

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

PROFESSIONAL DISCLOSURE AND FINANCIAL POLICY STATEMENT

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.

I only communicate with clients via email when other means of contact are not feasible. Please note that email is not secure and I cannot guarantee that information transmitted will remain confidential. **My use of text messaging is limited to canceling or scheduling appointments**, not to communicate in a therapeutic manner with clients or anybody related to clients. **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.

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- 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 \$140 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 family therapy sessions at \$160, 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 DISCLOSURE AND FINANCIAL POLICY INFORMATION.

Signature of Client or Legal Guardian _____ Date _____

Name of Client or Legal Guardian _____ Date _____

Signature of Mark Dooley _____ Date _____