

Beth Johnson, MEd, LMHC
Licensed Mental Health Counselor

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Bellingham, WA. 98225
360-647-5358

Disclosure Statement, Terms of Service, and Consent to Treatment

Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy, and methods and service policies. It is your right and responsibility to choose a provider that best meets your needs. To help make your choice and to help facilitate our work together, here is some information about me and my therapy practice. Please read the information carefully and ask me to explain anything you do not understand. This document, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to read and sign this document before we begin therapy together.

I earned my Bachelor of Arts degree in Psychology in 1990 from Western Washington University. I also completed an internship at Skagit Domestic Violence and Sexual assault Clinic at the same time.

I hold a Master's degree from City University earned in 1994. I am a licensed (previously certified) therapist in the state of Washington since 1997. My license number is LH00005284.

I work with adults by using an eclectic approach that involves helping clients understand present thoughts and feelings based on their early developmental care, exploration of abuse and trauma histories, reframing beliefs, building positive self-image, recognizing options, learning about positive life choices, and building support systems. I use varied "systems" frameworks to help people meet needs in their family system, communicate with others clearly and with respectful assertiveness, and updating expectations.

Telephone calls may be answered by confidential voice mail. Because I am most often with clients, it may be difficult to reach me directly by phone. I will always return your call as promptly as possible. In the event of a crisis after hours you may contact the care crisis line at 1-800-584-3578. In the event of a life-threatening emergency, you may call 911 or proceed to a hospital emergency room. I am available by telephone calls, text and confidential voice mail. Please remember that texts are not HIPPA compliant so I cannot protect your confidentiality on that platform.

Within the limitations discussed below, the information you relay to me during our professional relationship will be kept confidential and will not be released without your written consent. By law, I am required to report actual or suspected child, elder, or disabled persons abuse to the appropriate authorities. I am also legally bound to seek protection for you or anyone else that is in imminent risk of harm by you. If a legitimate court order is issued, I am obligated to share information about your treatment. Please be aware that your case may be reviewed in consultation groups with other mental health professionals. Every effort is made to preserve your confidentiality during these consultations. Additionally, other therapists may provide clinical coverage when I am out of town. Some information may be shared with them so they will be better prepared to assist during any of my absences, if necessary,

It is always appropriate for you to raise concerns you have about your therapy. You have the right to request a change of therapy, a referral to another therapist, or the discontinuation of therapy. I hope you feel free to ask questions and seek clarification at any time you are unsure about what is happening or why. If you have a complaint and feel I have not been responsive, you may contact the Washington State

Department of Health, counselor Certification Division, P.O. Box 9649, Olympia, WA. 98504 or, by telephone, (206) 753-1392.

Intake assessments are 60 minutes long and therapy sessions are 55 minutes long unless agreed upon. Your session begins at the scheduled time, not when you arrive. Should my hourly rate increase, you will be responsible to pay whatever my current hourly rate is at the time I provide any additional professional services. Payments and co-payment for insurance should be made at the time of the appointment, unless we have specifically agreed another method of payment. I reserve the right to charge for telephone calls in excess of ten minutes, court appearances, clinical reports, and to charge interest for late payments. Intake assessment appointments will be billed at \$200.00/session and individual and family sessions are billed at \$150.00/session. I will provide case management services which will be billed at hourly rate of \$100.00 and needs to be paid by the client. Most insurance companies do not pay for these services. **I do not carry balances for bills incurred (other than insurance payments that are pending) past 30 days of time of service. Please bring co-payments and deductible payments to your session. Bills that are overdue by three months and no effort has been made to make payment arrangements will be sent to Physicians and Dentists Credit Bureau for further collections effort.**

Some insurance plans cover the services of mental health counselors. You are responsible to discover whether your insurance company will cover my services. Please call your insurer and inquire whether your policy covers the services of a Licensed Mental Health Counselor, whether you need a physician's referral prior to seeing me, and what type of payment you are responsible for. In the case of certain insurance providers, I will do the billing for you, and you will only be required to pay the co-payment, if any. An agent of your insurance company or third party payer may require me to give information about your type, cost, treatment goals, dates of service and your progress in therapy if you are covered by insurance or EAP for services.

Because your appointment time is set-aside just for you, **you will be charged for any session that you miss unless you give me 24 hours notice. There are no exceptions.** After three "no shows" to scheduled appointments I reserve the right to terminate therapy and will provide you with therapists who might better meet your needs. Please note that if your insurance company covers my services or by a government agency, they will not pay for late cancellations or missed sessions, and you will be responsible for those charges. Sessions that are scheduled and not attended will be billed at the present therapy rate. Sessions cancelled without 24 hour notice will be billed at half the session rate. These fees need to be paid at the following scheduled therapy appointment. I charge \$25.00 for returned checks fees.

I have read the above information and have had the opportunities to ask questions and request copies about this form. I agree to the terms of services. I authorize Beth Johnson, MEd, LMHC to provide information to my insurance company or governmental insurer as necessary to support claims for reimbursement. I understand my obligation to pay for appointments missed or canceled without 24 hours notice. My signature below shows that I understand and agree with the above statements. By signing below, my therapist can keep my signature on file for payment of insurance benefits

Client signature

Date

Therapist signature

Date