

Leslie A. Clawson, LICSW
1101 Harris Avenue #27
Bellingham, WA 98225
Registered Counselor # RC00055312

Terms of Service/Counselor Disclosure Statement

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and ask any questions at our next meeting. When you sign this document, it will represent an agreement between us.

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 the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, here is some basic information about me and my therapy practice. Please read this information carefully and ask me to explain anything that you don't understand. This statement, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it after reading it and before we begin our therapy together.

Education:

Masters of Social Work, CSUS, Phi Alpha, Epsilon Chapter, May 2003
Postgraduate course work in Education and Educational Research, CSUS, 1985.
Masters of Arts (Candidacy) in Education. College of Notre Dame, June 1979.
Montessori Teaching Credential, American Montessori Society, June 1978.
Bachelor of Arts Degree, U.C. Davis, Modern European History, March 1977.

Approach to Therapy:

Psychotherapy is not easily described in general statements. It varies depending on the personality of the client, and the particular issue or problems you bring forward. There are many different methods I may use to deal with issues or problems you hope to address. However, effective therapy calls for a very active effort on your part. In our work together, we will identify your goals for counseling, develop an appreciation for your particular life patterns, and then work toward supporting you in attaining new skills, new ways of evaluating your situation, or different ways of relating to yourself and others.

Confidentiality and Privacy:

I will keep confidential anything you say to me, with a few exceptions as required by law.

Freedman and Associates is a consultative group of experienced therapists. Good clinical practice requires occasional peer review and consultation within this group. Please be aware that your case may be clinically reviewed in this or other consult settings.

I have been provided a copy of the required disclosure information the brochure "Counseling or Hypnotherapy Clients" and the "Notice of Practices Regarding Protected Health Information" and read and understand the information provided.

Initial here to acknowledge receipt_____

Appointments:

Your appointment times are reserved for you alone. I try very hard to begin and end on time, out of respect to both of our schedules. If you need to cancel your appointment for any reason, appointments must be cancelled 24 hours in advanced. Otherwise you, not your insurance company, will be charged a cancellation/no show fee equal to the full fee for the session missed. Telephone therapy time is prorated at the same rate as in-office therapy.

Billing practices:

Payment for services will be due at the end of each session. My basic rate is \$100.00 per 50-minute session, or \$135.00 per 75-minute session. In some cases, your insurance company may pay a percentage of the cost of your therapy per session. In this case, your co-pay becomes your fee, while I collect the remainder of your fee from the insurance company. Please remember, however, that you are ultimately responsible for payment of your costs, not your insurance company. In addition I hold a certain number of spaces for Adjusted Fee situations on a "space available" basis. The adjusted fee will be determined between the two of us at the intake session. My sliding fee scale ranges from \$25 to \$85 dollars. Costs per session will be determined at the first session and will remain at that level for six months, when it will be renegotiated. If you can not make it to a session, please phone 24 hours in advanced. Cancellations on the same day will result in a charge of half of the negotiated fee. No shows for appointments will be charged at full fee.

Emergencies: If there is an emergency between sessions, I can be reached by phone at 360/734-2664, ext 13. I would like to keep phone conversations as brief as possible, as it is normally not an appropriate method of conducting psychotherapy. If you are unable to reach me when you feel the need for some emergency help, Volunteers of America have a 24 hour on call crisis line at 1-800-584-3578 or please call 911.

Treatment consent:

I have been informed of the type of counseling I will receive from Leslie Clawson, the methods and techniques used, her education, training and experience and the cost of counseling services. Furthermore, I have received this information in writing.

Counselors practicing for a fee must be registered or certified with the Department of Health for protection of the public health and safety. Registration of practice standards does not necessarily imply the effectiveness of any treatment.

Client's Signature

Leslie Clawson, LICSW

Date

Date