

Mark Dooley Psychotherapy
MA, MES, LMHC, CMHS
119 N Commercial Street Suite 1410 Bellingham, WA 98225 (360) 303 0695

PROFESSIONAL DISCLOSURE

I received my Master's degree in clinical psychology from Antioch University Seattle in 2002. I am a Licensed Mental Health Counselor in Washington State, license number LH00009203. I am also a Child Mental Health Specialist, a Washington State Approved Clinical Supervisor, a Certified WA Coalition of Sexual Assault Programs Provider, and hold a Master of Environmental Studies from The Evergreen State College, 1993. I participate in at least 18 hours per year of WA State approved continuing education.

I see individuals, couples, families, and children for psychotherapy and counseling, and emphasize an honest and open therapeutic relationship as a vehicle for positive change. I strive to discover and apply what is necessary and works best for each client, whether this be problem-solving, seeking meaning, symptom reduction, psychoeducation, crisis intervention, optimizing communication, examining family systems, mindfulness/relaxation, dream work, connecting with nature, or any other of various approaches in which I am trained. If I find I can not effectively meet your treatment needs I will refer you to an appropriate provider. I value feedback as to what is and is not effective.

If you experience an urgent mental health crisis, please call the Associates in Mental Health (AMH) Answering Service at (360) 715-2470 and they will attempt to connect you with me or my covering therapist as soon as possible. Also, you may call the Care Crisis Response Services 24-hour crisis line at (800) 584 3578. In case of any life-threatening emergency, call 911 immediately and/or proceed to the nearest emergency room.

For sake of personal and public safety. If you are symptomatic with a contagious or possibly contagious illness prior to a scheduled office visit, please notify me so that we may conduct our session over video. I will offer the same consideration in return.

Please note that electronic communication is not secure and I cannot guarantee that information transmitted will remain confidential. **With suicidal clients**, I will notify emergency services for a wellbeing check if an appointment is missed and I have attempted to establish contact twice without a return phone call or text message.

As a client, you have a right to complete privacy except in the instances mentioned below. All information you reveal will be kept confidential, including information from written records. Should exchange of information be needed, a written consent must be signed by you. In certain situations, the law requires that information may be disclosed without your permission. If you threaten grave bodily harm or death to yourself or another person, the law states that I may inform certain people or agencies. If there is reason to believe that child abuse or neglect or abuse of someone who is unable to protect him-, her-, or herself is occurring, that information must be reported. If the court issues a legitimate subpoena, it is required that the information required be released. Regarding all other uses and disclosures for which an authorization or opportunity to agree or object is not required, including specialized government functions, please see HIPAA 164.512.

I regularly participate in professional, confidential consultation with other mental health professionals in a variety of specialty areas including psychiatry, multicultural issues, ethics, and treatment planning. In the case of consultation, non-clinical identifying information, including client names, are not disclosed without written client consent. I maintain chart notes exclusively as required by the WA Administrative Code and second party payors.

Washington State Law provides a complaint procedure through the Department of Health. If you believe there was a breach of ethics in your therapy you can write to P.O. Box 47857, Olympia, WA 98504-7857, or phone (360) 236-4700.

The fee for psychotherapy is \$160 per 53 minute session, due at that session if not billed to a second party payor. Insurance copays are also due at each session. For all other services, including phone calls beyond a typical brief check-in, I bill hourly at this rate, excluding initial intake sessions at \$220 and court/legal services at \$220 per hour. Court appearances include all preparation, consultation, travel, and lost work time at a minimum retainer of \$1600. House calls include a \$30 fee and travel time pro-rated at my hourly rate. Letters and treatment summaries are billed hourly at a minimum of \$40. Clients maintain all responsibility for any fees unpaid by health insurance. I refer unpaid accounts to the Physicians and Dentists Credit Bureau. In certain instances, with a written statement of need, I do offer a sliding fee scale. **If an appointment is missed or cancelled without 24 hours notice I will charge the full fee of our agreement.**

I have been provided with a copy of and understand Mark Dooley's Professional Disclosure and Financial Policy Statement and have had an opportunity to ask any questions or voice concerns.

Signature of Client or Legal Guardian _____ Date _____

Name of Client or Legal Guardian _____ Date _____

Signature of Mark Dooley _____ Date _____

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TREATMENT CONSENT

I have read Mark Dooley's Professional Disclosure and Financial Policy Statement, and have had an opportunity to ask any questions or voice concerns. I hereby give my consent for therapeutic work with Mark Dooley.

_____ (initials)

I hereby give my consent for therapeutic work with Mark Dooley for the following family members as collateral participants in my treatment:

Signature of client or legal guardian

Date

Name of client or legal guardian

Date