

**Dorcas Nung, MA, LMFT**

2110 Iron Street  
Bellingham, WA 98225  
(360) 734-2664 x 20

Licensed Marriage and Family Therapist #LFLF60139053

**Terms of Service/Professional Disclosure Statement**

*Welcome to my practice.* I am pleased that you 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

I take an individualized, collaborative approach to therapy and use psychodynamic, marriage and family/systems, and cognitive-behavioral modalities. My work with individual adults embraces the belief that our earliest relationships shape who we are and how we relate to others. When we are stressed, overwhelmed, or anxious, we may revert to old patterns of relating – patterns so old that they reach back to our very beginnings. By addressing and altering these patterns of relating, thinking, and behaving, positive and lasting change occurs. I believe that by looking at our own childhood issues and working through them to a place of strength and understanding, we not only become better people; we have the chance to become better parents to our children and better partners to those we love.

CONFIDENTIALITY & PRIVACY

Your privacy is important to me; I will keep everything you say and all information about you confidential, including the fact that you are my client, except in specific circumstances. These include: 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.

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 \_\_\_\_\_**

## 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.

### FEES AND PAYMENT

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

Initial Interview	\$150
Individual Therapy	\$100/hr
Family Therapy	\$125/hr
Court preparation (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