

Krista DeRoche, MA, LMHC

2110 Iron Street, Bellingham, WA 98225

360.734.2664 ext.16

Licensed Mental Health Counselor # LH00009713

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, as well as 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 you do not 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:

2003 M.A. Psychology, Mental Health Counseling, Antioch University

1998 Chemical Dependency Certification Program, Edmonds Community College

1994 B.S. Human Development; Minor in Psychology, California Polytechnic State University (SLO)

Approach to Therapy:

My approach focuses on supporting and empowering the youth, adults, and families I serve to successfully face and overcome the many challenges life may bring in ways that promote enhanced communication skills, improved relationships, improved functioning, and a positive well being. I believe therapy is a collaborative process. I will work with you to develop a service plan tailored to meet your specific goals and objectives as I believe individuals have the knowledge and ability to help themselves with the support and understanding of another individual. Therapy may be offered in an individual, family, or group format. In my practice I work with clients from a client centered, strength based perspective. I also work primarily with the present and deal with the past as the need arises. I use several therapeutic approaches in my treatment depending upon your personality and needs. These approaches include, but are not limited to the following: humanistic, solution focused, strength based, systemic, gestalt and cognitive-behavioral; I often employ more than one method at a time. My intent is to use my experience and training in your therapy to promote a relationship in which you feel respected, safe and comfortable so you are able to bring up and resolve any issues that block your well being or the achievement of your goals.

You have the right to choose a counselor who best suits your needs and purposes; if at any time you or I feel our therapeutic relationship does not suit your needs, I would be happy to provide information for other practitioners in the area.

Confidentiality and Privacy:

Your privacy is important to me; I will keep everything you say completely confidential except in specific circumstances as required or authorized by law-RCW 18.19.180 (1) through (6):

RCW 18.19.180 Confidential Communications.

An individual registered under this chapter shall not disclose the written acknowledgment of the disclosure statement pursuant to RCW [18.19.060](#) nor any information acquired from persons consulting the individual in a professional capacity when that information was necessary to enable the individual to render professional services to those persons except:

(1) With the written consent of that person or, in the case of death or disability, the person's personal representative, other person authorized to sue, or the beneficiary of an insurance policy on the person's life, health, or physical condition;

(2) That a person registered under this chapter is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;

(3) If the person is a minor, and the information acquired by the person registered under this chapter indicates that the minor was the victim or subject of a crime, the person registered may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry;

(4) If the person waives the privilege by bringing charges against the person registered under this chapter;

(5) In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter [18.130](#) RCW; or

(6) As required under chapter [26.44](#) RCW.

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.

I have been provided a copy of Krista DeRoche’s professional profile, the “Terms of Service / Counselor Disclosure Statement” 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 reschedule or cancel your appointment for any reason, appointments must be cancelled a minimum of 24 hours in advance. If I do not receive this advance notice, **you, not your insurance company**, will be charged a cancellation/no show fee equal to **the full fee** for the session missed (Insurance does not pay for missed appointments). Telephone therapy time is prorated at the same rate as in-office therapy. Please initial in the box provided to acknowledge that you have read and understand the Appointment and Cancellation/No Show Fee Policy.

Attendance:

Attending scheduled appointments is critical to the success of counseling. If missed appointments become a concern, I will initiate a conversation about how to remain engaged in services. I may request that an attendance contract be discussed and signed. Please initial in the box provided to acknowledge that you have read and understand the Attendance Policy.

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 35 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. Reminder: If you can not make it to a session, please phone 24 hours in advance; failure to provide 24-hour notification will result in a full-session charge.

Emergencies:

If you have an emergency between sessions, I can be reached by office telephone at: 360-734-2664 ext.16. I will keep phone conversations as brief as possible, as it is normally not an appropriate method of conducting therapy. If you are unable to reach me when you feel the need for emergency help, Freedman & Associates also has a 24-hour on-call therapist who can be reached by calling 360-325-3999. There is no charge for on-call contacts less than 10 minutes; over 10 minutes will be charged at the usual hourly rate. In addition, Volunteers of America has a 24-hour on call crisis line at: **1-800-584-3578**. In the case of a life threatening emergency, please call **911**.

Complaints:

If at any time, for any reason, you are dissatisfied with my services, please let me know. If I am not able to resolve your concern, you may report your complaint to: Washington State Department of Health, Health Professions Quality Assurance, P.O. Box 47869, Olympia, WA 98504.

Treatment consent:

I have been informed of the type of counseling I will receive from Krista DeRoche, 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

Krista DeRoche, MA, LMHC

Date

Date