



# Discovery Counseling Associates

4202 Meridian, Suite 203, Bellingham, WA 98226 phone (360) 676-9535 fax (360) 733-4339

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D. MITCHELL WHITMAN, Ph.D.  
Licensed Mental Health Counselor

## 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. Other information, I have learned over the years, simply helps a person like yourself arrive at the best possible fit between therapist and client. You are encouraged to be an active participant, deciding among treatment options and plans. That active participation begins now as you read and complete these forms. Completing them as fully as possible prior to our first session, including writing down any questions you may have and bringing them with you, will help us be productive from the outset.

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 our accounting purposes and/or to bill your insurance company. Be sure to indicate if you have secondary coverage in addition to your primary insurance. Please contact my billing specialist, Shelly DeRousseau at Gigabyte Medical Billing, 752-9569 *before* your appointment; she will assist you in determining your insurance benefits. The reverse side is information that will help me help you as effectively as possible. Please complete all items in as much detail as you can, even if some seem unrelated to your present concerns.

Thank you for your patience in carefully reading and completing these forms. **Bring them with you to our first appointment.**

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 \_\_\_\_\_.

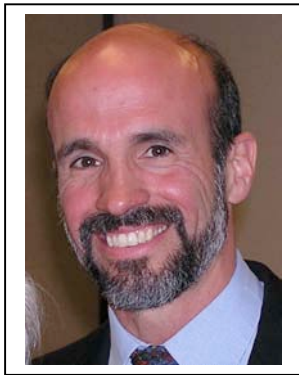
My office is at 4202 Meridian Street, which is in the Bellingham Business Park and directly across from the Bellingham Athletic Club. . To get here, take the Meridian Street exit off the freeway (exit #356), head north several lights. When you go past Bakerview Road (Barnes & Noble is on the left, a 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.

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 (360-676-9535, ext.1, 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. Mitch Whitman*



## Mitchell Whitman, Ph.D.

Discovery Counseling Associates  
Discovery Counseling & Consulting, Inc.

Bellingham: 360.676.9535

Wenatchee: 509.888.0894

[www.discoverycounsel.com](http://www.discoverycounsel.com)

[mwhitman@discoverycounsel.com](mailto:mwhitman@discoverycounsel.com)

### Professional and Educational Background

Mitch holds a Ph.D. in Clinical Psychology from Seattle Pacific University, and is in private practice at Discovery Counseling Associates in Bellingham and Wenatchee, Washington. He also holds a Master's Degree in Counseling Psychology from the University of British Columbia, and a graduate Diploma in Christian Studies from Regent College. He is a Licensed Mental Health Counselor in the State of Washington.

Mitch has worked in the mental health field for 21 years. His experience has included social work with Child Protective Services (CPS), and clinical work at Skagit Discovery with severely behaviorally disordered children and youth, the Burnaby Christian Counseling Group in British Columbia, where he developed a sexual offender/sexual addictions treatment program, and at Bayside Associates, Bellingham, where he also completed his doctoral clinical internship. He enjoys working with individuals, couples and groups, in both short-term cognitive and behavioral therapy, as well as longer-term psychodynamic therapy. Areas of specialty include marital/relational conflict and infidelity, mood disorders, childhood trauma recovery, sexual identity disorders, sexual addiction, and faith and spirituality issues.

As a psychological consultant and trainer for Arrow Leadership, Mitch has been actively involved in leadership training over the last 8 years. The Arrow Leadership Program (ALP) is highly regarded globally and over the past decade has graduated over 1000 Christian leaders in Australia, Canada, New Zealand, Norway, Poland, United Kingdom, and the United States.

Mitch has experience in a range of cross-cultural counseling, training and short-term missionary contexts. He offers training and consultation on child abuse & neglect, sexual offender treatment, and counseling issues. Over the past 30 years he has traveled extensively to Canada, Western and Central Europe and New Zealand for professional work with groups such as World Vision, Operation Mobilization, Open Doors, Eastern European Bible Mission, Youth With A Mission, Offensive Junger Christian and Klinik Hohe Mark. He has written the book, *Challenging the Darkness: Child Sexual Abuse and the Church* (1994), which is in German translation as *Brecht das Schweigen* (1993), and co-authored the journal article, "Clergy Affairs: Emotional Investment, Longevity of Relationship and Affair Partners" (J. Thoburn & M. Whitman, *Pastoral Psychology*, July 2004).

### Areas of Specialization

Mitch works with adolescents and adults in individual, couples, family and group therapy. He specializes in:

- Relationship Issues: marriage, couple, parent-child, etc.
- Infidelity
- Emotional, physical and sexual abuse
- Depression
- Anxiety
- Sexual addiction, sexual deviance and sexual identity issues
- Trauma and grief/loss
- Psychological testing and assessment
- Christian counseling, spiritual integration issues

MITCHELL WHITMAN, PH.D.  
Discovery Counseling & Consulting, Inc.  
4202 Meridian St., Suite 203  
Bellingham, WA 98226

## 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 Mental Health Counselor (#LH5725). I hold a Ph.D. in Clinical Psychology from Seattle Pacific University, and have been practicing in the mental health field for over 19 years. Please see the attached 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 at our first session.

### 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. If you want to reschedule, please say so when leaving your message to cancel. 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:

Charges are \$170 for the initial session, and \$110 per 50 minute hour thereafter. Other services include: couple and family therapy (\$125), groups (\$35), consultation & training services (\$150), psychological testing (\$125) and court attendance (\$250). Cash or personal checks are acceptable for payment (sorry, we can't take credit cards). I can provide you with a receipt for fees paid. Please pay your session fee or insurance co-payment at the beginning of each session.

### INSURANCE

Discovery Counseling & Consulting, Inc. has agreements with Premera, Regence and some other insurers to collect co-payments and co-insurance, if any, at the time of service and submit billings for the insurance company portion directly to them. They will pay me directly for covered services. This billing procedure is a service to you provided through our arrangements with your insurer. With other insurance carriers we will decide together whether you will pay me the co-pay or co-insurance only or the full fee at the time of service. *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. Assistance in clarifying billing questions is available through my billing specialist: **Shelly De Rousseau, at Gigabyte Med (360-752-9569).**

**Please note that as the recipient of services, you are responsible for all charges not paid for by your insurance company. Payments will be due at the time the insurance company notifies me of any unpaid portion. A carrying fee of \$2.00 per month is charged on all balances owed that are more than 90 days past due. Delinquent accounts will be referred to an outside collection agency. A fee of \$25 is charged for returned checks.**

All insurance companies require that I diagnose your mental condition before they agree to pay for services. If you ask, I will inform you of the diagnosis I plan to render before I submit it to your insurance carrier. Also, 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) 676-9535, extension 1. I would like 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 are unable to reach me when you feel the need to reach me is urgent, follow the voicemail prompts in an attempt to have me paged. If you have an emergency, you may call Emergency Services at Whatcom Counseling and Psychiatric Clinic at 1-800-584-3578, or St. Joseph Hospital (ask for the Mental Health Unit), or 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 am legally incorporated in Washington State as Discovery Counseling & Consulting, Inc.

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*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.*

\_\_\_\_\_  
Client(s) Signature

\_\_\_\_\_  
Mitchell Whitman, Ph.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date



# CLIENT INTAKE FORM

*Instructions: Please completely fill out both pages.*

Name \_\_\_\_\_ Soc. Sec # (last 4 digits) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Gender: Female \_\_\_ Male \_\_\_ Okay to leave message? Y / N  
 Referred by \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Primary Care Physician \_\_\_\_\_ Okay to leave message? Y / N  
 E-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_

## Primary Insurance

\_\_\_ NO INSURANCE

Insurance Co. \_\_\_\_\_  
 Insurance Co. Address \_\_\_\_\_  
 \_\_\_\_\_  
 Insurance Co. Phone # \_\_\_\_\_  
 Insured's Name \_\_\_\_\_  
 Relationship to you \_\_\_\_\_  
 Insured's ID# \_\_\_\_\_  
 Group/plan # \_\_\_\_\_  
 Insured's Address \_\_\_\_\_  
 \_\_\_\_\_  
 Insured's Phone # \_\_\_\_\_

## Secondary Insurance

Insurance Co. \_\_\_\_\_  
 Insurance Co. Address \_\_\_\_\_  
 \_\_\_\_\_  
 Insurance Co. Phone # \_\_\_\_\_  
 Insured's Name \_\_\_\_\_  
 Relationship to you \_\_\_\_\_  
 Insured's ID# \_\_\_\_\_  
 Group/plan # \_\_\_\_\_  
 Insured's Address \_\_\_\_\_  
 \_\_\_\_\_  
 Insured's Phone # \_\_\_\_\_

### Counselor's notes (for office use only)

Dates of referral: \_\_\_\_\_ Deductable, Dollar/Session Limit: \_\_\_\_\_  
 Date first consulted: \_\_\_\_\_ Co-pay/Co-insurance: \_\_\_\_\_

<i>Date</i>	<i>dx code</i>	<i>Diagnosis</i>	<i>Counselor Signature</i>

## Personal Information

Education (highest level completed): \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Current Employer(s): \_\_\_\_\_

Religious affiliation or church: \_\_\_\_\_

Emergency contact & phone: \_\_\_\_\_

## Psychiatric History:

Prior **Outpatient** Therapy?    Yes    No    Provider Name: \_\_\_\_\_    Was It

Beneficial?:    Yes    No

Prior **Inpatient** Therapy?    Yes    No    Facility Name: \_\_\_\_\_    Was It

Beneficial?:    Yes    No

## Medical History

Describe Current Physical Health:    Good    Fair    Poor

**List All Medications Client Is Taking. Include Non-Prescription Drugs And Health Supplements.**

Drug Name	Purpose	Dosage	# Per Day
1.			
2.			
3.			
4.			
5.			

**Prescribed By:** \_\_\_\_\_

**Do you have any allergies to medication?**    Yes    No    If yes, which ones? \_\_\_\_\_

## Family Situation

Relationship/marital status: *single \* involved \* engaged \* cohabitating \* married \* separated \* divorced \* widowed*

Spouse/Partner	Start yr.	End yr.	Names/ages of children from relationship	Where are children now?

## *Goals for Therapy*

What would you like to see happen as a result of your work here?

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<b>Notice of Privacy Practices Regarding Protected Health Information</b>
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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.