

Anne Misch

2110 Iron Street, Bellingham, WA 98225

(360)734-2664 ext.19

Registered Counselor # RC60034583

Dear _____ ,

Welcome to my practice! I am pleased that you have selected me as your provider, and look forward to meeting you at our first appointment:

Date: _____ **Time:** _____

Enclosed you will find:

- **My Provider Profile** - including a photo and brief description of me.
- **Terms of Service/Disclosure Statement (2)** -One copy is for you to keep for your records; the other is for you to please sign, date, and bring to me at your appointment (required by Washington State law).
- **Notice of Privacy Practices** - Please read this form and keep it for your records (required by Federal law).
- **Intake forms** - Please fully complete this form.
- **Authorization to Disclose forms** - Please fill out one for Primary Care Physician. If there are other professionals I should speak with or share information with, please ask for another form at appointment.
- **Other:** _____

Thank you for carefully reading and completing these forms. Please bring them with you to our first appointment, as well as your insurance card(s).

If, after reading these forms, you decide against entering a therapeutic relationship with me, I ask only that you contact me as soon as possible and no later than 48 hours prior to our scheduled appointment time.

Otherwise, I will see you at our first appointment. Directions to my office are on the back of this letter.

Sincerely,

Anne Misch, Intern