

Anne Misch

2110 Iron Street, Bellingham, WA 98225

360.734.2664 ext.19

Registered Counselor # RC60034583

Terms of Service/Counselor Disclosure Statement

Welcome. This document contains important information about my counseling services and 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 counselors 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 the counseling services I provide. 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 counselor and client. You will be asked to sign it after reading it and before we begin our therapy together.

Education:

I have earned a B.S. in psychology and am currently in the process of completing an M.S. in Mental Health Counseling at Western Washington University. As part of the requirements for my master's degree, I am currently working as an intern here at Freedman & Associates. Because I am still in training, I receive direct supervision from a licensed professional in this practice.

Approach to Counseling:

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. Although I often use cognitive-behavioral techniques, there are many different methods I may use to deal with issues or problems you hope to address. Also, I believe that 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 & 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. Additionally, I may occasionally consult with my supervisor and other mental health graduate students at Western Washington University. This is to facilitate my training as a counselor and to ensure the best possible quality of care for you. Rest assured that in the university setting, no identifying information will be shared and all consultations will be strictly confidential.

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 will be charged a cancellation/no show fee equal to **the full fee** for the session missed.

Billing practices:

Payment for services will be due at each session. The fee for each session will be \$20. If you cannot make it to a session, please phone 24 hours in advance. Cancellations without 24 hours of notice and no shows will be charged at the full fee.

Emergencies:

If there is an emergency between sessions, I can be reached by phone at 360/734-2664, ext 19. I would like to keep phone conversations as brief as possible, as it is normally not an appropriate method of conducting counseling. Please note that I am only in the office 3 days a week and I may not always be available. You may also ask to speak with one of my clinical supervisors, Evan B. Freedman, Ph.D. or Elizabeth Snyder, MS, LMHC at 360/734-2664. If you are unable to reach me or one of my supervisors when you feel the need for 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 Anne Misch, the methods and techniques used, her education, training and experience and the cost of counseling services. I understand that Anne is a graduate student who is under the supervision of a licensed mental health professional in this practice. 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

Anne Misch, Intern

Date

Date

Supervisor

Date