

# **Elizabeth A. Snyder, MS, LMHC**

2110 Iron Street, Bellingham, WA 98225

360.734.2664 ext.12

Registered Counselor # RC37547

Licensed Mental Health Counselor # LH7502

## **Terms of Service / Counselor Disclosure Statement**

Welcome to my practice. 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:**

2000 M.S. Psychology, Mental Health Counseling, Western Washington University

1997 B.S. Psychology, University of Washington

1993 B.A. Business Administration-H.R., Western Washington University

### **Approach to Therapy:**

In my practice I work with clients from a strength-based perspective of the individual in context, including an awareness of the contributions of their history, gender, environment and culture. I believe that individuals have the knowledge and ability to help themselves with the collaboration and understanding of another individual. I use a variety of integrated therapeutic approaches for treatment including, but not limited to the following: Testing and assessment, existential-phenomenological, cognitive-behavioral, and dialectical behavioral therapy. I have also participated in training regarding the areas of self-harm behaviors and eating disorders. Therapy may be offered in either an individual, couples, family or group format. I will also collaborate with any medical providers involved in a client's treatment as seen necessary, and with a client's consent. We will evaluate our progress towards treatment goals to allow for adjustments to the therapy process and/or individual goals. My intent is to provide a respectful, holistic and relationship-based approach to therapy, rather than one that is narrowly focused and/or impersonal.

You have the right to choose a counselor who best suits your needs and purposes and if ever you or I feel that our therapeutic relationship does not suit your needs, I would be happy to provide information for other practitioners in the area. You also have the right to a confidential relationship to the extent as provided for by RCW 18.19.180(1) through (6).

### **Confidentiality and Privacy:**

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\_\_\_\_\_

## Office Policies, Procedures and Fees

### **Appointments:**

Appointments are 50 minutes and 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. Cancellations on the same day will result in a charge of half the negotiated fee.

### **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 \$150.00 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 75 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. In the case of court involvement, (including letters or court evaluations), my fee is \$100.00 per half hour. If you can not make it to a session, please phone 24 hours in advanced.

**Emergencies:** If there is an emergency between sessions, I can be reached by phone at 360-927-7372. 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 Elizabeth Snyder, 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

\_\_\_\_\_  
Elizabeth A Snyder, MS, LMHC

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date