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THERAPY GUIDELINES, POLICIES AND DISCLOSURE STATEMENT

INTRODUCTION

The decision to begin psychotherapy is a significant commitment to yourself. As we begin a professional relationship, it is important to agree on policies and guidelines that clarify this relationship and prevent unnecessary misunderstandings. In accordance with Washington State law, I am providing you with this written copy of my office policies. After you have read this and have asked any questions pertaining to its contents, please sign in the appropriate space on the last page. I will give you an initialed copy for your records.

REFERRAL SOURCE

Name of person referring you to this office or the referral source:

May I thank this person for referring you? YES [] NO []

BACKGROUND AND EXPERIENCE

I received my Law degree (J.D.) from Cornell Law School, a Master of Law degree (LL.M.) from the Judge Advocate General's School – Army, and I received my Master of Arts in Psychology from Seattle University. I have done extensive postgraduate training in psychology through a series of courses, institutes, workshops and seminars. I am a member of the Center for Object Relations-Northwest Family Development Center, the Northwest Alliance for Psychoanalytic Study, and the Northwest Center for Psychoanalysis. I am a Registered Counselor in the State of Washington (Certification #RC00044116).

CLINICAL ORIENTATION

Psychoanalytic therapy is an approach to diagnosis and treatment characterized by a way of thinking about both patient and clinician that includes unconscious conflict, developmental deficits, distortions of intrapsychic structures, and internal object relations. A psychoanalytic sensibility prefers to think of the mind and the body as an inseparable unity. It focuses on the subjective uniqueness of each patient and each patient's internal world while respecting the biological, environmental, evolutionary, and

developmental precursors to each patient's subjectivity. Although grounded in the client's personal history, it is future-oriented with the ongoing goals of creating meaning, development of both healthy relationships and autonomy, enhancing emotional and sexual intimacy, strengthening the will, developing a more powerful sense of agency, and maintaining an openness to creative possibilities – most especially including love.

During our work together, we may explore patterns of thoughts and feelings derived from your family of origin that impact your current life and relationships. Within the structure and support of the therapy relationship, these patterns become more apparent and conscious, and are thus more easily understood and changed. I like to view my role as collaborating with you to achieve a greater awareness of yourself, to develop more effective patterns of behavior, and to reduce undesirable or troubling emotions and interpersonal conflicts. Feel free at any time to ask me questions about my therapeutic approach and your progress.

APPOINTMENTS

How frequently we meet will depend on a variety of factors and will be open to discussion. It is most common to meet once or twice a week. In many cases, three times a week is considered ideal. I do not believe that meaningful work can be done with less-than-weekly sessions. Once we decide to work together and find appointment times that are workable, these times will be consistently held for you. I do not have a cancellation policy. The reserved time is yours, and you will be charged for it, whether you choose to use it or not. This provides a degree of efficiency but, most importantly, a sense of predictability, consistency, and safety in our work together. It also fosters commitment and responsibility. I will give you advance notice for my vacation times and holidays and I ask for a least two weeks notice for your scheduled breaks in treatment. There is no charge for sessions which are cancelled due to official holidays or vacations scheduled in advance.

EMERGENCIES

In case of an emergency during non-office hours, you may reach me through my office number. I check for incoming calls several times a day. I return all calls daily. My email address is donovanbigelow@aol.com and is another way to communicate with me during non-office hours. Additionally, the 24-hour Crisis Line is available at (206) 461-3222.

CONFIDENTIALITY

Information revealed by you in the process of therapy is confidential. Neither the fact that you are in therapy nor the details of your therapy will be revealed without your permission. Information concerning our professional relationship can only be released after you have signed a "Release of Confidential Information" form. This confidentiality has the following exceptions as provided by law:

1. In the event of a medical emergency, emergency personnel or services may be given necessary information.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
3. In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
4. If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
5. If you bring a complaint against your therapist with the State of Washington Department of Health, information will be released to investigating authorities.
6. If records are subpoenaed by an attorney in the State of Washington, they will be released unless you file a Protection Order within 14 days of the subpoena.
7. In the event of a patient's death or disability, the information may be released if the patient's personal representative or the beneficiary of an insurance policy on the patient's life signs a release authorizing disclosure.

Additionally, as part of providing quality services, I may consult with other professionals or receive supervision from a senior clinician. In such instances, identifying information is omitted.

THIRD PARTY COVERAGE

If you plan to use insurance, government or a managed care plan to cover all or part of your psychotherapy treatment, we should discuss some of the features of your plan or insurance which could compromise your experience of therapy. These factors could include caps or limits on reimbursement by your health plan, limitations on your treatment options that may be imposed by a third party management reviewer, lack of confidentiality of your therapy records, and indirect influences via incentives or guidelines placed on the therapist under contract with the plan to provide services. It is important that you are aware of these potential factors before the decision is made to seek authorization or reimbursement for services through a third party plan.

In order to accept insurance company claim forms, I would – by law – be working for (and responsible to) your insurance company first, with your interests secondary. I am dedicated to providing you with the best available integrated mental health services, instead of working for insurance companies. If I allowed myself to be limited to diagnoses and treatments “approved and covered” by insurance companies, I could not be nearly as effective for you. Therefore, I cannot accept payment directly from third parties. However, many insurance companies will reimburse clients for the expenses incurred by using out-of-network providers. If you wish to do this I will provide you with an invoice that will reflect your payments to me which you may use to seek such payments. This does not change the basic nature of your financial responsibility for payment to me.

FEES AND PAYMENTS

The fee for an initial consultation and subsequent clinical work is \$110.00 per 50-minute session including the initial consultation. All sessions are 50 minutes long. It is very important for you that I be consistent about starting and stopping sessions on time. Approximately every two years my fees are adjusted and I will inform you in advance of any fee increase. The full fee is collected at the time of service unless we have made prior arrangements. Accounts 30 days past due will not be sent to collection. However, I would not be able to continue treatment with an account 30 days or more past due. The fee for work with couples is \$150.00 for each 90 minute session.

RESPONSIBILITIES AND ETHICS

Effective psychological treatment requires a collaborative working arrangement between patient and therapist and a clear understanding of rights and responsibilities. For you, it means a commitment to invest time, money, and effort in working toward personal change. In order to meet your treatment goals, it is essential that you communicate honestly and participate actively in therapy. My responsibility is to do my best to provide psychological services tailored to your needs. I agree to utilize all of my experience and training to work with you to achieve your stated goals.

As a psychotherapist, I will do my best to uphold the highest ethical and professional standards. If you have any concerns about the course of therapy, please discuss them with me. You may, at any time, refuse treatment, request a change in therapy, or ask for a referral elsewhere. If you believe that I have acted in any unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved. Questions or complaints may be directed to:

Department of Health
Business and Professional Administration
PO Box 9012
Olympia, WA 98405-8001
(360) 753-1761

I have read and understand this disclosure statement. I have discussed my questions and have had my concerns addressed. I give my consent for treatment and therapy.

Client

Client

Therapist
SIGNATURES

DATE