

Bridget M. Gordon, LICSW
1715 C. Street
Bellingham, WA 98225
(360) 647-2616

AGREEMENT FOR THERAPEUTIC SERVICES

APPOINTMENTS: Therapy sessions are generally scheduled for 50 minutes (unless alternative session lengths are arranged and scheduled by you and I). It is important that you arrive on time, as sessions can not be extended to compensate for late arrival.

CANCELLATIONS: If you must cancel an appointment, please do so at least 24 hours prior to your scheduled time. Unless you have experienced an emergency, you will be billed for the fee of one session for either not notifying me to cancel, or not canceling within 24 hours of your scheduled time.

TELEPHONE MESSAGES: You may call 647-2616 at any time and leave a message on my voice mail. Because I am often in session, I may be unable to take your call directly, but I check my messages frequently. If I am out of town, I will have another professional cover for emergencies. If you need immediate attention, contact Care Crisis Response Service (1-800-584-3578) or St. Joseph Hospital Emergency Room (360-734-5400).

CONFIDENTIALITY: Washington State Law insures the confidentiality of our therapy relationship with the following exceptions: (1) suspected child abuse; (2) serious risk of harm to self or others. In certain situations, the court does have the right to subpoena treatment records. In the event of a potential subpoena, this process will be discussed with you.

REQUIRED STATEMENT: Washington State requires the following additional statement and information: Counselors practicing for a fee must be registered or certified with the Department of Health (Professional Licensing Services) for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor does it necessarily imply the effectiveness of any treatment. The purpose of the law RCW 18.9 regulating counselors is: (A) to provide protection for public health and safety; and (B) to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct (see attached brochure). You may have the right to discipline recourse under this statute and may direct correspondence to the Department of Health, Counselor Program, PO Box 47869, Olympia, WA 98504-7869, (360) 236-4902.

FEES AND PAYMENTS: Fees will be discussed with you at the time of your first appointment. The fee is due at the time of service, unless other arrangements are agreed upon in advance. The standard fee for individual therapy is \$110.00, and \$120.00 for couples or family therapy. The initial appointment/assessment is \$130.00. Please plan to pay required fees, such as co-payments, at the time of each session. You need to assume responsibility for charges not covered by your insurance company, including any necessary legal fees for collections on your account.

Your signature below signifies that you have read, understood, and received a copy of this disclosure statement. Your signature does not obligate you to continue services, nor does it incur any financial responsibility, except for services already rendered. The objective of this disclosure statement is to clarify both your responsibility, and the responsibility of the therapist in the provision of therapy services. I thank you for your cooperation in this process and welcome the opportunity to work with you.

Client Signature

Bridget M. Gordon, LICSW
License # 020704 LW00006873

Date

Date