



Therapy Integration Practices

Gaaren Anderson, LMFT, LMHC
 Using Relationships, Mind, & Body → Effective Change
 & supporting HealthCare Practitioners with same vision

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CONSENT to TREATMENT / FEE AGREEMENT

Patient _____ DOB _____

CLIENT/RESPONSIBLE

Relation: Patient _____ DOB _____ SSN _____

PHONE: --Home _____ Work _____

Email: _____

ADDRESS _____

City _____ State _____ Zip _____

Employer _____ Job Title _____

OTHER PERSON

PHONE: _____

Home _____ Work _____

Relation to Patient _____

FEES

Full-rate for intake session is billed at \$125 and every session after is billed at \$95. This is discounted down to \$75 /session ("**Cash Discount**") if paid at time of service, so we avoid billing time/expense. If you have insurance, which applies, your out-of-pocket will depend on the various insurance policies and the therapists agreement with the insurance company. We will confirm the insurance coverage & inform you of the benefits, usually by the second session. Whatever payment is due is generally expected at the beginning of each session, unless we make other arrangements.

--**BILLING**--If we do have to bill, a 1st statement will be sent
 30 days= 2nd Notice—cash discount will no longer be allowed

45 days= Final Notice before being sent to Collections Department

60 days= Collections Department—charging 12%/yr interest on balance

--**NO SHOWS**--In order to obtain the most benefit from therapy, it is important to attend every scheduled session. If you will not be able to keep an appointment, please call (253) 804-9596 at least 24hrs in advance, or you may be charged for the NoShow session.

--**NSF Checks**--\$30 charge on checks returned for insufficient funds

THERAPIST QUALIFICATIONS

Washington State Law requires that counselors provide clients with brief information on the therapist's qualifications, and on the client's rights as a consumer.

THERAPIST QUALIFICATIONS:

Gaaren Anderson earned his

Master's Degree (**M.Ed.**) in counseling (1981)

And his Bachelors (**B.A.**) in Psychology (1977)

From Brigham Young University

He is Licensed in the State of Washington as a:

--Licensed Marriage & Family Therapist (**LMFT**)

--Licensed Mental Health Counselor (**LMHC**)

He is a Clinical Member of **AAMFT**

(American Association for Marriage & Family Therapy)

and WAMFT (the state chapter of AAMFT)

He has about 20 years experience in mental health with adults, children, & adolescents. He has about 10 yrs of specialty with families, especially adolescent family conflict, & about 8 yrs full-time private practice with specialty with relationships & couples therapy. This experience has been in a variety of settings including agencies, schools, in-home family therapy, outreach, correctional facilities, psychiatric institutions, & private practice.

He is currently specializing in systemic family therapy, couples, individual/relationship developmental processes, impulsive behaviors, & integrated (situation/mind/body interactions) treatment of emotional difficulties.

COURT DISCLOSURES

In order to ensure a safe atmosphere in therapy, patients need to be sure their words will not be used against them. In the event of divorce, or any other legal action, I agree not to make or seek any court disclosure of therapy content.

PERMISSIONS:

Please circle "No" if you disagree-----**Questions**, please ask

___ Therapist to Exchange information with your Primary Care Phys

if no----Reason _____

___ Therapist to record therapist comments

Explanation of Recording----Mr. Anderson has been doing therapy for many years, and finally decided to get some of his thoughts down on paper. He is recording himself, rather than you, & it is usually off. If the recording catches any bits/pieces of your comments in between his, they will be omitted or changed beyond recognition in any resulting written materials.

Consent----I (Client) understand the purpose/scope of the recording, and agree for it to occur in my sessions. If there are any times when I wish to not have the recorder on, I will let Mr. Anderson know, and he will not record at that time.

CLIENT'S RIGHTS

I acknowledge that I have received a copy of the WA State pamphlet "We Want You To Know", & have discussed my rights as a client with my therapist.

CONFIDENTIALITY

Therapy Integration Practices (TIP) / Gaaren Anderson, LMFT maintains confidential records of your contact with it, & the services provided to you, in order to ensure continuity & coordination of care. I understand that confidentiality is maintained, & disclosures are made only by:

1—my written consent, or

2—reimbursement from insurance companies & other third-party payers, or

3—billing, Authorization & Treatment Planning information with your managed care organization. (Your insurance company provides some kind of report to your employer. Most of what we hear is that these are strictly statistical reports, & hopefully the few exceptions have been corrected by the new HIPAA regulations. If you have concerns about this, ask your HR, Insurance, EAP, etc to clarify.

4—safety purposes (physical/sexual abuse, homicide, suicide, violent crimes—CPS Mandatory Reporting Requirements apply to counselors), or

5—required by law, such as a court subpoena

6—national security considerations (i.e., intensive background check for people applying for jobs involving classified military contracts, etc)

WHERE DID YOU FIND US?

DIRECTORIES

___ SoKing Dex

___ Regional Tel Directory

___ Other _____

BENEFITS

___ EAP

___ Insurance _____

OTHER

___ Doctor Referral

___ Friend

___ Other _____

Signed

Client/Responsible _____

Signed Patient _____

Date _____