**Disclosure**

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**Training and Degrees:** I earned my Bachelors in Psychology from Seattle Pacific University in 2006 , and a Masters of Science in Marriage and Family Therapy in 2012. I am currently a Licensed Marriage and Family Therapist in the State of Washington (#LF60816919). I also earned a Medical Family Therapy certification through Seattle Pacific University, which means that I have completed a series of classes and a one year internship with a doctor focused on how medical issues impact mental health and the family.

**Billing and Insurance Information:** The fee for counseling is $110 per 50 minute session. Payments are made at the end of the session and before scheduling next appointments. You will be charged for an appointment if you fail to notify me within 24 hours of our scheduled appointment (emergencies excepted). Fees may increase periodically, and thus the fees are subject to change with four weeks prior notice. The fee can be adjusted using a sliding scale, please advise me of your need.

I do not file insurance claims for you. If your insurance provider will be covering the cost of your counseling then you need to make arrangements with them to reimburse you directly. On request I can provide you with a receipt to submit to your insurance company. If they have specific paperwork necessary for filing a claim, I will be glad to complete any part of the form that is necessary.

**Choosing a Counselor:** You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time. I am more than happy to refer you to another therapist at anytime if you feel your needs are not being met.

**Confidentiality:** There is a legal privilege in this state protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others.

1. The client gives written permission to share confidential information.
2. Anything that suggests a crime or harmful act. This includes any reports of confirmed or suspected abuse or neglect of a minor, elderly person, or a vulnerable adult.
3. If the client is a minor, and there is indication that she/he was the victim or subject of a crime.
4. The client brings charges against the counselor.
5. In response to a subpoena.
6. As required under chapter 26.44 RCW.

When it is possible, we will discuss any exceptions to confidentiality as they arise.

**Consultations:** I regularly consult with other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

**Scheduling Appointments:** Appointments are generally made on aweekly basis, however we can tailor our sessions to meet your individual needs. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of a session.

**State Information:** Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

**Unprofessional Conduct:** The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number: Department of Health, Counselor Programs

P.O. Box 47869

Olympia, WA 98504-7869

360.664.9098

**Contacting Me by Phone:** You may leave me a message on my confidential voicemail at (206) 794-5594. I will check these messages on a regular basis. Please limit your phone conversation needs to appointment scheduling and emergencies.

**Emergencies:** If you are in an emergency and cannot reach me, please call one of the following numbers for help: General Emergencies 911

Crisis Clinic 800.244.5767 or 206.461.3222

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*I have read and understand the information presented in this form.*

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Client Signature Date

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Client Signature Date

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Therapist Date