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INTRODUCTION

I am happy to welcome you as a new patient and look forward to our working together. The following information is provided to help you know more about what happens in therapy, your rights and responsibilities, and to have pertinent information about me. Please feel free to ask questions at any time.

ABOUT PSYCHOTHERAPY

The process or style of therapy that I use varies to best meet my patient's needs. You will find me to be direct, respectful, and open. The first session will be to gather information regarding what brings you to therapy, and addressing any urgent matters. Sometimes the length of therapy is brief for focused difficulties, and sometimes longer if the concerns have a long history and reach into many aspects of your life. My role is that of guide, coach, sometimes to challenge, and other times to support, encourage, and educate.

I draw from many theories, mainly cognitive-behavioral, REBT, and systemic based models of therapy. Please ask questions regarding style. My intent is to empower and validate your own internal abilities while challenging the self-defeating thoughts and behaviors that continue to create emotional distress. Therapy normally consists of defining problems, understanding relevant history and designing interventions to alter behaviors, feelings, attitudes and thought patterns. The length of time you spend in therapy is solely up to you. I will give you feedback in this regard. As a consumer, you have the right to ask questions and be responsible for your therapy.

EDUCATION, CERTIFICATIONS, LICENSES

I hold a Masters Degree in Applied Behavioral Science/Systems Counseling from Bastyr University. I am a Licensed Marriage and Family Therapist in Washington State and Hawaii, a Clinical Member of the American Association of Marriage and Family Therapists. I am a nationally Certified Addiction counselor, a Chemical Dependency Professional in the State of Washington, and a Certified Substance Abuse Counselor in the State of Hawaii. I am a trained Interventionist. I have extensive training in the area of Addiction and Marriage and Family Therapy. I have been in the field of counseling since 1993.

APPOINTMENTS

Initial please _____ I have read and agree to the terms below.

Individual appointments are customarily fifty minutes (50) in length, couples and family appointments are seventy five minutes and all appointments begin at the time scheduled for you. You will be charged the full fee whether you are on time, late, or miss the appointment with less than 24 hours notice. Insurance companies do not pay for missed or late cancelled appointments. Your initial indicate that you agree to pay this fee at the beginning of your next appointment or within 2 weeks of the missed appointment.

FEES and PAYMENT

Initial Please _____ I have read and agree to the terms below

Initial individual session is \$135.00 and normally 50 minutes in length. Thereafter; my fee is \$ 120. A regular fee is charged for requested reports, telephone calls lasting 15 minutes or longer, or consults at a pro-rated per session rate. Couples and Family sessions are 75 minutes in length, my fee is \$160. Family and Couples sessions are rarely covered by insurance. I am a provider for Premera Blue Cross, First Choice, and Uniform Medical insurance companies. I will directly bill the above companies. You are responsible for your deductible and co-pay.

INSURANCE

Many changes occur continually in the insurance market. It is your responsibility to check with your insurance provider and gain a clear understanding of whether my services are covered, need to be "pre-authorized," the

amounts of sessions covered per year. Your signature on this form indicates that you understand these responsibilities to be yours and that you accept responsibility to pay in full, the fee(s) for my services not covered by insurance.

I am happy to assist clients by providing information to send to your insurance company, (ones in which I am not an in network provider) but that does not guarantee that your insurance company will reimburse you. I expect to be paid at the time of service unless other arrangements have been made. I will request that your insurance company reimburse you directly. Disputes over insurance payments are between you and your insurance company. In any event, the responsible party is responsible for payment of the balance due on his/her account.

Account balances that remain unpaid for over 90 days will be given to a collection agency as well as information on the amounts owing for services rendered. I have seldom had to do this and have always felt very saddened when the necessity has arisen. Please be sure to help me avoid this very unpleasant experience.

Should any of these payment policies pose special problems, please feel free to discuss the issue.

CONFIDENTIALITY

Conversations between you and I will not be disclosed without your written consent unless: (1) a court orders such disclosure (2) there are mandatory reportable instances involving suspected abuse, neglect, or exploitation (3) the disclosure is necessary to protect against an existing threat to human life or serious bodily harm of another human being.

If a third party is engaged to collect fees for services provided to you, some information about you will be provided to them including the fact that you have been my patient, dates of service and other information necessary to obtain payment of the account.

AUTHORIZATION FOR SERVICE

Your signature below indicates you have read, understand and accept this Office Policy and Procedure and have been given a copy. For them to be valid you and I must sign any exception to this office policy.

Client Signature: _____ **Print Name:** _____

Date: _____

I have read and understood all of the information above. I have received a copy of this information.

Client Signature: _____ **Print Name:** _____

Date: _____

Mailing address: _____

Phone number: _____