:00pm Saturday - Sunday

WAC246-809-710 requires counselors to disclose the following information in written form to their clients.

Please take the time to read this disclosure statement carefully. As my client, you have the right to know my qualifications, methods, and mutual expectations of our professional relationship. The information presented here is provided to help you decide if my services are suitable for your needs. Please discuss any questions or concerns you may have now or during your treatment.

## **Independent Business:**

I am an independently contracted provider participating in the Mindful Therapy Group Organized Health Care Arrangement (OHCA). While I have engaged Mindful Therapy Group, P.C., a Washington Professional Services Corporation (Mindful Therapy Group), to provide business administrative services to my behavioral healthcare business, all services you receive from me reflect my healthcare license, independent business, and practice style. Mindful Therapy Group subcontracts with an affiliate company, Mindful Support Services, LLC (Mindful Support Services), to provide a portion of the administrative services.

In embracing my role within the compassionate field of social work, I am honored to share my professional journey and credentials with you. I hold the designation of Licensed Social Worker Associate Independent Clinical (LSWAIC) in the state of Washington, under license number SC60970245. My educational path led me to Walden University, where I was fortunate to deepen my understanding and passion for social work, culminating in a Master's degree.

Guidance and growth are essential parts of our professional journey. In this spirit, my practice is enriched through supervision by Alex Gerace, a dedicated Social Worker (LICSW) with the license number LW60306852, whose wisdom and experience continue to inspire my approach to care.

My practice is centered around supporting individuals navigating the complexities of Anxiety, Depression, Trauma, Gender Dysphoria, and PTSD. These focal areas are deeply important to me, and I am committed to providing a safe, affirming space for healing and exploration.

Over the past five years, my professional experiences have spanned from working within an inpatient facility to engaging in community mental health, and establishing a grounding in private practice. Each setting has offered invaluable opportunities to learn, grow, and connect with diverse individuals, further shaping my holistic approach to care.

### **The Therapeutic Process:**

In my practice, I embody a holistic approach, nurturing a space of empathy, warmth, and authentic connection. Recognizing the beautiful diversity of the human experience, I honor each client as a unique being, bringing their rich tapestry of experiences and challenges into our shared space. My practice is rooted in mindfulness, self-compassion, and trauma-informed care, creating an environment where every person is met with an open heart and a non-judgmental spirit.

The journey through therapy is one of vulnerability and courage, and I am deeply committed to fostering a sanctuary where individuals can tenderly explore their inner world. In this sacred space, every thought and emotion is welcomed, witnessed, and validated, empowering each person to draw upon their innate strengths and resources.

Collaboratively, we weave together a tailored pathway of healing and growth, integrating evidence-based practices with the wisdom of the heart. My aspiration is to equip my clients with practical, transformative tools and insights, enabling them to carry the essence of our work into the tapestry of their daily lives, thus nurturing lasting change and profound self-empowerment.

I am deeply dedicated to my personal and professional development, consistently engaging in workshops and training sessions to broaden my understanding and refine my competencies.

Recognizing the vital role of ongoing self-reflection and the practice of self-care, I acknowledge that a counselor's wellness is foundational to delivering impactful therapeutic support. In my practice, I integrate a holistic approach, drawing upon the principles of Self-Compassion mindfulness, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Polyvagal Theory, and Somatic Experiencing to foster a healing environment that addresses the mind, body, and spirit.

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

In my practice, I deeply value the ongoing engagement with my clients, whether it's on a weekly or bi-weekly basis. Recognizing that a strong therapeutic relationship is built on commitment and regular participation, I have established a policy to support this foundation.

### **Cancellation Policy:**

- To foster a conducive environment for progress, I kindly request that any changes to your scheduled appointments be communicated as promptly as possible. Understanding that unforeseen circumstances can arise, I allow for up to three cancellations per quarter. Exceeding this limit may lead to a reevaluation of our recurring session arrangement. In such cases, I may transition you to my on-call list. This offers more flexibility by allowing you to fill in slots that become available due to other cancellations. Should this shift occur, the Mindful Therapy Group will reach out with potential openings.

### **Late Cancellation Fee:**

- I understand life can be unpredictable; however, for sessions canceled within 48 hours of the appointment time, a fee of \$120.00 will be incurred. This

policy helps me manage my schedule and availability for all clients seeking support.

### **No-Call/No-Show Policy:**

- A session will be considered a no-call/no-show if it's unattended 20 minutes past the scheduled start time without prior notification or arrangement. To uphold the respect and consideration for my therapeutic work and the needs of all clients, a charge of \$120.00 will be applied for each no-call/no-show occurrence.

Uninformed absences might necessitate a pause in scheduling future appointments until we have an opportunity to discuss and agree on the best way to move forward. This approach ensures I honor the therapeutic process and maintain a respectful, effective environment for everyone involved.

Your understanding and cooperation with these policies are greatly appreciated, as they are in place to ensure that I can continue to provide high-quality care and support to you and all our clients.

### **Client's Rights and Responsibilities:**

Clients have the right to choose a therapist who best suits their needs and purposes. You may ask questions about treatment at any time and may choose to terminate therapy at any time. Therapy may also end when I feel another provider will better meet your needs. In that case, I will try my best to make appropriate referrals. If you have any concerns or complaints, you may contact:

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

### **Services:**

In my practice, I provide therapeutic support tailored for individuals, focusing on those aged 25 to 60. My services are dedicated to fostering personal growth and healing within this demographic. It's important to note that while I offer a space for

exploration and understanding, I do not extend case management services. This includes but is not limited to, assistance with documentation for disability, unemployment, custody, adoption, foster care, car accidents, and legal matters. Additionally, my practice is not suited for individuals who are undergoing court-mandated treatment or those whose treatment necessitates the disclosure of session details to external parties. My commitment is to provide a confidential and supportive environment focused on the therapeutic journey and personal empowerment.

### **Virtual Sessions:**

I \_\_\_\_\_ (patient's name) hereby consent to engage in Telehealth. I understand that "Telehealth" includes the practice of health care delivery, diagnosis, and treatment consultation using interactive video, audio, and/or data communications. For Telehealth sessions, we will be connecting using a system that is encrypted to the federal standard and HIPAA compatible. It is my responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear our communications or have access to the technology that you are interacting with. Additionally, I agree not to record any Telehealth sessions. During a Telehealth session, we could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. I will ensure that I have a phone with me, and I have provided that phone number. I understand that all fees for Telehealth and non-Telehealth services are the same. I am financially responsible for all services rendered, late cancellations, and missed appointments.

### **Guidance on Digital Interactions and Social Media Engagement**

In my practice, I prioritize the sanctity of the therapeutic relationship and the privacy of my clients. As such, I do not accept social media connections, including friend or contact requests, from current or former clients across any platforms (e.g., Facebook, LinkedIn). This policy is in place to protect your confidentiality and to prevent any potential blurring of the professional boundaries that are essential for effective therapy. Should you have inquiries or wish to discuss this policy further, we encourage open dialogue during our sessions.

### **Professional Presence and Sharing Online**

My practice maintains a Facebook Page, Instagram Page, and a LinkedIn Page to disseminate useful information, including blog posts and updates related to my

professional activities. These pages serve as resources for educational content, accessible to all. However, to maintain the integrity of your confidentiality and to adhere to ethical standards, I do not engage in relationships with clients as "Fans" of this page.

## **Engagement with Our Professional Content**

While I offer a range of professional insights through my blog and other online platforms, there is no expectation for you to follow these outlets as a client. My main focus remains on your privacy and the therapeutic process. I strive to create a space where any online interactions remain respectful of the boundaries between our professional relationship and your public life. Should you choose to engage with my content, I support using discretion in how you connect, always prioritizing your privacy.

## **Communication Preferences**

For communications outside of therapy sessions, I encourage direct contact through phone calls for immediate or sensitive matters, and email for administrative needs. I advise against using social media messaging for contacting me, due to concerns over security and confidentiality.

## **Online Searches and Privacy**

My practice does not engage in searching for client information online, respecting your privacy and the boundaries of our therapeutic relationship. Only in exceptional circumstances, where there is a concern for your safety, might I consider such measures, and this would be discussed transparently with you.

## **Engagement on Business Review Sites**

You may encounter my practice on various business review platforms. It's important to understand that my presence on these sites is not an invitation for public endorsements or testimonials, in line with ethical guidelines. While you have the freedom to express your views, I encourage a thoughtful consideration of privacy and confidentiality in such public domains. Should you have feedback or concerns about our work together, bringing these directly into our therapeutic discussions is invaluable.

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Board of Psychology, which oversees licensing, and they will review the services I have provided.

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

## **Location-Based Services Considerations**

In our increasingly connected world, the use of location-based services (LBS) on mobile devices can raise questions about personal privacy. It's important to be mindful of how these services might inadvertently disclose aspects of your personal life, such as your engagement in therapy. My practice does not utilize check-in features on social platforms like Foursquare or Loopt, and I am not listed as a check-in location. However, the nature of GPS tracking means that regular visits to my location might be visible to others if you actively check in or if a passive location service is running on your device. I encourage you to consider these aspects carefully to protect your privacy and confidentiality.

## **Email Communication**

Email serves as a convenient tool for administrative purposes, such as scheduling or modifying appointments, and addressing billing inquiries. For these reasons, I provide a HIPAA-compliant email address: [pbower@amethyst-therapeutics.com](mailto:pbower@amethyst-therapeutics.com), ensuring that your data is handled with the highest standards of privacy and security. However, I advise against using email for sharing sensitive or personal therapy-related content. Despite the HIPAA compliance for administrative communication, email inherently carries risks to confidentiality due to the retention of logs by internet service providers. These logs are theoretically accessible by system administrators, introducing a potential vulnerability. Please consider this when deciding to communicate via email, and remember that any correspondence will be incorporated into your legal client record.

## **Conclusion**

I deeply value the trust and confidentiality inherent in our therapeutic relationships. These guidelines are designed to support a respectful, ethical, and effective therapeutic process, both within and beyond our sessions. Your understanding, cooperation, and active participation in adhering to these principles are greatly appreciated.

## **Emergencies:**

As an independent clinician with a private practice, it's important for you to know that my services do not include crisis intervention coverage. If you find yourself in an emergency situation, facing a threat to your safety or that of others, please immediately reach out to emergency services by calling 911 or visiting your nearest hospital emergency room. For urgent mental health support, you have the option to contact 988, a dedicated line for such crises.

## **Financial Responsibilities:**

Please confirm your insurance coverage and patient responsibility before your first appointment with me. Your co-pay or patient responsibility (deductible) determined by your insurer is due at each visit before your session begins. My private pay rate is \$120.00 per 55-minute session for individuals. If you cannot pay the associated fees at the time of service for more than one visit, without developing a payment plan, your future appointments will be suspended until unpaid balances are resolved. Additional fees may apply to preparing requested documents or copying and sending records. I will discuss any fees with you at the time of a request.

I authorize my provider, Philip A Bower, MSW, LSWAIC, MHP, and Mindful Therapy Group, to release information to the listed insurance carrier(s) and be paid directly by insurance carrier(s) for services billed. I acknowledge that I am responsible for all charges not paid by my insurance companies, including; copays, coinsurance, deductibles, insurance plan refusal to pay for failure to obtain authorization, and missed and late cancellation fees. If it becomes necessary to effect collections of any amount owed, the undersigned agrees to pay all costs and expenses, including reasonable attorney fees.

If an unpaid patient balance is \$100 or over remaining after 120 days, your balance will be turned over to a third-party collections agency. You will receive a final courtesy phone call and/or letter to remind you of your balance due. If you believe there is an error in your billing, please let us know as soon as possible so we can research the issue. Unpaid balances without a payment plan or partial payment initiated after 120 days will initiate a phone collections effort for recovery, and some identifying confidential information will be released in this process. This may negatively impact your credit. It is very important that you update your contact



information with us to ensure you are aware of your financial responsibility and receive your statements.

### **Assignment of Benefits:**

By signing below, 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, you irrevocably assign and transfer to Mindful Therapy Group and me 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 assignment of your or your child's, as applicable, appeal rights, fiduciary rights, rights to sue, 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.

Signature of Financially Responsible Party: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Date: \_\_\_\_\_

### **Notice of Privacy Practices:**

The Mindful Therapy Group Organized Health Care Arrangement Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. An electronic copy of this notice can be found on Mindful Therapy Group's website at [www.mindfultherapygroup.com/faqs](http://www.mindfultherapygroup.com/faqs).

### **Confidentiality and Access to Records:**

All information disclosed within sessions is confidential. It will not be disclosed to anyone without your written permission. Disclosure will be required when a client is a danger to self or others.

I will keep brief notes of your sessions. You have the right to a copy of your medical records at any time. A response to your request in be made within 15 working days; this complies with RCW 70.02.080.

My signature below is an acknowledgment that I am the client or the person authorized to consent to mental health treatment for the client and consent to services provided by Philip A Bower, MSW, LSWAIC, MHP, that I have read and understood the disclosure information and have received a copy of this disclosure form.

Signature Responsible Party: \_\_\_\_\_

Print name: \_\_\_\_\_

Signing on behalf of: \_\_\_\_\_

(if the patient is unable to consent)

Relationship to patient: \_\_\_\_\_

Client Name: \_\_\_\_\_

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

Date: \_\_\_\_\_