

## **DISCLOSURE TO CLIENTS**

Becky J. Morehead, M.A., Licensed Mental Health Counselor

Teletherapy Phone: 206-779-5592

Washington State License Number 20703 LH00003610.

Providing mental health counseling to individuals – adolescents and adults utilizing systems, family of origin, cognitive/behavioral, somatic psychology, Lifespan Integration and EMDR

Education: Masters of Art in Psychology, Antioch University
Post-graduate training in Transpersonal Psychology and Somatic Transformation
Forty hours training in Domestic Violence. Training in childhood multi-abuse issues, post-traumatic stress; Lifespan Integration and EMDR Level II; Somatic Therapy

Client rights and responsibilities:

You have the right to receive services which are non-discriminatory and which are sensitive to differences of race, culture, creed, language, gender, age, sexual orientation, national origin, disability, socioeconomic status, marital status or health status.

You have the right to confidentiality and privacy. Information discussed in the course of your therapy will be released with your consent except as provided by law or in my own confidential and professional consultations. These exceptions include, but are not limited to: suspected child or dependent adult abuse; potential harm to yourself or to someone else; filed complaint by you against me with the State of Washington; and subpoenaed records.

A 24 hour notice is required to cancel an appointment or full fee will be charged. \_\_\_\_\_\_(initial acknowledgement). A late charge is assessed on balances 30 days or more past due at 1 ½ % per month. A \$25.00 handling fee will be assessed for any returned checks. Payment is due at time of service. If we agree upon billing to insurance your co-pay and deductibles would be due the day of service. Should insurance or third party payment be utilized and not pay you are ultimately responsible for your bill. Phone calls more than ten (10) minutes will be charged at fifteen minute increments based on the hourly fee. I authorize BJ Morehead, LLC. to bring collection action against me for any unpaid charges. I agree to pay all costs incurred for court filings and reasonable attorney fees.

Client Signature/Date	Becky J. Morehead, M.A., LMHC