

COUNSELING SERVICES

Welcome! Please feel free to always ask any questions about office policies or therapy not answered in this statement. The state laws which license psychologists and counselors require that each new client receive the following information and disclosure, and that this be acknowledged in writing.

Therapist

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Appointments & Fees

Appointments are 50-53 minutes in length and the fees for professional time spent in therapy, consultation or evaluation, are \$120 per individual and \$145 per couple.

In addition, there may be charges for telephone conversations which are longer than ten minutes, scoring and interpretation of psychological tests; reports or letters to doctors, attorneys, agencies, employers, etc. It is important to be on time because your appointment will not be extended beyond the scheduled time as a result of a late arrival. Your appointment time is held exclusively for you. If you are unable to keep your appointment for any reason, please give us at least 24 hours advance notice to cancel. However, 48 hours or more cancellation time is preferred. If you do call to cancel, and it is less than 24 hours before your appointment time, the charge is half the cost of a session. If you cannot keep your appointment and do not call to cancel, you will be charged full price of a session. Insurance will not pay for charges associated with cancelled appointments.

Payment

In general, payment is due at the time services are provided. If we have established a special payment plan, then payment is due as specified in the plan. A monthly finance charge of 1.5% (minimum \$2) will be charged on all accounts over 30 days old. Accounts on which payment has not been received for 60

days, following termination of services, will be sent to collections. Results or reports will not be released if accounts have not been paid in full. A \$20 fee will be charged for all returned checks.

Insurance

Some insurance plans cover psychotherapeutic services. It is recommended that you check with your insurance company to see whether you are covered. We are happy to submit claims to your insurance; simply provide us with your insurance information.

Fees paid for psychotherapy may be deductible as a medical expense if you itemize deductions on your income tax return. Your cancelled check is a sufficient receipt.

Confidentiality

All issues discussed in the course of therapy are strictly confidential. By law, information concerning treatment or evaluation may be released only with the written consent of the person treated or such person's parent or guardian. However, the law requires the release of confidential information in three situations: suspected child or elderly abuse, serious suicidal intent, or threatened harm to another. In addition, in certain select circumstances, the court may subpoena treatment records. For any release of confidential information, I will try to discuss with you in advance.

Responsibility and Professional Standards

Counselors practicing counseling for a fee must be registered, licensed, or certified with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

Ultimately, we are all responsible for our own growth and change. The results of therapy cannot be guaranteed as they depend on a large number of factors over which a therapist has no control. On occasion, things may seem to get worse before they get better. It is important, however, to express any concerns that you have if what is happening in treatment does not feel helpful. You certainly have the right to terminate treatment at any time or to refuse to participate should you find any aspect of therapy objectionable. My commitment to you is to provide services which meet the highest ethical and professional standards. I am fully accountable for my services. If at any time during treatment you feel that there has been unethical or unprofessional conduct, you may contact Washington's Health Professions Quality Assurance Division. It is your right to choose a counselor who best serves your needs and purposes. I look forward to working with you and hope I can be of service to you.

Regarding our clinic's communications with you, please indicate with an "x" if we have your permission to leave you a message on your:

____ Cell phone (voice mail or text)

____ Land line

____ Email

Signatures & Acknowledgment

I have read, understood, and received a copy of this client information statement.

(print name) (signature) (date)

(print name) (signature) (date)

Release of information

I authorize the release of any medical and psychological information necessary to process the claim and payment of insurance:

(signature) (date)

CLIENT CONTACT & INSURANCE INFORMATION

Date: _____

How did you find us: _____

Patient Information			
Last Name:	First Name:	M.I.:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:		
Street Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Email:			
Emergency Contact Information			
Contact Name:		Relationship to Patient:	
Contact Phone #1:		Contact Phone #2:	
Insurance Information			
Subscriber Name:		Relationship to Patient:	
Insurance Co:		ID #:	
Group #:	Deductible:	Co-Pay:	No. of allowed sessions:
Is patient covered by additional insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			