



214 N. Commercial Street, Bellingham WA 98225  
Phone (360) 734-5552 ♦ fax (360) 733-1928  
Licensed Mental Health Counselor # LH0007502

## DISCLOSURE STATEMENT

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Welcome to my practice! Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy and methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, here is some basic information about me and my therapy practice. 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 our therapy together.

### EDUCATION:

2000 M.S. Psychology, Mental Health Counseling, Western Washington University

1997 B.S. Psychology, University of Washington

1993 B.A. Business Administration-H.R., Western Washington University

### MY APPROACH TO COUNSELING:

I believe that individuals have the knowledge and ability to help themselves with the collaboration and understanding of another individual. In my practice I work with clients from a strength-based perspective of the individual in context, including an awareness of the contributions of their history, gender, environment and culture. I use a variety of integrated therapeutic approaches for treatment including, but not limited to the following: Testing and assessment, existential-phenomenological, cognitive-behavioral, and dialectical behavior therapy. I have completed the Intensive Training in Dialectical Behavior Therapy (DBT), as well as many other training offerings in the area of DBT. I have also participated in training regarding the areas of grief/loss, attachment, trauma and eating disorders.

Therapy may be offered in either an individual, couples, family or group format. I will also collaborate with any medical providers involved in a client's treatment as seen necessary, and with a client's consent. We will evaluate our progress towards treatment goals to allow for adjustments to the therapy process and/or individual goals. My intent is to provide a respectful, holistic and relationship-based approach to therapy, rather than one that is narrowly focused and/or impersonal.

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**CONFIDENTIALITY:**

You have the right to choose a counselor who best suits your needs and purposes and if ever you or I feel that our therapeutic relationship does not suit your needs, I would be happy to provide information for other practitioners in the area. You also have the right to a confidential relationship to the extent as provided for by RCW 18.19.180(1) through (6).

I will keep all information about you confidential, including the fact that you are my client.

**With teens age 13 and over:** I will keep your individual information confidential, even from your parents/guardians. I may need to communicate with your parents regarding appointment scheduling and payment, or if I am worried that your life is in danger.

**When I am required to release information:**

If I suspect that a child or dependent person is being abused; if you intend to seriously harm yourself or someone else; to consult with my confidential clinical team regarding my counseling work; or if a judge subpoenas my records.

I have been provided a copy of the required disclosure information the "Notice of Practices Regarding Protected Health Information" and read and understand the information provided.

Initial here to acknowledge receipt\_\_\_\_\_

**BILLING PRACTICES:**

Payment for services will be due at the beginning of each session. My basic individual counseling rate is \$150.00 per 50-minute session and family rate is \$200.00 per 50-minute session. In some cases, your insurance company may pay a percentage of the cost of your therapy per session. In this case, your co-pay becomes your fee, while I collect the remainder of your fee from the insurance company. Please remember, however, that you are ultimately responsible for payment of your costs, not your insurance company. In the case of court involvement, (including letters or court evaluations), my fee is \$220.00 per half hour.

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 intake session. My sliding fee scale ranges from 50 to 80 dollars. Costs per session will be determined at the first session and will remain at that level for six months, when it will be renegotiated.

*(If using sliding fee, the rate we have agreed on is: \_\_\_\_\_ per hour.)*

**APPOINTMENTS:**

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 an appointment, please notify me by voice mail at least **24 hours in advance**. If you do not show for an appointment, you will be charged a "**No Show Fee**" at your full regular session rate. If you cancel with less than 24 hours notice, you will only be charged a "**Late Cancellation Fee**" at half your regular rate. (There will be no fee if you have to cancel due to an emergency.) I will adhere to the same policy if I need to change your appointment.

PHONE CONTACT:

If there is an emergency between sessions, I can be reached by phone at 360-739-5575. I would like to keep phone conversations as brief as possible, as it is normally not an appropriate method of conducting psychotherapy. If you are a client of mine, getting coaching from me over the phone is an important way for you to learn to apply skills during the stressful times in your life. The best time to call me is when you are feeling stressed or emotional and *BEFORE* you do an impulsive action (i.e.: hurt yourself, get drunk, yell at someone). We will not have a whole therapy session on the phone, but a brief conversation to help you use skills to get through the moment.

\*\*If a phone contact of more than 10 minutes is necessary, a fee will be charged at our usual hourly rate.

\*\*If you are unable to reach me when you feel the need for urgent help, you can call:

Your skills group leader or co-leader for coaching (their numbers are in your skills binder)

**Care Crisis Line at 1-800-584-3578** (24 hours a day, 365 days a year, toll free)

If life-threatening, call **911** or go to the nearest **Emergency Room**.

CLIENT RIGHTS:

As a client, you have the right to refuse treatment, and the responsibility to choose the provider and type of treatment which best suits your needs.

COMPLAINTS:

If you are ever dissatisfied with my services, I encourage you to talk to me about your concerns. Your thoughts provide very important feedback for me, and may be growth for you as well. If I am not able to resolve your concerns, you may write to the WA Department of Health, Health Professions Quality Assurance Division.

TREATMENT CONSENT:

I have been informed of the type of counseling I will receive from Elizabeth A. Snyder, MS, LMHC, the methods and techniques used, her education, training and experience and the cost of counseling services. Furthermore, I have received this information in writing.

Counselors practicing for a fee must be registered with the Department of Health for the protection of public health and safety. Registration of practice standards does not necessarily imply the effectiveness of any treatment.

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*I have read and understood these policies, have received my own copy of this Disclosure, and consent for treatment with Elizabeth A. Snyder, MS, LMHC:*

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Client Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date