



**Drew Thomas, MACP, MHP, CMHS, LMHC
Disclosure Statement
Licenses Mental Health Counselor #LH60684341**

Welcome! I am a state licensed mental health professional and certified child mental health specialist. My work with clients of all ages focuses on helping them achieve personal, academic, and professional success. I offer assistance based on my experience, training and your goals. The following guidelines describe your rights and our mutual responsibilities during our counseling relationship:

Client Rights

As a client, you have the right to refuse treatment or to ask me to refer you to a different therapist. If you have any concerns about the counseling I provide, please let me know. You may also contact the Washington State Department of Health, Professional Quality Assurance Division, PO BOX 47869, Olympia, WA 98504 or call 360-236-4902.

Approach to Treatment

My primary treatment method is eclectic, which means that I use a variety of methods and techniques, depending upon the client's needs. I will conduct an initial assessment and then together, we will discuss an appropriate treatment plan and goals. I specialize in working with children, teens, young adults, and families. In counseling children and adolescents, I strive to help individuals find their own beliefs, identify their emotions, and express themselves in healthy and meaningful ways. In working with families, my goals are to identify patterns of behavior, recognize familial strengths, and to suggest potential modifications that may encourage interactions within the family to be more healthy and adaptive. My work with clients is focused on an individual's strengths, while helping them to develop an understanding of their past, present, inner beliefs, and the resulting underlying issues in a safe and supportive environment. Please keep in mind that I will not be able to provide a diagnosis or a proposed course of treatment until I have spent some time with you. Additional services may be recommended. Sessions will be provided bi-weekly or weekly until treatment comes to an end.

Education and Experience

I received my Masters of the Arts in Counseling Psychology from The Seattle School of Theology and Psychology, and a Bachelor's Degree in Interdisciplinary Studies from The University of Memphis. My experience as a therapist has included working with individuals struggling with emotional, social, and behavioral issues due to the presence of one or more mental health related diagnoses. I have been in practice for 8 years, spending time in both intensive services and outpatient.

Fee Information and Payment Policy

The fee for each 55 minute counseling session is \$150. Payment is due at each session. There is no charge for emails or phone calls of 15 minutes or less. I am happy to bill most insurance companies however, it is your responsibility to determine if your insurance company will pay for counseling and if it is not covered, payment will be your responsibility. Please be sure to pay your co-pay, deductible or full payment at the beginning of each session. If I am not in-network with your insurance company, you will be responsible for any difference between what I charge and what your insurance company pays for the service. If you choose to pay by credit card, there will be an additional \$1 service fee per session.

Additionally, when in network with your insurance, my biller will provide you with an estimate of the cost to you based on your deductible and co-pay. This estimate of your costs is only an estimate, and your actual charges may differ. You have the right to initiate the patient-provider dispute resolution process if the charges you are actually billed substantially exceed the expected charges in this estimate. This estimate of costs is not a contract and does not obligate you to obtain clinical services from me. If you have an out-of-network benefit or are paying privately for services, then you will receive a Good Faith Estimate. Please refer to the Good Faith Estimate Disclosure Form.

The signature at the end of this form will be considered your signature on file for the purpose of billing your insurance company and payment will be submitted directly to me. Any letters written on your behalf will be billed at my normal hourly rate. I cannot bill insurance for these letters. Your appointment time is held especially for you. If you are unable to keep your appointment, please call me to cancel or change your appointment at least 24 hours in advance otherwise you will be charged for the full fee unless there is an emergency. I am unable to bill your insurance company for missed appointments so this fee will be your responsibility. The session will begin and end at the scheduled time regardless of when you arrive.

Confidentiality

All issues discussed in therapy are confidential. However, the law requires the release of confidential information for the following reasons: if you disclose that your wish to harm yourself or someone else, suspected child abuse, elder abuse or a court subpoena.

Substance Abuse

It is important to think clearly within a therapy session. Please do not drink alcohol or take any non-prescription medication before a session. If you appear to be impaired during the session, we will need to terminate the session and reschedule, however, you will still be responsible for payment.

State Laws

WAC 30-109900 "Counselors practicing for a fee must be registered or certified with the Department of Licensing for the protection of public health and safety. Recognition of an individual with the Department does not include any recognition of practice standards, or necessarily imply any effectiveness of any treatment" (SHB 1828). A record of the mental health care provided to you is kept by this office. You may ask to see a copy of this record. You may also ask the office to correct the record if you believe the information is in error. A copy of the correction to the record will be placed within your record, at your request. This office will not disclose your record to others unless you request me to do so in writing or if the law authorizes or compels me to do so. You may see your record, or get more information about it, at this office."

