

## **David Wilder, LICSW**

**919 Third Street, Suite #101**

**Langley, WA 98260**

**(360) 341-3562**

# **Consent, Fees and Disclosure**

## **PURPOSE**

This document is written to make you aware of some information you may need to make decisions about your counseling, as well as my office policies. This is also required by state law. I provide individual, couple, and family counseling.

## **CREDENTIALS**

*“Counselors practicing counseling for a fee must be registered, certified, or licensed with the department of health for the protection of the public health and safety. Registration, certification or licensure of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.” The Counselor Credentialing Act (RCW 18.19) is the law regulating counselors. Its purpose is 1) to provide protection for public health and safety; and 2) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.*

I am licensed by the State of Washington as a Licensed Independent Clinical Social Worker (LICSW) 2001 to present. I have a Master of Social Work degree from the University of Washington 1987. I have been a Child Mental Health Specialist since 1984. I have qualified as a Mental Health Professional since 1989.

National Provider Identifier (NPI): 1366478323

Social Work License: WA State LW 00005030

## **THERAPEUTIC ORIENTATION:**

I work with individuals, and/or their families to help find solutions to problems that they identify as something they want to change. I use techniques from a variety of theoretical backgrounds; such as Art Therapy, Play Therapy, Cognitive Behavioral Therapy, Motivational Interviewing, Anger Management Skills and common sense. I help people examine their thoughts and beliefs and whether or not they are supporting your life goals, and how they affect their emotions and actions. I work with clients to better understand their relationships with others and ways they can enrich and enhance these. I believe that we do not exist in a vacuum and that it is always best to look at life problems in relation to others (family, friends, co-workers, partners, etc.). In addition, I work with beginning therapists and offer them supervision and guidance.

## **YOUR RIGHTS**

You have the right to:

- 1) Decide whether or not to receive psychotherapy from me. If you wish, I can provide you with names of other qualified professionals.
- 2) Know the course of treatment and my preferred treatment methods. Please ask if you have any questions.
- 3) End therapy at any time without any legal or moral obligation. If you wish to end therapy, please bring it up at a session.
- 4) Review your records, or request in writing that no records be kept except the minimal identification information, or that required by your insurance company.

**CONFIDENTIALITY:**

All information you disclose is confidential unless you give me written permission to do so. Our work will remain confidential with a few exceptions: (1) where there is reasonable suspicion of abuse of children, elderly, or dependent persons; (2) where you present a serious danger to another person or yourself; or (3) if the court of law subpoenas your records. I regularly consult with colleagues about my work with utmost mindfulness to protect the privacy and confidentiality of my clients. Please be advised, communication through cell phones and e-mail has inherent limits of confidentiality. Any written communication may be included in your therapy record. *Contact for additional information Washington State Department of Health, PO BOX 47890, Olympia, Washington 98504-7890*

**FEES AND INSURANCE REIMBURSEMENT**

I am currently accepting insurance. It is important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. I highly recommend that you call your plan administrator and ask questions like the following:

- What is my deductible and has it been met?
- How many sessions per year does my health insurance cover?
- What is the coverage amount per therapy session?
- What is my co-pay?

I also see clients for cash only and can assure them the utmost in confidentiality.

- My current hourly rate is \$150/session and \$200/assessment. I offer a sliding scale.

Payment of all fees is due at the beginning of each session and you may pay by cash, credit card or personal check.

**AVAILABILITY**

I am often not immediately available by telephone. While I may be in my office, I do not answer the phone when I am with a client. When I am unavailable, my telephone is answered by an automatic voicemail service, which I monitor regularly. I will make every effort to return your call within 24 hours. If you are difficult to reach, please leave several times when you will be available. If you cannot reach me right away, and you feel that you cannot wait for me to return your call, you should call the **Care Crisis Response Services** at **800-584-3578**. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

**CONSENT**

I have been provided access and understand all the information provided in this disclosure statement and in the *Notice of Privacy Practices* and *What To Expect - Washington State* brochure (found at [davewildertherapy.com](http://davewildertherapy.com)) provided to me by David Wilder, LICSW. I have been provided a copy of this *Consent, Fees and Disclosure form*. *I understand that I may be provided a copy of these policies if I request it.*

I hereby give my consent for the treatment of

Client Name: \_\_\_\_\_

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Client Signature, if 13 or over	Date	Parent/Guardian/Caregiver	Date
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David Wilder, LICSW	Date
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