

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, 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, it 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 35 years as a therapist in private practice and over 40 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 dysfunctional behavior and stress the central role that relationship and family dynamics play in influencing problematic 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.

Length of treatment will vary according to the nature of your concerns. Some treatment is very brief (several weeks) and sometimes I work with people for much longer periods (several months). I generally suggest that we agree to meet weekly for three sessions and then decide on a treatment approach that makes the most sense to both of us.th

Practice Standards

My fee for service is \$150.00 for a 50-minute session. For those clients covered by health insurance, my fee is determined by the particular contractual agreement I have with the company involved (i.e., Premera, Regence, & Kaiser). In those cases, the financial responsibility of clients is typically limited to the unpaid portions of their annual deductibles and to any co-pays required by their insurance policy. For situations in which there is no insurance involved and my regular fee for service would lead to severe economic hardship, I am

willing to adjust my hourly rate downward. Unless there is a prior arrangement, full payment is required at the end of each session. The fee for credit card charges is 3% and \$25.00 for returned checks.

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 when due will result in the assessment of an automatic \$20.00 late fee on the outstanding balance. In addition, in the event that after sixty days past due, you fail to make or arrange for payment of the outstanding balance, you agree to pay the administrative and legal costs incurred in the collection of said debt.

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 me on my phone at 206-240-3162.

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

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 a right to raise questions about my therapeutic approach and to request a referral if you believe you 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 and I will not release to third parties any information without first obtaining signed releases from everyone involved. However, I will not necessarily be bound by confidentiality in joint sessions with information I have obtained in individual sessions and discussions. This means I reserve the right to discuss in joint sessions information that you have shared in individual sessions and discussions if I believe it helps facilitate the achievement of the goals set forth in therapy.

Acknowledgment of Disclosure

I (we) understand the information and agree to the terms set forth in the above disclosure statement.

Client(s) Signature

Hourly Fee

Date

I am satisfied that said person(s) understand(s) the information and agree(s) to the terms set forth in the above disclosure statement.

Paul David, Ph.D.

Date