

Mark Lazich, MS, LMHC
2110 Iron Street, Bellingham, WA 98225
360.734.2664 ext. 17
Licensed Mental Health Counselor # LH8481

Terms of Service / Professional 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:

1999 M.S. Counseling Psychology, Professional Counselor Preparation, Southern Oregon University
1989 B.S. Marketing/International Business, University of Colorado
1989 B.A. Communication - Small Group/Interpersonal, University of Colorado

Philosophy and Approach:

As a student of the human condition, I continue to develop my professional theoretical philosophy. I approach most cases with a cognitive-behavioral perspective which is influenced by my existential-humanistic and multicultural orientations.

I view the psychotherapy process as a collaborative effort between the client and myself. Understanding the client's worldview and their presenting issue is my initial step in the psychotherapy process. Establishing a desired goal with the client and working towards that goal together is inherent in my collaborative counseling style. The presenting concern may be trauma, relationship, developmental, existential, career etc. I believe self-acceptance and responsibility are essential to a healthy existence. Particularly in today's post-modern world, creating a balance between self, family, community, and spirituality is a constant challenge. My goal as a psychotherapist is to assist the client with any immediate concerns and enable self growth as a result.

Confidentiality and Privacy:

I will keep confidential anything you say to me, with a few exceptions as required by law-RCW 18.19.180(1) through (6).

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 Mark Lazich's professional profile, the "Terms of Service / Professional Disclosure Statement" and the "Notice of Practices Regarding Protected Health Information" and read and understand the information provided.

Initial here to acknowledge receipt_____

↓ Please turn over

Office Policies, Procedures and Fees

Appointments/Cancellations:

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 advance. Otherwise **you, not your insurance company**, will be charged a cancellation fee equal to **the full fee** for the session missed. No shows for appointments will also be charged at full fee. Telephone therapy time is prorated at the same rate as in-office therapy. Please initial in the box provided to acknowledge 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 individual 50-minute session, \$150.00 per 75-minute individual session and \$125 per 50-minute family 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 cannot make it to a session, please phone 24 hours in advance.

Emergencies: If there is an emergency between sessions, I can be reached by phone at (360)734-2664, ext 17. 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 Mark Lazich, the methods and techniques used, his 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

Mark Lazich, MS, LMHC

Date

Date