

DISCOVERY COUNSELING ASSOCIATES

4202 Meridian, Suite 203,
Bellingham, WA 98226
360-676-9535
www.discoverycounsel.com

Maria Bakht, Psy.D
Licensed Psychologist

WELCOME TO DISCOVERY COUNSELING ASSOCIATES AND TO MY PRACTICE!

I am pleased that you have selected me as your provider. It is a leap of faith to enter a therapeutic relationship. It is difficult to know just which mental health provider in the community is best suited to your particular concerns and style of working.

The documents enclosed are included to help clarify the nature of our relationship and what we can expect of each other. They also let you know about my background and training, my therapeutic approach, and the business aspects of my practice so that you can be an informed consumer of mental health services.

I am required by state law and professional standards to provide some of this information to each new client. You are encouraged to be an active participant, deciding among treatment options and plans, and by reading and completing these forms as much as you can. Feel free to write down any questions you may have and bring them with you as this will help us to be productive from the beginning of our work together.

Enclosed you will find:

Provider Profile – including a photo and brief description of my professional background.

Disclosure Statement/Office Policies– Information that state law requires that we provide and discuss with all new clients. There are *two* copies: one copy is for you to keep for your records; the other is for you to please sign, date and return to me for your file.

Intake Form—The front side is information necessary for accounting purposes and/or to create a super bill for you to get reimbursed by your insurance company. Please complete all items in as much detail as you can, even if some seem unrelated to your present concerns

If, after reading these forms, you decide against entering a therapeutic relationship with me, I ask only that you contact me as soon as possible, and no later than 24 hours prior to our scheduled appointment.

If I do not hear from you before then, I will look forward to meeting you on:

_____ at _____.

My office is at 4202 Meridian Street, which is in the Bellingham Business Park and directly across from the Bellingham Athletic Club. To get here, take the Meridian Street exit off the freeway (exit #356), head north several lights. When you go past Bakerview Road (Barnes & Noble is on the left, a drugstore on right), go just past the next light (Westerly Road) and turn up the little hill next to the Bellingham Beauty School and Quiznos. The Bellingham Business Park is a set of three identical 2-story buildings. At the top of the stairs in building 4202, turn left and go to Suite 203. Come on in and have a seat after indicating your arrival by pushing the light switch next to my name on the panel on the wall.

Appointments usually start on the hour and end at ten minutes before the hour. I will accept your payment and give you a receipt at the beginning of each session. I prefer not to do business at the end of sessions because I want you to go away from each session with our work foremost in your mind. If you have any questions prior to our scheduled first appointment, please call 360-383-7444 or at (360) 676-9535, ext.5, and *leave phone numbers and times at which I may reach you*. Again, thank you for selecting me as your counselor. I look forward to working with you.

Sincerely,

Dr. Maria Bakht

DISCLOSURE STATEMENT

I am pleased that you have selected me as your counselor. This document is designed to ensure that you understand our professional relationship and office policies.

LICENSURE:

I am a Washington State Licensed Psychologist (PY00003664).

EDUCATION:

Psy.D. (Doctor of Psychology) in Clinical Psychology from Argosy University, Phoenix, Arizona, accredited by the American Psychological Association.

M.A. Clinical Psychology- Arizona School of Professional Psychology at Argosy University/Phoenix

M.S. Education Administration and Supervision (with counseling emphasis)-Bob Jones University, Greenville, SC

B.S. Liberal Studies, double concentration in psychology and theatre- University of the State of New York

A.S. Communication Media- Beirut University College (now American Lebanese University)

Please see the Provider Profile for more information regarding my professional background.

CONFIDENTIALITY:

I will keep confidential anything you say to me, with the following exceptions: (1) you authorize me in writing to tell someone else; (2) there is a likelihood a child, developmentally disabled person or dependent adult is being abused; (3) I determine you are a danger to yourself or others; (4) I am ordered by the court to disclose information; or (5) in the event that your account is sent to collections. If you have questions about confidentiality, please ask me anytime.

CONSULTATION AND PEER REVIEW:

Discovery Counseling Associates is a consultative group of experienced therapists. Good clinical practice requires occasional peer review and consultation within this group. Please be aware that your case may be clinically reviewed in a confidential manner in this setting.

OUR RELATIONSHIP:

Although you may at times feel very close to me, it is important for you to realize we have a professional relationship rather than a personal one. Professional ethics require that our contact be limited to the paid sessions you have with me. You will be best served

if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

APPOINTMENTS:

In the event that you are unable to keep an appointment, you must notify me 24 hours in advance. If I do not receive such advanced notice, you will be responsible for paying a \$60 fee for the session you missed. I cannot bill your insurance company for missed sessions, and they will not pay for missed sessions.

If you need to cancel or reschedule you can leave a message on my voice mail at 360-383-7444. I check my messages at least once a day. If you want to reschedule, please leave some possible times and days of when you may be available for us to meet. Also, please remember to leave necessary phone numbers with every message as I am not always in the office when retrieving messages and may not be able to get back to you otherwise.

FEES AND PAYMENT:

Fees are as follows:

Individual: \$150 for 50 minute session

Couples Therapy: \$160 for 60 minute session

Students: \$65 for up to 8 individual sessions

Group Therapy: 75 min session: \$40

Consultation & training services: \$150 per 50 minutes

Asylum Evaluation and Report: \$750 plus any transportation costs if outside of Whatcom County.

Court attendance billed according to time involved.

If you are experiencing a financial hardship, please let me know and we can discuss your financial situation and determine a sliding fee scale arrangement, which we will periodically review. Cash or personal checks are acceptable for payment (Credit cards are not accepted at this time, but may be in the near future). I can provide you with a receipt for fees paid. Payment is expected at the time of service. You may either make your check out to Veritas Psychological Services, PLLC or to Dr. Maria Bakht. Delinquent accounts may be referred to an outside collection agency. A fee of \$20 is charged for returned checks.

INSURANCE

I currently do not accept insurance. However, if your health insurance carrier allows for you to see an “out-of-network” provider, I can provide you with a Super Bill that you can submit to your insurance carrier for reimbursement.

You are responsible for determining the specifics of your insurance coverage, as well as procuring relevant paperwork, such as primary care physician referrals, as your insurer may require.

All insurance companies (even as an out-of-network provider) require that I diagnose your mental condition before they agree to pay for services. I will inform you of the diagnosis I plan to render prior to providing a Super Bill. Please contact your insurance provider regarding how this information and your privacy are managed. There is a possibility that some insurers require that I coordinate care with your primary care physician and/or a behavioral health care manager. If you have any questions about the details of your plan, please refer to your benefits booklet or contact your insurer.

EMERGENCIES:

I may be reached by phone at 360-383-7444. Leave me a detailed message and I will get back to you as soon as I am able within 24 hrs. I generally do my best to get back to you within the same day. It is best to keep phone conversations as brief as possible, as it is normally not an appropriate method of conducting psychotherapy. However, if a contact of more than 10 minutes is necessary, a fee will be charged at my usual hourly rate. **If you have a life threatening emergency, please call the 24 hr community crisis line at 1-800-584-3578, go to the emergency room at St. Joseph Hospital, or call 911.**

COMPLAINTS:

If at any time, for any reason, you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to the Examining Board of Psychology, Dept. of Health, P.O. Box 47869, Olympia, WA 98504, or call them at (360) 753-2147.

RELATIONSHIP TO DISCOVERY COUNSELING ASSOCIATES:

Please be informed that Discovery Counseling Associates is an association of therapists linked by a common faith, shared office policies and facilities. We provide collegial support for one another and form a clinical consultative group, but do not provide supervision over one another's clinical practices. We are independent, private practitioners, and therefore do not assume responsibility for the other members' clinical work. I legally operate Veritas Psychological Services, PLLC.

By signing below, I attest that I have read, understood, and agreed to these policies, give permission to release to my insurance company any medical or other information necessary to receive payment for my sessions (if applicable), and have received my own copy of this disclosure.

I have received a copy of the Notice of Privacy Practices (HIPAA)

Date _____ Date _____
Client(s) Signature Maria Bakht, PsyD

Notice of Privacy Practices Regarding Protected Health Information effective April 14, 2003

To our clients: We are required to give this notice to you under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how psychological/ medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your **Protected Health Information (PHI)** is any information about your past, present, or future physical or mental health conditions or treatment, or any other information that could identify you. By signing this form, you are giving consent for us to “**use**” your PHI within our practice group, or “**disclose**” your PHI to an outside entity for the following purposes:

1 **Treatment:** providing, coordinating, or managing your health care and other services related to your health care. An example would be when your therapist consults with another health care provider, such as your family physician.

2 **Payment:** obtaining reimbursement for your healthcare. Examples include when we disclose your PHI to your health insurer to obtain payment for your health care, or to determine your insurance eligibility or coverage.

3 **Health Care Operations:** activities that relate to the performance and operation of our practice.

Examples are quality assessment and improvement activities, business-related matters such as audits and administrative services, and clinical peer review.

II. Uses and Disclosures Requiring Authorization

Outside of routine treatment, payment, and health care operations, we will not release your PHI unless you sign an **Authorization Form** authorizing that specific disclosure. We would also need to obtain your authorization before releasing your “**Psychotherapy Notes**”—notes your therapist has made about your conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than other PHI. You may revoke all such authorizations (of PHI and/or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have already released information based on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

1 Child Abuse: If your therapist has reasonable cause to believe that a child has suffered abuse or neglect, she/he is required by law to report it to the proper law enforcement authorities.

2 Adult and Domestic Abuse: If your therapist has reasonable cause to believe that abandonment, abuse, financial exploitation, sexual or physical assault, or neglect of a vulnerable adult has occurred, she/he must immediately report it to the appropriate authorities.

3 Health Oversight: If the State Department of Health subpoenas your therapist as part of its investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure to therapists, she/he must comply. This could include disclosing your relevant mental health information.

4 Judicial or Administrative Proceedings: If you are involved in a court proceeding, we will release information only with the written authorization of you/your legal representative, or a subpoena of which you have been notified, or a court order. (This privilege does not apply when you are being evaluated for a third party or for the court. You will be informed in advance if this is the case.)

5 Serious Threat to Health or Safety: We may disclose your mental health information to any person without authorization if we reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

6 Worker's Compensation: If you file a worker's compensation claim, we must make all mental health information in our possession that is relevant to the injury available to your employer, your representative, and the Department of Labor and Industries upon their request.

IV. Patient's Rights

1 Right to Request Restrictions: You have the right to request restrictions on specific uses and/or disclosures of your PHI. However, we are not required to agree to a restriction you request.

2 Right to Receive Confidential Communications by Alternative Means at Alternative Locations:

You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (for example, only calling you at work).

3 *Right to Inspect and Copy:* You have the right to inspect and/or obtain a copy of PHI and Psychotherapy Notes in our mental health and billing records. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed.

4 *Right to Amend:* You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request if we believe the original information is accurate.

5 *Right to an Accounting of Disclosures:* You have the right to receive a list of the disclosures that our office has made of your PHI. Some exceptions do apply.

V. Therapist's Duties

1 We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices with respect to PHI.

2 We reserve the right to change the privacy policies and practices described in this Notice. Unless we notify you by mail of changes, we are required to abide by the terms in this Notice.

VI. Complaints

If you have a complaint about the way we have handled your privacy rights, you may contact:

Dave Anderson, Privacy Officer; 4202 Meridian St., Suite 203, Bellingham, WA 98226; 360-676-9535. You may also send a written complaint to the Secretary of the U.S. Dept. of Health and Human Services.

The Privacy Officer listed above can provide you with the appropriate address upon request.