



Coral L. Blankinship, MSW, LSWAIC, MHP

License #: SC60881452

My therapeutic approach is guided by harm reduction, feminism, anti-racism, anti-ableism, gender affirming, body/sex positive, weight neutral and grounded in resiliency and person in environment. I create a safe therapeutic relationship in which I meet my client(s) where they are at so they can live authentic lives that are congruent with their values and who they are. My methods are informed by a variety of clinical orientations: Psychodynamic therapy, Family Systems therapy, Structural Family Therapy, Cognitive and Dialectical Behavioral therapies, Motivational Interviewing/ Enhancement Therapies and Mindfulness.

Education and Training

I received my master's degree in Social Work with a concentration in Children, Youth and Families from the University of Washington in Seattle, Washington in June of 2018. I worked with clients with co-occurring mental health and substance use disorders when I worked for Downtown Emergency Services Center (DESC) as a Behavioral Mental Health Case Manager while I was in graduate school. I worked in child welfare for three and a half years with an anti-oppressive lens to build resiliency for the health and safety of families and children. Since October 2019, I have been a Mental Health Therapist working with children, teens and adults with post-traumatic stress disorder, depression, anxiety, co-occurring disorders, and schizophrenia. I am a licensed Clinical Independent Social Worker Associate under the supervision of Jennifer Lee, MSW (License # LW00007904).

Billing and Appointments

Payment is expected at the time of service. I do not directly bill insurance, but you may be able to request reimbursement for all or part of what you paid me out of pocket using your "out of network" benefits. I cannot guarantee that my services will be covered or reimbursed by your insurance.

The frequency of appointments will be arranged by mutual agreement. Failure to give me 24 hours' notice for cancellation may result in you being charged for the full session fee.

Client Responsibilities



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You are responsible for coming to your appointment on time at the time we scheduled. Sessions last for 50 minutes. If you are late, we will end on time and not run over into another person's session. If you miss a session without canceling or cancel with less than 24 hours' notice you will be charged for the full fee of the session. If you no show for two sessions in a row and do not respond to my attempts to reschedule, I will assume you have dropped out of therapy and make space for another client.

Fee Schedule

Because I believe in equity and access to mental health services, I keep my fees low. If you are not able to afford the fees, please discuss this with me. I may have limited sliding scale slots available.

Fees	
Intake/ Assessment (1.25 hours)	\$120.00
Therapy (1 hour)	\$100.00
Half an Hour Crisis Call Ad On	\$60.00
Forty-Five Minute Therapy Session	\$75.00
Formal Reports (Writing Per Hour)	\$100.00
Daily Court Fee (if required to be present or testify in court)	\$1200.00

Client Rights

You have the right to be (1) treated with respect and dignity; (2) Develop a plan of care and services which meets your unique needs; (3) Refuse any proposed treatment; (4) Receive care that does not discriminate against you and that is sensitive to your gender, race, national origin, age, disability and sexual orientation; (4) Be free from any sexual exploitation or harassment; (5) Review your case record; (6) Confidentiality; (7) Choose counselors who best suit your needs and purposes.



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There are benefits and risks involved in therapy. Since therapy often involves discussing troubling aspects in your life, you or your child may experience uncomfortable feelings such as sadness, guilt, anger, shame, frustration, loneliness and helplessness. Some see positive changes right away; others say it may get worse before it gets better. It is normal for intense emotions to arise within the therapeutic relationship.

If you have a complaint about my work, please bring it to my attention as many conflicts that arise in therapy may be discussed in honest discussion. In Washington State the Department of Health is charged with the task of regulating the healthcare professions. For further information or complaints contact: Health Professions Quality Assurance, Customer Care Center, PO Box 47865, Olympia, WA 98504, Email: hpqu.csc@doh.wa.gov, Phone: (360)236-4700; Fax: (360) 236-4818, www.doh.wa.gov.

About Therapy

You as an individual have a right to treatment and a right to choose a practitioner and treatment modality that best suits your needs. You have the right to stop treatment at any time. If you stop treatment, you will not be required to explain why you stopped treatment. Counselors practicing counseling for a fee must be registered or certified with the Department of Health for the protection of public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The purpose of the Counselor Credentialing Act is (A) to provide protection for the public health and safety; and (B) To empower citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. This subsection does not grant clients new rights and is not intended to supersede state or federal laws or regulations or professional standards.

Confidentiality

No information is released to anyone without your written consent unless it is required by law. Mandatory reported includes suspected child abuse and neglect and vulnerable adult abuse as well as evidence of planned acts of violence towards oneself and others. I am required to take steps to ensure the safety of clients or others. If your records are properly subpoenaed and/or I receive an appropriate order by the court, I may need to disclose information about your treatment to the court.

Other exceptions to confidentiality include exchange of information to third party payers.

It is best practice for therapists to consult with clinical supervisors or other clinical staff about your case. In these instances, the information disclosed will be limited to the



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minimum necessary. Other healthcare professionals are held to the same confidentiality standards.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse of under RCW 26.44 or vulnerable adults under RCW 74.34.

Because we may live in the same city, it is possible that you will see your therapist in the public. To protect your confidentiality, I will not address you by your name, unless you address me. To maintain therapeutic boundaries, I will not discuss therapeutic content outside of a therapy session or confidential phone call.

Social Media Policy

Legal and ethical standards do not allow therapists to engage in personal and social relationships with clients. For this reason, I will not connect with you or “friend” clients or their families on social networking sites including but not limited to: Facebook, Twitter, Instagram and Linked in.

Minors

In the State of Washington, minors consent to counseling services beginning at the age of 13 years. An adolescent between the ages of 13 and 18 may obtain counseling without parent permission and grants the minor confidentiality. Parents of a minor between the ages of 13 and 18 may initiate an assessment and limited treatment for an adolescent without the adolescent’s consent (RCW 71.34.650). Parents of minors under the age of 13 may request the records of treatment. To maintain the therapeutic relationship with the therapist and the child, I advise that parents allow discretion with the respect of disclosure of the child’s therapeutic information to the parents. A threat of safety to self or other is an exception.

Treatment of Children of Divorced or Separated Parents

For families with residential schedules (shared custody, parenting plans, etc.), both parents are invited to participate in the child’s treatment. For under the age of 13, the consent of both parents clinically indicated to initiate treatment, consistent with court orders or parenting plans. In some cases, treating children over the age of 13 will require consent of both parents.

Parent consultations with both parents are encouraged (but not required) every 4-6 weeks or as clinically indicated. Both parents have a right to know how often the child will be seen for therapy unless there is a legitimate safety concern or as restricted by the court. In order to keep the treatment child focused and to reinforce the sole purpose of child therapy (to provide a safe place for children to work through feelings), in parent consultation sessions, the therapist will not disclose information from the sessions to the



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other parent (with the exceptions and exceptions of confidentiality or as it relates to the treatment plan or progress).

Electronic records, Communication Storage and Telephone System

I use a HIPPA telehealth platform. I have entered a HIPPA Business Associate Agreement with the platform. Because of this agreement, the platform is obligated by federal law to protect these communications from unauthorized use or disclosure.

Telehealth

When using telehealth to provide services, my competence as a telehealth practitioner and the wellbeing of the client remain primary. I will continue to assess the relative benefits and risks of providing psychotherapy services using telehealth. I will continually assess client familiarity and comfort with telehealth, access to the internet, and the use of technology to meet the needs of the client.

I participate in ongoing continuing education regarding telehealth best practices, to ensure I am communicating effectively while using telehealth to provide services, handle emergency situations from a remote location, and ensure the technology is in working order to provide effective services and avoid disruption.

Safety

The client(s) must complete a basic safety plan, including identifying one or two emergency contacts in the event of a crisis during our sessions, prior to the first telehealth session.

Contacting Your Therapist

Coral can be reached at (971) 249-2320 and will make every effort to return your call within 24 hours Monday through Friday. Please limit to arranging appointments and/ or emergencies. You may also contact your therapist via email, however, please be advised that email may not be a confidential form of communication.

There will be no additional charge for infrequent communication regarding scheduling or other matters. However, phone calls and emails of 15 minutes or more will be billed in 15-minute increments.

Crisis

If you are in a crisis and require immediate assistance, please call the 24-Hour Crisis Line at 866-4CRISIS (866-427-4747) 206-461-3222 TTY/TDD for the Deaf 206-461-3219 or 9-1-1 if you are in acute crisis.



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Acknowledgement and Consent to Treatment, by signing my signature below I acknowledge that, I _____ have read and understand the disclosure statement of Transformational Therapy, PLLC and have had an opportunity to ask questions about it, and I have received a copy for my records.

I consent to receive Psychotherapy from Transformational Therapy, PLLC dba Coral L. Blankinship, MSW.

Client Signature

Date

Social Worker/ Therapist Signature

Date