Keith E Poynter, MA LMHC - 1903 D Street, #3 Bellingham, WA 98225 - PH 360-410-1751

TERMS OF SERVICE & CONSENT TO TREATMENT

Counselors practicing counseling for a fee must be registered with the Department of Health or certified by the Department of Health for the protection of the public health and safety. The following information is required to be provided prior to commencing treatment.

Washington State Department of Health Information: *WA State License # LH60067868*

Treatment Philosophy: Counseling methods will encompass a variety of techniques formulated by my experience as a counselor, mentor, and guide. Treatment techniques will also be adapted to your needs, augmented with problem solving methods, mental health therapy, and assignments geared to helping you work through present day issues. Treatment will include, but is not limited to: Individual counseling, group treatment, psycho-educational sessions, family counseling/consulting, couples counseling, relationship coaching, and discharge planning. I will also work with clients in an *outdoor setting* when appropriate utilizing local parks and walks to town. There are inherent risks in leaving the office and I will do my best to mitigate those risks and maintain a safe learning/counseling environment. My role as a counselor is to serve you as the client in recognizing impediments to mental and emotional health and to helping you address them with a discriminating awareness that encourages movement towards overall health.

Counselor education and training: I hold a BA in Sociology from the University of Georgia, and a MA in Transpersonal Psychology from Naropa University, Boulder CO. I have worked in a wide range of settings for over 15 years utilizing an eclectic and experiential based approach. My work as a counselor is influenced by formal training I have received in Gestalt Therapy, Somatic/Body Centered Psychology, Wilderness Therapy, Mindfulness Training, & Contemplative Psychology. I embrace a therapeutic approach that emphasizes mindfulness, acceptance/non-judgment, and present moment awareness. I am a member of the Associates in Mental Health (AMH).

Confidentiality & Privacy: Conversations between the client and counselor will not be disclosed without client's written consent, unless such disclosure is required or permitted by law. ***By law I am required to report actual or suspected child or elder abuse to appropriate authorities. I am also bound to protect anyone you might threaten with violence or physical harm, including yourself.*** If a legitimate court order is issued, or your treatment is ordered by the courts, I am obligated to share information about your treatment with appointed court personal. Your case may be clinically reviewed in a professional/clinical meeting. Discretion will be utilized and every effort will be made to maintain confidentiality when working with professionals who support my work as a counselor.

Attention: If you chose to communicate identifiable information by e-mail, text, other online mediums you are consenting to associated risks. E-mail/online sites are not secure and I cannot guarantee that information transmitted will remain confidential. Phone communication is preferred for this reason.

Fees:
$115.00 per 55 minute individual, couples, family counseling session (90837, 90847)
$130.00 for initial interview and assessment (90791)
$65.00 for first missed appointment, no show, or late cancellation*. Thereafter, FEE at counselor's discretion - full session charge ($115) may be assessed for missed appointments.

Please note that as the recipient of services, the listed "responsible party" is responsible for all charges not paid for by your insurance company. Fees will be charged to the client or party responsible for payment. Please note that as the recipient of services, the listed "responsible party" is responsible for all charges not paid for by your insurance company.

***Cancellation Policy:** Client/Client Guardian/Responsible Party will be responsible for notifying me by **PHONE** when there is the need to cancel or reschedule an appointment - Email is NOT an accepted form of canceling/scheduling appointments. Unless there is a legitimate emergency, **24 hours notice** is required to avoid being charged a late cancellation fee. **A PHONE CALL/TEXT MESSAGE MUST BE** placed during office hours (Monday-Friday 10:30AM - 6:30PM). Calling after office hours the day before or the day of the appointment will be considered a late cancellation and a fee will be charged.

Important Note Regarding Payment by Health Insurance: Please provide an authorization number at time of intake. There is often a pre-authorization requirement for mental health counseling services. Failure to obtain prior authorization may result in non-payment by insurance company and ***you will then be responsible for payment***.

Financial Hardship/Sliding Scale: A sliding scale for payment is available to clients experiencing financial hardship. *Proof of financial hardship must be provided to counselor to be considered eligible*

Discharge Policy: If a client consistently misses appointments and does not commit to the counseling process, I may discharge client. As well, during the initial assessment and formation of counseling relationship it may be determined that I cannot provide the requested services and client will be discharged and a referral made. Additionally, if the client is refusing to pay for services rendered I may discharge the client from my counseling services at any time. Referrals will be offered.

Complaints: If for any reason you are dissatisfied with my services, please let me know. If I am not able to meet your needs after further discussion, I will seek out appropriate referrals that can better support your needs. As well, you may report complaints to: The Examining Board of Psychology, Department of Health, PO 47869, Olympia WA 98504.

Emergencies/Contact: Messages can be left for me on my confidential voicemail at any time. My office hours are M-F 10:30 am to 5:30 pm. I can be reached to make or cancel an appointment at 360-410-1751. If I am not available and you need immediate support you can call my answering services at 360-715-2470 or dial 911 for assistance with life-threatening emergencies and crisis.

Signature(s) below indicates that I (client/guardian/responsible party) understand what I have read and that I consent to treatment and terms of services provided by Keith E. Poynter, LMHC and that I have reviewed this information with my counselor and have been offered a copy of this form.

SIGNATURES:

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Client's Signature Date

_____

Client's Guardian/Parent *(*Required if under 13)* Date

_____

MH Counselor's Signature Date Date

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