

DISCLOSURE STATEMENT

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Washington State law requires that all mental health professionals present to new clients a disclosure statement that specifies the therapist's background, experience, theoretical orientation, treatment costs, and approach to therapeutic services. This disclosure statement is intended to help you become an informed consumer about these aspects of my clinical practice and your rights as a client.

State Licensure

Mental health professionals practicing therapy for a fee must be licensed with the Washington Department of Health for the protection of the public health and safety. I am licensed by the Department as both a mental health counselor (LMHC) and a marriage and family therapist (LMFT). My LMHC number is LH00005378 and my LMFT number is LF00001428. Licensure indicates that a practitioner has met basic education, competency, and supervision standards; however, licensure does not endorse a practitioner's particular approach to therapy, nor does it imply the necessary effectiveness of that approach.

Professional Background

My educational background includes a bachelor's degree from the University of Washington, a master's degree in clinical psychology from Antioch College, and a Ph.D. in psychology from the Saybrook University. In addition, I have completed the course work and supervision required by the American Association for Marriage and Family Therapy (AAMFT) for designation as an AAMFT Approved Supervisor. My professional experience includes over 40 years as a therapist in private practice and over 50 years as an academician in higher education with such institutions as the University of Oregon, Western Washington University, and Antioch University Seattle.

Therapeutic Approach

My practice involves working with individuals, couples, and families. I generally describe my treatment approach as systemic, meaning that I try to understand human problems in terms of the complex set of psychological and social systems in which they are embedded. I emphasize interpersonal as well as intrapsychic understanding of problematic behavior and stress the central role that relationship and family dynamics play in influencing dysfunctional behavior.

I am likely to ask questions about your relationships with the important people in your life--past and present. I often explore significant themes in your life and in your family of origin and try to determine how these themes are manifested in your current attitudes and behaviors. I may give you personal feedback, ask clarifying questions, support you, or challenge you. Sometimes I use psychological instruments to gather information. I am also likely to assign homework or ask you to read an article which I think might be helpful to you.

Treatment Estimates & Cost

Depending on the type and severity of problems involved, my clinical approach typically ranges between 10-20 weekly sessions over the course of therapy. However, not all therapeutic concerns are addressed within this average range; that is, sometimes treatment is much shorter in duration (e.g., less than 5 sessions) and sometimes it is much longer (e.g., 50 or more sessions).

If you are planning on direct private pay, the estimated cost of therapy is based on my regular hourly fee of \$200.00/hour. Given my fee and a range of 10-20 hourly sessions that most of my clients take to complete their therapy, the estimated total cost of treatment will vary according to the specific number of actual sessions completed within that range. Keep in mind this is an average range that changes depending on the challenges you face and progress you make in addressing those challenges.

If you are planning on using your healthcare insurance, depending on the specifications in your insurance policy, the cost of your therapy is based on the out-of-pocket expenses your insurance policy requires you to pay in the form of deductibles and co-pays. When applicable, these out-of-pocket insurance fees range considerably. The most accurate estimate of your out-of-pocket insurance costs can be obtained by first directly consulting with your insurance company and then by applying their particular fee requirements to my average range criteria.

Financial Considerations

For situations in which my regular fee would lead to severe economic hardship, I am willing to adjust my hourly rate. In addition, unless there is a prior arrangement, full payment and/or insurance co-pays are due at the end of each session. Payment can be made by means of the electronic transfer of funds to pd@pauldavidphd.com through Zelle (<https://www.zellepay.com/get-started>) or by means of credit card. The fee for credit card charges is 4% and these charges will be made in the name of my business West Queen Anne Therapy Associates. The fee for the denial of credit card payment or the failure to electronically transfer funds within a week of their due date is \$25.00.

Credit can be made available on a limited basis if full payment is not possible. However, regardless of any extended payment plan, you agree to be financially responsible for all charges. In addition, if you seek coverage and/or reimbursement through your health insurance, you also agree to assume full financial responsibility for any owed fees not paid by your insurance company. Failure to pay these charges 30 days past due will result in the assessment of an automatic \$25.00 late fee on the outstanding balance. In addition, in the event that after 60 days past due, you fail to make or arrange for payment of the outstanding balance, you agree to pay another \$25.00 late fee plus pay the administrative and legal costs incurred in the collection of said debt.

Appointment Requirements

Since regularly keeping appointments is essential to effective therapy, I emphasize the importance of attending all scheduled sessions. If for some reason you are unable to keep a scheduled appointment, I require 48 hours advance notice or you will be charged the regular fee for the session. Changes for Monday appointments should be called in by Friday.

If you need to discuss, clarify, or bring up any issues on the phone between appointments, please feel free to do so. For any call exceeding five minutes, you will be charged for the additional time in 1/4 hour increments pro-rated on your regular fee. In addition, should an emergency arise between your scheduled appointments, please do not hesitate to call 911 or my confidential cell phone at 206-240-3162.

Client Rights

As a client, you have the right to choose a therapist who best suits your needs and goals. If you work with me, you have the right to raise questions about my therapeutic approach and/or any billing concerns you might have about any fees charged. You also have a right to request a referral if you believe you might work more effectively or might make better progress with another therapist. If you believe I have engaged in unethical or unprofessional conduct, you also have the right to report your concerns to the Department of Health by calling 360-236-4700.

You have the right to confidentiality under the conditions specified in my Notice of Privacy Practices. If I see you together with your partner or with other family members, confidentiality extends to all those involved in therapy. In addition, I will not release to third parties any information without first obtaining signed releases from all of those participants involved. However, I will not necessarily be bound by confidentiality in joint sessions with information I have obtained in individual sessions and transactions. This means that unless I explicitly agree waive this stipulation, I reserve the right to discuss in joint sessions and transactions information that you have shared with me in individual sessions and transactions. I will exercise this prerogative when in my judgement the disclosure of this information will help promote the requisite awareness and understanding these relationships need in order to function in healthier manner.

Professional Standards & Telehealth

I am dedicated to providing effective mental health treatment to all those who seek my assistance. As a member and Clinical Fellow with the American Association for Marriage and Family Therapy (AAMFT), I subscribe to all of its ethical and professional standards for the effective practice of therapy.

Until the active threat of the COVID pandemic is sufficiently curtailed, all mental health treatment will be delivered by means of telehealth therapy in accordance with AAMFT guidelines. Telehealth is an internet form of therapeutic communication that assures the physical health and safety of all participants. While the use of this technology poses more risks for possible data breaches, an encrypted software called Doxy.me will be used to protect your privacy and confidentiality.

Acknowledgment of Disclosure

I (we) understand the information and agree to the terms specified in this disclosure statement.

Client Signature

Date

Client Signature

Date

I have explained to the above-named client(s) the terms set forth in this disclosure statement and I am satisfied that said client(s) understand(s) this information and agree(s) to the terms set forth in this document.

Paul David, Ph.D.

Date