

Rebecca Wilkinson, MA, ATR-BC, LCPAT  
Licensed Professional Clinical Art Therapist ACT #044  
Board Certified/Registered Art Therapist #97-049  
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EIN: Creative Wellbeing Workshops #27-3681314  
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202 352 5225 (Washington, DC)  
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## **Disclosure Statement and Practice Agreement**

**Welcome.** Thank you for choosing to work with me! The following describes my credentials, outlines my policies and clarifies your rights as a client. Please read this form carefully. Please sign and keep one copy for your files. Feel free to ask questions or discuss the information at any time.

**Credentials:** I am a Licensed Clinical Professional Art Therapist (#ATC-044) with the Maryland Department of Health and Mental Hygiene. I am a Board-Certified Registered Art Therapist (#97-049) and a Credentialed Professional Member of the American Art Therapy Association and the Art Therapy Credentialing Board. I received my Masters in Art Therapy from George Washington University. I have worked in mental health as a therapist, clinical supervisor, consultant, and training/workshop facilitator with individuals, groups, and organizations since 1991. If you would like to see my resume or CV, please let me know and I will provide it.

**Individual Therapy/Consultation Session Length and Fees:** Individual sessions are 60 minutes, 90 minutes, or 2 hours in length. Fees will be stated up front and agreed upon by both parties. The hourly fee is \$200 per hour, \$290 per 1½ hour, and \$380 per 2-hour block. At times clients would like to check in briefly by phone or video for support/advice. I am available for 15 minutes (minimum) sessions at \$60/session.

**Couples/Dyad Session Length and Fees:** I also meet with couples and dyads (family members, business partners, friends, etc.). The fee is \$210 per hour, \$305 per 1 ½ hour, and \$400 per 2-hour block. At times, one or both of you may like to check in briefly by phone or video for support/advice. I am available for 15 minutes (minimum) sessions at \$65/session. If I meet with just one of you, the fee for the session will be at the couple's rate. If we determine in the long run that working with one of you individually is more effective than working with you both, we can discuss shifting to the individual rate.

**Video or Phone Sessions:** We may meet online through video conferencing or by phone. We will discuss this in advance to see if either of those methods are appropriate for your needs. Phone and video sessions are held for the same length of

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time and charged at the same rate as in-person meetings. Video sessions will be held using Zoom, a secure online interface. I will send instructions with a phone number that can be used to access the interface.

**Payment:** Fees are to be paid at each session upon receipt of service. You may pay with cash, check, or Venmo, Zelle, or Paypal. If you would like to pay with Zelle, just use my phone number 202-3525225. If you would like to pay with Venmo, my account number is Rebecca-Wilkinson-14.

Occasionally, clients who meet with me regularly and frequently have asked to be billed at the end of the month. If we establish this understanding, please pay the bill in a timely fashion.

If arrangements are made for a reduced fee for our work together, that will be agreed upon by all parties and put into writing.

If someone else other than you is paying for the sessions, a release for me to communicate with that person must be signed. You will be informed of and included in all communications that take place with that person. If the person expected to pay for your services does not pay the invoice, the final responsibility for payment falls upon you.

I do not engage collection agencies; however, I do charge a service fee if payment is not made within 3 months. If payments are outstanding for 3-6 months from time of service, a \$50 late charge assessed will be assessed. If it is longer than 6-9 months, there will be a \$75 late fee. If it is longer that 12 or more months, there will be a \$100 late fee. There will be a \$35 fee assessed for returned checks or credit card denials/charge reversals to cover processing.

**Late Policy:** If you are late for a session, we may be able to extend the session past the originally planned time, but the session may be shortened if I am not able to extend it past the allotted time.

**Cancellation policy:** If you are unable to make an appointment, please provide at least 24 hours of notice. The full fee for the session may be charged for late cancellations or missed appointments unless due to an emergency. If you miss a session and I have not heard from you, I will write an email and call you to inquire into your wellbeing. If I do not hear back from you within one month of that date, I will contact you by mail.

**Ending Treatment:** It is your right to end our work together at any time without any fear of repercussion. If you are willing and able to discuss this with me in advance, it may be useful for us both to identify what was and was not helpful for you as well as to set up strategies for ensuring that you are getting the support that you need in the future.

If we are working together regularly and I have not heard from you within a

reasonable period of time, I will reach out to you or your designated contact by phone or email to inquire into your wellbeing. If you would like to end our work together and have left any artwork with me, I will be happy to return it to you or you can come and pick it up at a previously arranged time. Because the artwork is often larger than a standard letter, I request that you cover the postage. I will send the receipt for the postage in the envelope with the artwork.

**Pausing Treatment:** Clients may pause and resume the work we are doing at any time. If there is a lapse of more than 3 months between our last session and the time we meet, I will ask you to sign a new practice agreement and update any forms such as releases and contact forms. There may also be an increase in the session fees if my fees have gone up since we first began working together. We can discuss if this will negatively impact your ability to afford therapy and ways to manage that.

**Other Fees:** There may be a charge for other services including consultation with other professionals which requires a time investment over and above what is standard and customary. This will be discussed and agreed upon in advance.

**Focus of Treatment/Consultation:** The course of our work together will involve collaborative decision-making and effort. We will frequently discuss and agree upon goals and we will review our progress to determine if the work that we are doing is effective and meeting your needs. Please let me know if there is something that you are wanting or needing from me in order to make our work together as useful and rewarding to you as possible.

**Health Insurance Claims:** I do not take reimbursement from insurance companies but if you submit an invoice to your insurance company, they may honor the service. It is important to know that insurance companies often require a mental health diagnosis and that only certain diagnoses qualify for reimbursement. I have no hesitation helping you determine if/whether your concerns qualify for such a diagnosis and have extensive experience in this area. We can discuss how to proceed if a mental health diagnosis does not apply to your situation.

If you are seeing me as part of a couple or family, insurance companies expect one of you to be the identified client. That person may also need to have a mental health diagnosis. As with individual therapy, in order for it to be reimbursed, that diagnosis will need to meet the insurance company's requirements. Again, we can discuss how to proceed if a mental health diagnosis does not apply to your situation.

**Hours and Location:** I am available all days of the week. If we meet in person (as opposed to online or by phone), I see clients at the Creative Wellbeing Workshops Studio in Washington, DC and at Caritas Center for Healing in Tucson. I am also able to meet with clients at their location for an additional fee of \$75 if the location is no more than 5 miles from my offices. If it is greater than that, there may be an extra fee for travel and time spent. This will be agreed upon in advance.

**Availability:** I will try to return calls and emails during business hours of the same or

next business day. If your call is urgent, please make that clear. If assistance is needed prior to my returning your call, please contact local emergency services. If setting up a support system for emergencies is important for you, please let me know and we can make provisions for those times. During times when I am unavailable for extended periods and you feel that you must speak with someone, you may contact my business partner, Art Therapist Dr. Gioia Chilton, PhD, ATR-BC, LCPAT, at 703-869-6395, Gioia@CreativeWellbeingWorkshops.com. We will discuss if this would be helpful to you in advance.

**Confidentiality:** All material discussed during the sessions is legally confidential. Your records are protected and cannot be disclosed without your written consent. However, I may consult with a clinical consultant or supervisory team regarding your case. On those occasions, characteristics that might reveal your identity will be withheld in order to ensure your confidentiality. **There are exceptions required by law, which are explained under the section below “Your Rights as a Client”.**

**Emails and texting:** Please note that confidentiality cannot as easily be ensured in email communications and through texts. Therefore, please exercise judgment with respect to what you include in these forms of communication and I will do the same. I do not provide advice or consultation through email for those reasons. If you have a quick question/concern that you would like help with, we may arrange to meet by phone for a short period of time in between sessions.

**Release of Information:** There are two releases that I require in order for us to work together. The first is permission to contact the person you list as your emergency contact. This release is limited to establishing contact and does not allow the emergency contact to access to any treatment records.

The second release gives Gioia Chilton, PhD, ATR-BC, LPCAT, LSAC, my business partner, permission to contact you in the event that something happens to me. This release also provides Dr. Chilton access to the records/artwork that are in my possession so that they can be confidentially managed if I am somehow incapacitated.

It may be relevant to your treatment that I exchange information with other professionals (other psychotherapists, psychiatrists, primary care physicians, etc.). In those case, a separate release will be arranged.

**Social Media Guidelines and Confidentiality:** Many of my clients have encountered me through events that I or Creative Wellbeing Workshops (CWW) has held in the community, through organizations that we collaborate with, and through word of mouth. This may create a dual relationship in which we encounter each other in different capacities. That does not mean that we cannot work together. If we do decide to work together, I will take extra measures to ensure that your confidentiality is maintained and that we clarify and explore any confusion that might arise as a result of any dual relationships.

Creative Wellbeing Workshops and Coloring Creates Wellbeing: The Desert Mandalas

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Coloring Book have Facebook pages which many of our clients “like”. You are welcome to do so; however, your name will then be available to the public on that page. I am not generally “friends” with clients on my personal Facebook page in order to ensure your confidentiality and to avoid confusion about our work together. If we are already “friends” on Facebook, we can discuss measures that we might take if needed in order to address crossover and confidentiality.

You are welcome to look me or CWW up on the internet and, if any questions arise, I am happy to answer them if it would be helpful in our work together. Clients occasionally request that I look up something about them on the internet, which I am happy to do as well. However, because confidentiality is often important to some of the clients we work with, it is important to know that internet searches may be stored in a computer’s cached memory and so it may be traceable.

**Creative Wellbeing Workshops Newsletter:** CWW sends an email newsletter each month that provides creative strategies for increasing wellbeing and announces upcoming workshops. We will only include you in the newsletter database after you have given us permission to do so. Your email address and information will not, under any conditions, be shared with any other organizations. If you are already in the database, you can stop receiving emails by unsubscribing from the list (instructions for doing so are in the newsletter); however, your name will remain in the database to avoid having it inadvertently sent to you in the future. If you would like your name removed from the database let us know.

### **Your Rights as a Client:**

1. You are entitled to information about any procedures, methods of service, techniques and duration of service.
2. You have a right to decide not to work with me at any for any reasons and to seek a second opinion from another professional at any time. I will provide you with the names of other qualified professionals whose services might be able to meet your needs.
3. You have the right to end services at any time without any moral, legal, or financial obligations other than those already accrued.
4. There are ethical standards which I am personally and professionally committed to upholding. For more information about these guidelines and codes or if you have any concerns in this area, please contact the organizations below.

**American Art Therapy Association** [info@arttherapy.org](mailto:info@arttherapy.org)  
(888) 290-0878 (703) 783-8468 fax  
4875 Eisenhower Avenue, Suite 240, Alexandria, VA 22304

**Art Therapy Credentialing Board** [atcb@nbcc.org](mailto:atcb@nbcc.org)  
(877) 213-2822 (336) 482-2856  
3 Terrace Way Greensboro, NC 27403-3660

**Maryland Department of Health and Mental Hygiene**

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**Board of Professional Counselors and Therapists**  
[www.dhmh.maryland.gov/bopc](http://www.dhmh.maryland.gov/bopc) (410) 764-4732  
4201 Patterson Avenue, Baltimore, MD 21215

5. Upon request, any records can be released to any person or agency you designate (with your written authorization). This is standard and customary and will incur no fees. Also, you may authorize me, in writing, to consult with another professional. Any fee for such services will be agreed upon in advance.
6. There are certain situations in which I am required by law to reveal information obtained during our work together. Although I do not need your permission to do so, I will involve you as much as possible in the process so that you have the most control that the situation will allow.

These situations are:

1. If you threaten bodily harm or death to yourself or another person.
2. If a court of law issues a legitimate subpoena.
3. If you reveal information relative to physical abuse, sexual abuse, or neglect of a child.
4. If you are in therapy by order of a court of law.
5. If you are involved in a criminal or delinquency proceeding.

**I have read and understand the above policies and agree to meet the financial obligations listed. I have received a copy of this disclosure statement for my own records.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(client)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(client/if more than one client)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(service provider)

(If you have received this document through email because we are meeting by phone or video, please send a signed copy of the agreement to the address I provide you or please scan the documents and send it through email).

**Client Information**

Creative Wellbeing Workshops, LLC

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

Name of additional clients (for couples and family):

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ best number to reach you

\_\_\_\_\_ other number

In case of emergency, please list the name, address, phone number and email address of a person you wish to have contacted (please state the nature of his/her relationship to you and please sign the release form below for your primary contact so that I have permission to reach out to that person in an emergency):

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If someone else is paying for your sessions, please include his/her information below and, please have him/her also sign the release of information form that is in this packet.

Name and relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ best number to reach him/her

\_\_\_\_\_ other number

**HIPAA Authorization and Consent for Release of Confidential  
Information to Primary Contact and/or Billing Contact**

Creative Wellbeing Workshops, LLC

I, \_\_\_\_\_ (Client) hereby give my consent to **Rebecca Wilkinson**  
(Provider) to release the following information to \_\_\_\_\_  
(Name of Primary Contact) at \_\_\_\_\_ (phone number) and/or  
\_\_\_\_\_ (email).

**Type of information:**

- ✓ **Financial/Billing**
- ✓ **Current Location/Status**  
Mental Health/ Psychological Evaluation  
Records of Treatment  
History/Physical

I have read the above and understand that I may refuse to sign this consent without fear of repercussion. If I do agree and hereby voluntarily consent to the release of this information, it will be used for the sole purpose stated above.

I have read the above, understand, agree, and hereby consent to the release of this information for the sole purpose(s) stated above. I understand that I may revoke my consent at any time by notifying the provider in writing. Revocation will be effective upon and after the date that the revocation is received by the provider. Any documents released previous to that date are considered to be authorized and approved by me.

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_

\_\_\_\_\_  
Signature of CWW Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of CWW Provider

\_\_\_\_\_



**HIPAA Authorization and Consent for Release of Confidential Information to Rebecca's Business Partner Gioia Chilton (required)**

Creative Wellbeing Workshops, LLC

I, \_\_\_\_\_ (Client) give my consent to **Rebecca Wilkinson** (Provider) to release the following information to **Gioia Chilton 703 869 6395** **GioiaChilton@gmail.com** (Person or Agency).

**Type of information**

- ✓ Financial/Billing
- ✓ Current Location/Status
- ✓ Mental Health/ Psychological Evaluation
- ✓ Records of Treatment
- ✓ History/Physical

I have read the above and understand that I may refuse to sign this consent without fear of repercussion. If I do agree and hereby voluntarily consent to the release of this information, it will be used for the sole purpose stated above.

I have read the above, understand, agree, and hereby consent to the release of this information for the sole purpose(s) stated above. I understand that I may revoke my consent at any time by notifying the provider in writing. Revocation will be effective upon and after the date that the revocation is received by the provider. Any documents released previous to that date are considered to be authorized and approved by me.

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_

\_\_\_\_\_  
Signature of CWW Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of CWW Provider

\_\_\_\_\_

**Permission to send you the Creative Wellbeing Workshops Newsletter**

Please sign below if you would like to receive the monthly Creative Wellbeing Workshops Newsletter. Signing confirms that you understand that your name will be included in the CWW database. Your email address and information will not, under any conditions, be shared with any other organizations. You can unsubscribe from the newsletter at anytime and, if you want your name removed from the database, please let us know at [Rebecca@creativewellbeingworkshops.com](mailto:Rebecca@creativewellbeingworkshops.com).

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

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