

Krista DeRoche, MA, LMHC

1433 N. State Street Bellingham, WA 98225

360.734.734-7310 ext.4616

Licensed Mental Health Counselor # LH00009713

Terms of Service / Counselor Disclosure Statement

Welcome to my practice. Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy and methods, as well as 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 you do not 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:

2003 M.A. Psychology, Mental Health Counseling, Antioch University

1998 Chemical Dependency Certification Program, Edmonds Community College

1994 B.S. Human Development; Minor in Psychology, California Polytechnic State University (SLO)

Approach to Therapy:

My approach focuses on supporting and empowering the youth, adults, and families I serve to successfully face and overcome the many challenges life may bring in ways that promote enhanced communication skills, improved relationships, improved functioning, and a positive well being. I believe therapy is a collaborative process. I will work with you to develop a service plan tailored to meet your specific goals and objectives as I believe individuals have the knowledge and ability to help themselves with the support and understanding of another individual. Therapy may be offered in an individual, family, or group format. In my practice I work with clients from a client centered, strength based perspective. I also work primarily with the present and deal with the past as the need arises. I use several therapeutic approaches in my treatment depending upon your personality and needs. These approaches include, but are not limited to the following: humanistic, solution focused, strength based, systemic, gestalt and cognitive-behavioral therapies; I often employ more than one method at a time. My intent is to use my experience and training in your therapy to promote a relationship in which you feel respected, safe and comfortable so you are able to bring up and resolve any issues that block your well being or the achievement of your goals.

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

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

Our Relationship:

Although you may at times feel very close to me, it is important for you to realize we have a professional relationship rather than a personal one. Professional ethics require that our contact be limited to the sessions you have with me. Please do not invite me to social gatherings, contact me via social networking, offer gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You

will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

Peer Review:

Bayside Therapy Associates is a consultative group of experienced therapists. Good clinical practice requires occasional peer review and consultation within this group. Please be aware that your case may be clinically reviewed in this setting. Also be assured that you will be protected by the same confidentiality requirements followed by any of our therapists attending consultation.

Confidentiality and Privacy:

You have the right to a confidential relationship with a few exceptions as required by law. During family therapy, I may meet with one of you individually for one or more sessions, or for part of a session. Anything we discuss when your family member(s) are not present may be disclosed to them, if, in my best judgment, doing so is necessary to effectively help your relationship(s).

Minors age 13 or older may without permission from a parent or guardian consent to mental health treatment, and they have the right to a confidential relationship with a therapist. Serious threats of harm to self or others, however, will not be kept confidential, and steps will be taken to ensure everyone's safety. This may include notifying the parent or guardian.

By initialing below, I acknowledge I have been provided a copy of Krista DeRoche's "Notice of Practices Regarding Protected Health Information" and have read and understand the information provided.

Initial here to acknowledge receipt

Billing Practices:

Billing practices are explained in detail on a separate "Billing Practices / Financial Agreement" page. By initialing below, I acknowledge the Financially Responsible Party (e.g. self or parent) has read and understood the information provided.

Initial here to acknowledge receipt

Appointments:

I try very hard to begin and end therapy sessions on time, out of respect to both of our schedules. If you need to reschedule or cancel your appointment for any reason, appointments must be cancelled a minimum of 24 hours in advance. If I do not receive this advance notice, **you, not your insurance company**, will be charged a cancellation/no show fee equal to **the full fee** for the session missed (please note: Insurance does not pay for missed appointments). Telephone therapy time is prorated at the same rate as in-office therapy (Insurance does not pay for phone therapy time).

Attendance:

Attending scheduled appointments is critical to the success of counseling. Repeatedly missing appointments can be detrimental to the counseling process, and potentially costly if no show fees accumulate. If missing scheduled appointments becomes a concern, I will initiate a conversation about how to remain engaged in services.

Emergencies: If there is an emergency between sessions, I can be reached by phone: **360.734.7310 ext. 4616**, or on my cell phone: **206-849-6638**. I would like to keep phone conversations as brief as possible, as it

is normally not an appropriate method of conducting therapy. If you are unable to reach me when you feel the need for some emergency help, Bayside Therapy Associates has a 24-hour on-call therapist who can be reached by calling **360.325.3999**. There is no charge for phone contacts less than 10 minutes; contacts over 10 minutes will be charged at the usual hourly rate. Volunteers of America also has a 24 hour on call crisis line at **1-800-584-3578**. In the case of a life-threatening emergency please call **911**.

Complaints:

If at any time, for any reason, you are dissatisfied with my services, please let me know. If I am not able to resolve your concern, you can contact the Department of Health at:
Washington State Department of Health, Health Professions Quality Assurance P.O. Box 47869, Olympia, WA 98504 or visit their website (www.doh.wa.gov) for any further information.

Treatment consent:

By signing, I consent to mental health counseling treatment with Krista DeRoche, MA, LMHC. I have been informed of the type of counseling I will receive from Krista DeRoche, MA, 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.

Client's Signature

Krista DeRoche, MA, LMHC

Date

Date