

Northwest Behavioral, INC
3031 Orleans St., Suite 101, Bellingham, WA 98226
Office: 360-392-2838 Fax: 360-527-8999
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Therapy Information Sheet

(In compliance with Revised Code of Washington 18.19.060)

Therapist: Laurel Eby, M.Ed., LMHC

License Number: LH60889526

Client's Name: _____

Your initial session will last approximately one hour and will serve as an assessment of your needs in seeking therapy at this time. Follow up appointments will be approximately either 45 minutes or 53+ minutes. Please be aware that these appointments are billed with different billing codes and therefore the fees vary for each type (length) of appointment. Payment of co-payment is expected at the time of appointment unless other arrangements have been made in advance. Some insurance companies cover all or part of the cost of therapy. Please check with your insurance carrier to see if you are covered and provide us with what is necessary to bill your insurance provider.

Initial intake sessions are **\$165**. Follow up sessions are **\$127** for a 45 minute appointment and **\$152** for 53 minute sessions.

If you do not come or do not cancel your appointment before 24 hours, you will be charged a **\$65** fee. If you do call to let me know, but cancel within the 24 hours of notice, you will be charged a late fee.

- If you contact me at 360-205-1870 to let me know you are delayed or need to reschedule I will be reachable via text and will receive the communication once I am available. **Please keep in mind that if you reschedule but contact me to do so within the 24 hour window you will still be charged a late fee.**
- The Northwest Behavioral voice mail system is available 24 hours a day, seven days a week. Please contact Northwest Behavioral at 360-392-2838 during the day if you want to speak with someone regarding your appointment.

Neither of these is an emergency number, in the event of a life-threatening emergency or if you feel that you may harm yourself or others, please call **911** immediately. If you are in crisis you can also call the Care Crisis Line at 1-800-584-3578 (open 24 hours a day, 365 days a year, toll free), contact St. Joseph Hospital at 360-734-5400 (ask for the Mental Health Unit), or go to the nearest hospital emergency room.

All sessions are confidential; however if you intend to harm yourself or someone else, or destroy property, I may not keep that information confidential. Except under very limited circumstances (RCW 18.19.180), I will always obtain your written permission before giving out information concerning you or your treatment.

If you have a question or concern regarding the service(s) that you receive through Northwest Behavioral Inc., please address the matter with our clinical supervisor. You may contact her at 360-392-2838. If she cannot address your question or concern satisfactorily, then you have the right to contact the Department of Health Professional Licensing Services Division, Counselor Section, PO Box 47869, Olympia WA 98504-7869, 360-753-1761.

Counselors practicing for a fee must be registered with the Department of Licensing for the protection of public health and safety. Registration of an individual does not, however, include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

Payment and Insurance Billing

I, the undersigned, authorize the release of any medical or any information necessary to process this claim through the insurance company previously noted. I authorize payment to the providing clinician for services rendered as stated on claims submitted by her to my insurance company.

I also understand that it is my responsibility to reimburse my therapist for any services provided on my behalf. In the event that my insurance does not cover costs for services rendered or I do not have insurance coverage at this time, I agree to pay any and all costs of counseling. Costs may include missed appointments, fees for written reports, phone calls on my behalf, or any other costs of providing services on my behalf.

I understand the above information and know that I can ask for a copy of this form at any time.

Client Signature

Date

Therapist Signature

Date