



Southside Counseling

WELCOME TO THE OFFICE

Please take a moment to fill out the Client Information Form, review the Disclosure Statement, and the following Office Policies. Review and sign the form to acknowledge your understanding and acceptance of these policies. I invite discussion of any aspect of my training, focus of treatment, or policies.

My services are multi-disciplinary and include whatever consultation and collaboration is appropriate for good assessment and treatment. Your Primary Care Physician, School, or Specialist may be consulted with your permission and involvement. Psychiatric consultation can be arranged. I also refer regularly to Licensed Massage Therapists, biofeedback specialists, Clinical Psychologists for additional psychological and educational testing, Naturopaths, and other specialists. I enjoy working “as a team” as much as possible, and this is necessary also in this day of managed care, and for quality assurance.

My approaches are varied, as noted in my Bio/Disclosure Statement. I will work collaboratively with you and your Primary Care Physician and/or ARNP (Nurse Practitioner) to determine the approach(es) which “best fit” for you, and the issues you present.

My practice is by appointment. If you have a crisis, I will get back to you as soon as possible; however, I think it is imperative that you have other “support systems,” such as your PCP, a friend, family member, or other person who can provide support and assistance to you. I have a small practice, which is part-time. Emergencies may necessitate contact with your PCP or call First Call For Help at (509) 838-4428. My crisis # is: (509) 481-5590.

An atmosphere of trust is important to healing. The information you share, your Records, are confidential. Washington Administrative Code regulates Medical Records, and you have the right to review them, and release them by your permission. A legally sanctioned subpoena or requirements of Child and Adult Protection laws are exceptions. Insurance companies periodically ask for information, such as a diagnosis and/or treatment plan. I will review these requests with you personally.

Payment is expected at the time of service or by arrangement. **PLEASE check your own insurance policy for Mental Health requirements; some insurances require Pre-authorization** and my small office does not have time to check every insurance regarding each specific policy. Please keep your account current. An 18% per annum charge interest may be added to accounts with no action after 90 days. Your account will be handled in the same manner as other medical offices.

PLEASE give 24-hour notice if you cannot make your appointment! Your appointment time is reserved for you. If you call in less than 24 hours, I do not have time to call people waiting for an appointment, and often it is hard for someone on the waiting list to make last minute arrangements. The first late cancellation will result in a \$40 charge; thereafter, missed appointments will be charged at my Individual Session rate (\$115). I cannot bill insurance for NO SHOWS. Your first (Intake) session is \$150. *Note: my fee schedule can also flex to accommodate your special circumstances.*

If your therapy involves report writing, conferencing by phone or at another location, you will be charged specifically for the time required at my regular rate. Insurance generally does not reimburse for this. Also long distance calls may be added to your account.

Thank You for your Cooperation.

SIGNED _____ DATE _____