



Admin Only: Called in for Appt. on _____
 Todays Date: _____ Referred By: _____

Patient Registration/Intake Packet

(Please Print & Circle Yes or No)

Name _____ Date of Birth ____/____/____
 First Middle Initial Last Gender

Responsible Party: _____ Date of Birth ____/____/____
 First Last

Address _____
 Street City State Zip

Primary Phone # _____ Secondary Phone/Work # _____

Employed? **Yes / No** Current Employer _____ Position _____

Email _____ Driver's Lic # _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed Student Status: **Yes / No**

School & Contact: _____ Phone _____

Name of Person(s) with custodial rights _____

If required is there a parenting plan on file? **Yes / No**

Physician _____ Phone _____ Referral Needed: **Yes / No**

Emergency Contact: _____

Name Relationship Phone

Insurance / Payment Information

PRIVATE PAY INSURANCE EAP ~ Name of EAP: _____ Reference # _____

Primary Insurance Company: _____ Phone: _____

Subscriber SSN: _____ Ins ID: _____ Group #: _____

Subscriber Employer (if not patient): _____ Phone: _____

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Secondary Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Subscriber \_\_\_\_\_  
 Subscriber Name Date of Birth

Subscriber SSN: \_\_\_\_\_ Ins ID: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber Employer (if not patient): \_\_\_\_\_ Phone: \_\_\_\_\_

\*This packet is just one part of other diagnostic tools used.

## Payment Policies and Disclosure Statement

- 1) **Payment for services:** Billing for services is based on the department of service, whether there is insurance, the type of insurance company, and whether the services are covered under insurance. For services not covered under insurance, we provide private payment options as noted below.
- 2) **Insurance Billing:** All contracted & non-contracted insurance companies are billed directly as a courtesy for all services covered by insurance. If your insurance company is not contracted with Family Therapy & Recovery, PS all charges are considered patient responsibility at the start of service. Any remaining balance for non-covered benefits, co-insurance and deductibles are your responsibility. Payment for this is expected within 30 days from receipt of your statement unless you are on a monthly contractual agreement for services not covered by insurance or placed to your responsibility by your insurance plan. All Third Party Payers (motor vehicle accident insurance) are considered non-contracted. (See assignment of Benefits below for billing)
- 3) **CO-PAYS:** All co-pays are expected at the time the service is rendered.
- 4) **Payment Arrangements:** Under special circumstances temporary payment arrangement may be made if approved in advance. Accounts on a temporary payment plan are required to make payment each and every month. Missed payments will result in late fees &/or being sent to an outside collection agency.
- 5) **RETURNED CHECKS:** There will be a \$35.00 charge for all returned checks.
- 6) **SERVICE FEE:** There is an interest fee or late fee assessed on ALL accounts with balances 60 days past due, regardless of payment arrangements or secondary insurance status.
- 7) **Late Cancel & No Show Policy:** There is a fee for no-show and late cancellation of appointments without 24-hour notice. (this does not apply to group sessions)
- 8) **Method of Payment:** We accept cash, checks, and money orders, American Express, Discover, VISA or Master Card

### Assignment of Insurance Benefits & Authorization to Release Information

I hereby authorize payment directly to Family Therapy & Recovery, PS for All Behavioral Service benefits otherwise payable to me not to exceed this Practice's regular charges for this service and period. Although eligibility and benefit information will be corroborated to the best of this Practice's ability, certification for medical necessity does not guarantee financial reimbursement related to these matters. I understand that it is my responsibility to resolve any dispute with my insurance carrier(s) or third party payer and that I am obligated to pay all charges in the interim. In the event of default payment, I will be held liable for the unpaid balance, including any attorney or collections charges as permitted by law.

In order to process my claim for benefits, I authorize this Family Therapy & Recovery, PS to release my insurance carrier or third party payer I may have, as well as to an administrator, utilization review organization or fourth party payer appointment by them, any information regarding my treatment program that may be required. I also authorize this agency to contact the Washington State Insurance Commissioner on behalf of my insurance claim, if my insurance carrier sees fit to deny charges for treatment.

#### Informed Consent for Billing

- My signature below indicates that I have read, understand, and agree to the Financial/Billing policies as stated above.
- I understand and accept responsibility for payment of fees in accordance with these terms and conditions, including the late cancellation and missed appointment fees.
- I authorize Family Therapy & Recovery, PS and Staff to provide behavioral health services to me. I consent to the use of a diagnosis in billing and to release that information and other information necessary to complete the billing process.
- I know I can end treatment at any time that I wish and that I can refuse any treatment recommendations made by my provider. I accept responsibility for any repercussions due to refusal of treatment changes or recommendations.
- If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

I have read and understand all the above information. I accept all financial responsibilities associated with the services I receive from Family Therapy & Recovery, PS.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**DISCLOSURE OF INFORMATION, POLICIES AND CLIENT AGREEMENT**  
**PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGMENT OF ITS RECEIPT ARE REQUIRED BY WASHINGTON STATE LAW. PLEASE READ THE INFORMATION IN THIS DOCUMENT CAREFULLY. We WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.**

### **Your Rights As A Client In Counseling**

As a client in counseling you have certain rights that are important for you to know about. There are also certain limitations to those rights which are also important for you to be aware of.

As a client of a counselor registered or licensed by the state of Washington, you have the right to expect our communication to be kept confidential under state law. With the exception of the situations listed below, you have the right to have information you share with us held in strict confidence; that information includes the fact that you are seeing us. The confidence is yours, not ours, and cannot be waived without your consent. We will always act to maximize your privacy even when you waive your right to confidentiality.

### **CONFIDENTIALITY:**

All issues discussed in the course of therapy will remain in the strictest of confidence except those for which you choose to sign a release of confidential information (i.e. your medical doctor, other treatment providers or family members). Also, your insurance company or its agent may have the right to audit your records for purposes which may include, but are not limited to accuracy of claims, coverage of services, medical necessity, proper utilization and appropriateness of services, and for billing. In the course of clinical consultation, your case information may be discussed with other professionals. However, this is done without revealing any information that would identify you. It is important to note that the law does provide for some exceptions to confidentiality which will be covered in the How We use or Disclose Your Protected Information portion of this document. Federal and state laws differ at times, in cases where this occurs the more stringent law supersedes regardless whether it is federal or state.

### **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED INFORMATION**

1. Public Health/Law Enforcement: the following situations are exceptions to your rights of confidentiality:
  - A. If we believe that you are likely to do harm to yourself or another person, we are required by law to take steps to protect you and/or the other person.



- B. If we believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to us about the possible abuse or neglect of a child, we are required by law to report this to Children's Protective Services or Adult Protective Services.
- C. If we submit claims to your insurance company, they will likely require some information regarding your treatment with us. Most insurance companies require information including your psychiatric diagnosis.
- D. If our therapeutic relationship involves more than one person (e.g. spouse, parent, partner) we will not release any information to a third party (court, attorney, etc.) without the signed permission of all parties involved in our therapeutic work together, except as required by law. Your signature on this disclosure statement represents agreement of this requirement.

In some cases it is useful for us to discuss your situation with others such as your physician or your former therapist. We will always discuss this with you and obtain your written permission before seeking any information exchange.

We regularly consult with colleagues regarding our work with clients to gain feedback and suggestions about treatment. Our work with you may be discussed in formal or informal sessions with my colleagues. During these consultations, neither your name nor other unique identifying information will be revealed. All discussions of this type with other professionals are still subject to the same provisions of confidentiality discussed above.

If you have been directly referred to us by someone else, we may, as a good business practice, acknowledge to them that you have contacted us and thank them for the referral. We will not discuss your situation with them unless we have your written permission.

You have the right to request a change in treatment or refuse treatment. It is important that what we do together in treatment meets your needs. Your participation in therapy is fully voluntary. If you believe that you are not being helped, please tell us so that we can work through the difficulty together. If we cannot, We will help you in finding a new therapist.

Although you are free to terminate therapy at any time, it is our request that you discuss your decision and reasons for termination at the beginning of a regularly scheduled session. We consider it of therapeutic value to you that the counseling relationship be closed in a straightforward manner, ensuring that all counseling issues have been dealt with to the best of your and my ability. In any case, notice of termination will result in my scheduling other clients into your regularly scheduled time slot. If you cancel an appointment or miss an appointment without leaving notice to reschedule on my voicemail, notice of termination will be assumed and your time slot will be given away to the next available client.



Our office number is 253-220-9452. Please leave a message if there isn't an answer and we will get back to you as soon as possible. If you are unable to reach us and you are in crisis please call the **Seattle Crisis Clinic at 206-461-3222 or call 911** for immediate help.

## **APPOINTMENTS AND FEES**

Appointments are usually scheduled once a week or every other week. **The session lasts 45-50 minutes, unless we arrange, in advance, for a longer time. Longer appointments will incur an extra charge based upon the amount of time we take. The scheduled time is set for you. If you miss a session without cancelling or if you cancel with less than 24 hours notice, we will bill you in full for that time.** Insurance or third parties will not compensate you under these circumstances. If you are late for a session, you will be seen for the remainder of your time and billed for the full hour.

Our standard fee is \$130.00 per individual/family session. This fee is standard regardless of the number of people attending the session. Please note the initial intake diagnostic session is billed at \$150.00. Also group sessions are billed at \$60.00 per session. Payment must be made at the conclusion of the session unless we specifically agreed on another method of payment. We accept cash, credit, debit, paypal, and personal check at this time. **There will be a \$30.00 fee charged for any returned checks.** A financial charge of 2 percent per month or \$2.00 minimum, whichever is greater, will be assessed on any balance that is outstanding for 60 days or more, unless you have made other arrangements in advance with regards of incurring a debt to us. In the event that the matter is turned over to a collection agency, you agree to pay all principal, interest and the cost of collection. You further agree that the reasonable cost of collection shall be fifty percent (50%) of the total amount of principal and interest and owing.

If we are doing work related to your treatment that is outside of the bounds of our scheduled counseling, we will bill at our hourly basis for all the time we spend on your case. This will include travel time to another location (such as hospital, your home, an attorney's office, school or any other setting) meeting with a professional regarding your case, writing reports, preparation time, etc. Our fee for this work is \$100 per hour.

## **TRAINING AND APPROACH TO THERAPY**

Washington state law requires all licensed mental health counselors to disclose their training, education experience and approach to therapy to prospective clients. Please feel free to discuss this information with us if you have any questions. Our approach to therapy is continually evolving as we attend workshops and seminars in new evidence based therapeutic techniques.



## **INDIVIDUAL COUNSELORS, TRAINING AND DEGREES**

1. Paul Hunziker, M.A., LMFT, CDP. Paul Hunziker received his Masters of Science degree in Child Couples and Family Therapy from Antioch University and a Bachelor of Arts degree in Liberal Arts Counseling Psychology from the Prescott College.

Paul originally founded Family Therapy in 2014, where he maintains a robust private practice and specializes in working with couples and families. Since 1999, he has been serving the area in various mental health capacities working with issues including communication, parenting, depression, anxiety, domestic violence, alcoholism and sexual abuse.

Paul uses an integrated approach to counseling which utilizes methods from several treatment models. His therapeutic approach to counseling is grounded in the evidence based practice Motivational Interviewing. This approach is client centered which aims to help you identify and achieve your own goals through counseling. He also integrates Family Systems, Cognitive Behavioral, and Play Therapy Techniques which attempt to improve communication in families and develop coping strategies for managing strong emotions.

Paul is associated with:

- (a) Masters of Addiction Counseling with a Co-Occurring Mental Health Endorsement
- (b) National Association of Addiction Counselors (NAADAC)
- (c) American Association for Marriage and Family Therapists (AAMFT)  
Approved Supervisor and Clinical Member
- (d) Washington Association for Marriage and Family Therapists (WAMFT) Clinical Member
- (e) Washington State Licensed Marriage and Family Therapist

**Washington State License Number LF60176228, CP60213851**

2. Maureen McCarthy-Koth, MA, LMHC.

Maureen received her Master's in Counseling Psychology in 2006 from The Seattle School. She is a licensed mental health counselor and an approved clinical supervisor. Maureen also teaches first year masters students at The Seattle School. She has worked in a variety of settings including residential drug and alcohol treatment centers, community transitional housing agencies, academic institutions and private practice.

Maureen meets with clients dealing with a wide range of concerns including the pressures of day to day living, relational struggles, depression, anxiety, communication skills, PTSD, trauma, sexual abuse, addiction, domestic violence and couples issues. Working most often from a relational/interpersonal perspective, Maureen also uses her training in Motivational Interviewing and LifeSpan Integration when helpful. She believes that understanding ourselves in the context of early childhood experiences and present relationships is an important way to grow toward developing and sustaining life enhancing relationships. The work of counseling helps consider the way in which past painful wounds have kept you from peace and wellbeing, why the same themes and challenges arise in your present relationships and how you can develop healthy ways of communicating and living well.

**Washington State License Number LH60229136**

3. Amy Harp, MA, LMFT. Amy received her Masters of Science degree in Child Couples and Family Therapy from Antioch University and a Bachelor from the University of Washington.

**Statement from Amy:** My belief is that counseling is a journey and our first step is to define



where you want to go. We will also identify your strengths, what's working well in your life, and the things that can be changed for you to get to your destination. Counseling consists of defining problems, understanding relevant history, and designing interventions to alter behaviors, feelings, attitudes, and thought patterns.

My intention is to listen, validate, and empower your abilities. I hold a place of deep respect for everyone that comes into counseling and I appreciate how complex people's lives and motivations can be. Due to this, I believe that my job is to bring out your own wisdom and knowledge in order for you to discover your own answers.

I utilize different approaches to tailor a treatment plan specific to your needs. I use cognitive behavioral techniques – examining thought and relationship patterns and what is working and not working. Strength based approach – what you do well and the things about you that help you handle stress and life's challenges and difficulties. As well as motivational interviewing – looking at ways that you can make positive behavioral changes that creates the life you want. The approach examines discrepancy and supports beliefs that can successfully create the change that you want.

I have over 10 years of experience working as a marriage and family therapist. My experience includes counseling adults, children, adolescents, and families in community mental health agencies. I have extensive experience working with individuals who struggle with: relational struggles, anxiety, depression, grief and loss, PTSD, and other trauma.

**Washington State License Number LF60096171**

4. Linda McFadden, MA CMHC, CDPT Linda graduated from Antioch University of Seattle and has an agency affiliated license until the state paperwork is done to issue an LMCHA and also holds a CDPT license. She has over 60 credits focused on Multicultural Competency and social justice. Additionally, she holds a certificate for drug and alcohol interventions and prevention. In April 2019 Linda will have an additional certificate in Play Therapy at Antioch University.

"My research has been focused on childhood diagnosis such as ADHD, ODD, Social Anxiety and others. Many times by helping children and families use diet and mindfulness as means to improve behavior family life can improve. Through the use of play therapy children learn to communicate through their natural language of play the issues in their life. My theoretical orientations are CBT, DBT, Gestalt Therapy and Play Therapy. My love for Carl Jung's work with dreams helps me with clients as well. I feel adult clients know their thinking. Helping adults discovering how their thinking is creating undesirable behaviors is the work we do together. All clients are seeking a life worth living."

I have been involved in American Indian traditions and ceremonies for 23 years and spend most of my time in ceremonies in the summer or gardening. I can also be seen listening to music or playing music.

Linda perceives the ways in which she works with a client is walking with them over stumbling stones on the path to the labyrinth in the center of themselves, the heart. Through therapy the client can walk out of the labyrinth, full of dreams for their future, and the sacred tools to help them.

**LMHCA 60897323, CDPT CO60270582**



5. Katharine E. Cooke (Kate) LMHC, CDP

Kate graduated from Antioch University in 2004, with a Masters Degree in Clinical Psychology and her Bachelor's Degree is in Human Services from Western Washington University. Kate also has her Certification in Chemical Dependency from Bellevue College.

She has been practicing with Co-occurring disorder clients since 2004. Kate has experience working with substance use disorders, a variety of mental health issues, domestic violence and clients involved with the criminal justice system.

Kate primarily uses Cognitive Behavioral Therapy (CBT) with her clients as it is evidenced based and results can be relatively quick. Kate is also proficient in Motivational Interviewing helping clients see how their behaviors may not be working for them.

Kate likes to spend her free time gardening and doing projects around her home. On a sunny day Kate can be seen riding the streets of Renton and Kent on her motorcycle.

**Washington State License Number LH 00010378, CP00006077**

6. Nina Erichsen, MA Candidate, Intern

Nina is currently working towards her Masters of Arts Degree in Marriage and Family Therapy with a specialization in Military Family Therapy from Northcentral University. She received her Bachelor of Arts Degree from the University of Oregon in 1987.

Nina's theoretical areas of interest include Solution Focused Therapy, Cognitive Behavior Therapy, and Emotional Focused Therapy. As a family systems therapist, Nina believes that relationships, whether familial, social, or work related affect how we view ourselves and relate to others around us. In collaboration with the client, we can begin to examine how those relationships may be causing difficulties in our lives and how to best solve them.

Nina developed her focus in therapy with military couples and families as a military spouse and volunteer for over 28 years. Nina also has an interest in therapy with the LGBTQ population and their families in working in partnership to build family cohesion, understanding and acceptance.

Nina moved to Washington State in 2017 after her husband's retirement from the military, and they are enjoying all the recreational perks the Pacific Northwest has to offer, especially trail riding with their horses.

**Washington Agency Affiliated Counselor Credential CG60877247**





## YOUR AGREEMENT

We have read and understand all of the information explained to us in Family Therapy & Recovery's (FTR) Disclosure of Information, Policies and Client agreement, including my rights as a patient. We agree to all the above policies and procedures. We hereby authorize FTR to render behavioral health services to us under the terms described by FTR in the above statements. We understand that We have the right to terminate counseling at any time. We also understand the FTR requests notice of termination at the beginning of a regularly scheduled session so that the reasons for termination may be discussed in terms of my therapeutic issues. My signature below indicates that We have received a copy of this agreement.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FTR Representative

\_\_\_\_\_  
Date

## Patient Rights

### WAC 388-877-0600

Family Therapy & Recovery P.S. shall take reasonable efforts to assure that all patients:

- Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
- Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
- Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
- Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
- Be free of any sexual harassment;
- Be free of exploitation, including physical and financial exploitation;
- Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
- Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
- Receive a copy of agency complaint and grievance procedures upon request and to lodge a complaint or grievance with the agency, or regional support network (RSN), if applicable, if you believe your rights have been violated; and
- File a complaint with the department when you feel the agency has violated a WAC requirement regulating behavior health agencies.

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Patient Signature

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Date