

**Dorcas Nung, MA, LMFT**

2110 Iron Street

Bellingham, WA 98225

(360) 734-2664 x 20

Licensed Marriage and Family Therapist #LF60139053

**Terms of Service/Professional Disclosure Statement**

*Welcome to my practice.* I am pleased that you (“you” in this document may also include your child/children and other family members) have chosen me to be your therapist. This document is designed to ensure that you understand your rights as well as my treatment philosophy, methods and service policies.

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 therapy together.

EDUCATION & SPECIALIZED TRAINING

2004 M.A. Clinical Psychology, Antioch University Los Angeles.

2008 Completion of Post-Graduate “Infancy Childhood Relationship Enrichment” Didactic Training Program and Reflective Supervision, L.A. County/USC Violence Intervention Program.

PHILOSOPHY AND APPROACH

In my work with children and adolescents, I believe in taking a developmental, holistic, and collaborative approach. I also believe in individualizing treatment for each child so that his or her specific needs are met as best as possible.

I believe that psychotherapeutic work with children and adolescents should include important family members (as clinically appropriate), be collaborative and respectful, and take the child’s environment – family, school, neighborhood, culture – into context. Together, we will identify concerns, determine the direction of services, and move forward together to find solutions to problems. I start by looking at your child’s positives to build on areas of strength and resiliency. At the same time, I also help you and your child to identify and work on vulnerabilities.

I have specialized, post-graduate training in Infant and Early Childhood Mental Health. I also have additional post-graduate training in trauma-focused cognitive behavioral therapy, sensory regulation/integration disorders, and have participated in additional trainings that include grief/loss, attachment, and crisis intervention.

With *children five years and younger*, I typically include the child’s caregiver (parents, grandparents, or anyone else who plays a vital role in the child’s caregiving) in ongoing sessions. These sessions may include (but are not limited to) play therapy, psychoeducation, information about child development, and parenting coaching. Because play is the language children most readily speak to us in, parents may be asked to sit on the floor and join in play with their child.

*School-age children and adolescents* may be seen individually or in family sessions. Sessions may include (but are not limited to) play and art therapy, as well as cognitive-behavioral, family systems and psychodynamic approaches.

## CONFIDENTIALITY & PRIVACY

I will keep all information about you confidential, including the fact that you are my client.

**For teens age 13 and over:** I will keep your individual information confidential, even from your parents/guardians. I may need to communicate with your parents regarding appointment scheduling and payment, or if I am worried that your life is in danger.

### **When I am required to release information:**

If I suspect that a child or dependent person is being abused, if you intend to seriously harm yourself or someone else, or if a judge subpoenas my records.

## PEER REVIEW/CONSULTATION

Freedman & Associates is a consultative group of experienced therapists. Good clinical practice requires occasional peer review and clinical consultation within this group. Please be aware that your case may be clinically reviewed in this or other consult settings.

Good clinical practice working with young children and children with developmental delays may also require that I consult with a child's medical doctor, occupational therapist, speech and language pathologist, or physical therapist. Such consultation will not be undertaken without a parent/legal guardian's express written consent.

I have been provided a copy of Dorcas Nung, LMFT's "Terms of Service/Professional Disclosure" and "Notice of Practices Regarding Protected Health Information" and read and understand the information provided.

**Initial here to acknowledge receipt \_\_\_\_\_**

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| <b>Office Policies, Procedures, and Fees</b> |
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## 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 time above ten minutes is prorated at the same rate as in-office therapy.

## FEES AND PAYMENT

Unless otherwise arranged with me, my fees are as follows:

|   |                     |
|---|---------------------|
| Initial Interview/Assessment            | \$150               |
| Individual Therapy                      | \$100/hr            |
| Family Therapy                          | \$125/hr            |
| Court preparation<br>(reports, letters) | \$100/per half hour |

Payment for services will be due at the beginning of each session. In some cases, your insurance company may pay a percentage of the cost of your therapy session. In this case, your co-pay becomes your fee, while I

collect the remainder of your fee from the 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 initial interview session. Costs per session will be determined at the first session and will remain at that level for six months, when it will be renegotiated.

EMERGENCIES

If you have an emergency between sessions, I can be reached by office telephone at: (360)734-2664 ext. 20. 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 has a 24-hour on-call therapist who can be reached by calling (360) 325-3999. You can also call the 24-hour crisis hotline 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 concerns, 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 therapy I will receive from Dorcas Nung, LMFT, the methods and techniques used, her education, training, and experience and the cost of therapeutic services. Furthermore, I have received this information in writing.

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Dorcas Nung, MA, LMFT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Person/Relationship to Client

\_\_\_\_\_  
Date