

vitalchanges

Science and Spirituality for Personal Transformation

15 South Grady Way, Suite 640, Renton, Wa 98057
Phone 425-687-9600; Fax 425-264-0136
www.VitalChanges.org

David A. McFarlane, Ph. D., M. Ed., M. Div.

CLIENT DISCLOSURE STATEMENT

APPROACH TO COUNSELING: Welcome to my counseling practice. My approach to counseling is to offer client centered counseling interventions. These psychological interventions include individual therapy, couple and family therapy, hypnotherapy, ecological focus therapy, group therapy, psychological assessments, and psycho-educational classes. My purpose is to collaborate with the client for insight and change through improving one's self understanding, expressing emotional pain, resolving personal conflicts, discovering personal potential, and gaining inner strength. I use the following psychotherapy approaches in my treatment practices: cognitive-behavioral, interpersonal, hypnotherapy, eco-psychology, psychodynamic, and existential.

EDUCATION

Doctor of Philosophy: 2004 University of Washington, Educational Psychology.

Master of Education: 1997, University of Washington, School Counseling

Master of Divinity: 1977, Fuller Theological Seminary, Pastoral Ministry
1975 Princeton Theological Seminary

Bachelor of Arts: 1974, Point Loma Nazarene University, Philosophy and Religion

LICENSES: LP – Washington State Licensed Psychologist # PY60099784

TRAINING & EXPERIENCE: My training includes treatment of adult, adolescent and child mental health issues. I was trained for these services through my Master and Doctorate studies in counseling and school psychology at the University of Washington from 1994 through 2004. I have recently completed studies in advanced clinical hypnotherapy with the Wellness Institute and I am a clinical hypnotherapist. My work experience includes working with adults, couples, teens and children in a community mental health agency, a parent and child mental health research clinic, private practice, and in religious communities. I have experience working with a variety of issues and conditions including depression, anxiety disorders, stress, trauma, substance abuse, divorce, domestic violence, conflict, self-esteem, transitions, relationships, communication, sexuality, ADHD, Conduct Disorder, Oppositional Defiant Disorder, and personality disorders. I have training and experience in administrating, scoring, and interpreting a variety of psychological assessment instruments. I also incorporate eco-psychology in my practice.

TREATMENT: The course of treatment is individually tailored to each client. Some concerns can be successfully treated in one or two consultations. Most concerns are more successfully treated in a minimum of ten sessions. The client will determine the number of sessions and the counselor will encourage discussion of this issue at any time. The client has the right to refuse treatment at any time.

CONFIDENTIALITY: All sessions are held strictly confidential between the counselor and client except in the following conditions: there is a threat of bodily harm to oneself or others; threat of property damage; suspected abuse or neglect of a child, dependent adult, or developmentally disabled person; the contemplation or commission of a crime; written release by the client; or by court order.

FEES

Psychotherapy

Intake Session = \$225.00.

Individual Psychotherapy Session = \$125.00, 150.00, \$200.00 [30, 45, 60 minute billed].
Couple or Family Psychotherapy Session = \$200.00 [60 minutes billed]
Hypnotherapy = \$285.00 [90 minutes billed]. [Normally one 45" session is billed insurance and one 45 minute session is an out of pocket charge of \$60.00 to \$80.00, depending on insurance payment]
Testing = \$200.00 per 60 minutes.
Group Psychotherapy Session = \$50.00 [90 minutes].

Consultations, Reports, Letters, Email.

Consultations, reports, letters, and email consultations are all billed with a \$10 minimum at the rate of \$200.00/hour. Phone consultations are billed with a 30 minute minimum billing. Travel is billed at the same rate. Forensic Consultations are billed at \$300.00/hour for legal report preparation, testimony, and travel.

Client Payment Responsibility

My policy is for clients to pay for services the day of your appointment. If we are billing insurance, deductibles and co-pays are paid at the time of the visit. We do not bill secondary insurance. Any claims that are not paid by 90 days are your responsibility for payment, and we will provide the needed information for all services rendered so that you may be reimbursed by your secondary insurance company. Be sure to understand the mental health benefits of your plan. Using insurance requires that information about your treatment, diagnosis, and identifying information will be released to the insurance company.

Cancellations: 24 hour notice required for cancellation, otherwise there is a full charge for missed appointments. **[Insurance companies do not pay for missed appointments.]**

Please note the additional information below:

We assist our clients by accepting and billing most major insurance plans in the greater Puget Sound Area. There are many different insurance plans and managed care companies and policies can be confusing. Be sure to understand the mental health benefits of your plan. If you would like us to verify benefits prior to your first visit, please submit all forms and a copy of the front and back of your insurance card to our office at least 1 full business day prior to your first appointment. If we are unable to verify your benefits, payment in full is required the day of service. If there is a deductible on your plan, payment in full is required on your initial session. Co-pays are also paid at the time of the visit. All fees are due at the beginning of each session. For your convenience, we accept debit and credit cards.

Please check with your insurance company to clarify your benefits, authorizations, referrals, and forms that your insurance company may require. It is your responsibility to know the allowable number of visits your plan offers. Using insurance will require that your information about your treatment and diagnosis and identifying information will be released to the insurance company. We do not bill secondary insurance companies but will provide you with a service code if you are submitting claims. Any claims that are not paid by 90 days are your responsibility for payment, and we will provide the needed information for all services rendered.

You will be sent a statement monthly. Please verify the explanation of benefits you receive from your insurance company. You will be expected to pay any balance on the account the insurance does not cover provided services did not exceed the price we contracted with the insurance company. We will assess finance charges on all past due balances at a rate of 12% annually. In the event the account becomes 90 days delinquent, we will pursue legal remedies for collection.

QUALITY OF SERVICE: I desire to provide you with the highest quality of service at all times. Please speak with me at any time if you have concerns about your service. If you think I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be resolved. If you think this does not resolve the issue, you may contact the following:

Department of Health, Professional Licensing Services, Counselor Registration/Certification,
1300 SE Quince Street, MS:EY-22, Olympia, WA 98504.

CLIENT AGREEMENT

I hereby grant my permission to receive psychological services employing such established methods as may be appropriate in my treatment. I understand that I may ask questions about my counseling and may end counseling at any time. I certify that I have read the above disclosure information and I understand its contents. I agree to pay Dr. McFarlane for his services according to this disclosure statement.

_____/_____
Client Name Date of Birth

Client Signature [or parent signature if minor] Date

Address City State Zip

Home phone Cell phone Email

_____/_____
David A. McFarlane, Ph.D. Date