

Debra Douglas, Inc.  
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Seattle, WA 98112 425-681-7595

Washington State law requires that I disclose the following information. After you have read it, you will need to sign and date the form to acknowledge that you have received it. Please feel free to ask me any questions that you might have.

Qualifications

I am a licensed Couple and Family Therapist (License number LF00001171). I received a Masters of Arts in Marriage and Family Therapy in 1987. I am a clinical member and Supervisor in training for the American Association for Marriage and Family Therapy.

I continue my education to enhance my work as well as to be in compliance with credentialing laws. I would be happy to provide further information on specific training to any client.

Therapy

My approach is based on Systems theory, which means that I view problems interpersonally. I also utilize family of origin and attachment theories to help provide context for current themes and problems as well as strengths and resources. I have received training in the Masterson approach to personality and character, and also an analytic approach to psychotherapy.

I am responsible for the treatment plan that I think will best address your needs, you are responsible for your decisions and implementing change in your life.

Policies

We will mutually define therapy goals, progress and termination. Once I have made an assessment, I will indicate how often sessions should take place and if the session should be individual or conjoint. Sessions are 50 minutes long. My fee is \$150.00. Appointments need to be cancelled 24 hours in advance or you will be charged for the appointment. Please note that insurance companies do not reimburse for sessions that you do not attend so you are responsible for payment of missed sessions or late cancellations. **Please pay for the session at the time of service.** If you are unable to pay at the end of the session please pay before the next scheduled session.

If you wish to use your out of network insurance benefits, you still need to pay my full fee at the time of service. I will give you a statement and you can submit it for reimbursement.

A fee may be charged for telephone consultation with other professionals if you request this service. If the contact is less than 10 minutes, there is no charge. If I need to review psychological or psychiatric evaluations that are lengthy I may charge you for this service. If I am doing work related to a legal issue on your behalf, even if I am called by another party in the matter I will bill you on an hourly basis for all of the time I spend on your case, including talking with your attorney, travel and preparation time, and proofreading transcripts. My fee for work outside or inside the courtroom or in deposition is \$250.00 per hour.

My preference is that if you desire to terminate therapy that you discuss it with me, so that we can say goodbye, clear up misunderstandings if there are any, and if necessary make a referral.

If you miss or do not cancel sessions before the twenty-four hour window three times, I reserve the right to discontinue treatment.

If you are unable to continue therapy due to a change in your financial situation, let me know so we can decide whether treatment can continue, or whether a referral is necessary to someone who works on a pro bono or reduced fee scale.

I have a voice mailbox that records messages confidentially.

### Records

A record is kept of the services provided to you. It is kept in a locked file to protect your privacy. You may ask to review that record and/or photocopy it. You may ask to have factual errors corrected. Either of these requests must be in writing for the record. You may also ask that I not write certain facts in the record. Records will be kept for six years, then they will be destroyed. I am the designated privacy officer for my practice as stipulated by HIPPA regulations.

Payment to me by check permits bank employees to view names of my clients because my name will appear on the check.

Please be aware that if you text or email me it is not completely confidential.

### Ethics and Standards

As a member of the American Association of Marriage and Family Therapy, I am committed to following its code of ethics. I have a copy of this code if you wish to review it. I also adhere to Washington State laws regarding professional conduct. If you have questions or concerns about your therapy, please discuss them with me. If you feel we can not resolve our issues you may contact the Department of Licensing in Olympia at (360) 753- 1761. The Health Professional Quality Assurance Customer Service Center can be located by fax (360) 236 4818,

phone (360) 236 4700 or my mail at P. O Box 47865 Olympia, WA 47865. If you wish to see the section of the law pertaining to professional conduct it is obtained at the aforementioned address.

### Confidentiality

All information disclosed in therapy is confidential. Nothing may be disclosed unless you sign a release of information. The exceptions are if you are a danger to yourself or others, if there is physical or sexual abuse, indicate a minor is a victim of a crime, or I am subpoenaed or defending myself in court. If I have reason to believe that a minor or vulnerable adult is being abused, neglected or exploited financially I must report it.

If you are being seen as a couple or family, I must have a release of information from each person being treated to release information.

I do at times obtain professional consultation. Your identity and any unique information that could identify you are kept confidential.

If you elect to use an out of network insurance benefit for your psychotherapy, I will provide a form by mail or in person to you that has listed the dates of service, the type of service rendered( ie. Individual or couple) and a diagnosis. Once I submit the form I have no control over it. By signing this document, you agree that I may share this specific information if you are using your out of network insurance benefit. I am a preferred provider for Wellspring Family Services EAP, First Choice and Premera. They are the only insurance companies that I bill directly. Regardless of insurance you agree that you are responsible for full payment of fees.

If you are using Insurance you agree that I will bill and accept payment on your behalf.

You are responsible for payment of any and all fees if you wish to continue therapy after your EAP benefit is utilized.

It is very important that you find out exactly what Mental Health Services your insurance company covers.

Please note that I am not affiliated with any of the other professionals in this office suite.

### Emergencies

Call me and indicate that it is urgent. Keep calling, email and text me. If I am out of town my voice mail will indicate who is providing clinical coverage. If you need

immediate help do not hesitate to call the crisis line at 206 461 3222. They provide skilled services that include providing resources and psychiatric hospitalization evaluations. Of course, if it is life threatening or dangerous call 911 immediately.

Note to Clients

I have read and been given a copy of the Privacy Practices. I have asked any questions that I have. I understand that I have the right to refuse any part of treatment and or any terminate therapy at any time.

I have read and understand the terms of this disclosure statement

Acknowledged:

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Name	Date
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Name	Date
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Debra Douglas, MA, LMFT	Date
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