

Marc Bachrach, M.A., LMFT

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Client Information and Informed Consent: Welcome to my practice. I appreciate the opportunity to work with you and am committed to providing you with the best care possible. As a master's level licensed marriage and family therapist, I provide counseling to adults, adolescents and children, as well as couples and families. I also facilitate support groups on a variety of topics for clients who are interested in connecting with other people with similar concerns. I also provide consultation to businesses and organizations in the community.

Philosophy and Approach to Counseling: I believe that all individuals, couples and families have within themselves the ability, desire and courage to seek out and make the changes necessary for them to reach their goals. The fact you are reading this demonstrates that courage and willingness to seek out assistance in this pursuit. I believe that the purpose of therapy is to gain perspective from a professional trained to help you uncover blind spots, develop additional ways of communicating with others and obtain new perspective on your challenges. My goal is to create a safe, trusting, and supportive environment in which you can examine and clarify the issues that concern you, seek solutions, and create positive change and growth in your life and relationships.

I counsel from a systems perspective, which means that I recognize that everyone is part of a larger system that includes family, community, work, and culture. I believe all solutions we create must consider the presence of those systems as integral parts of your life. I believe in addressing the needs of the "whole" person, so my approach considers the bio-psycho-social-spiritual aspects of individual personalities and needs in a manner that fully respects diversity. I use techniques from a variety of other schools of thought, including client-centered therapy, behaviorism, mindfulness, narrative and solution focused therapy. I respect everyone's individuality, so the methods I use will be specific to you.

Treatment: Therapy is a collaborative effort and I have the expectation that you will take an active role in our work together. That means asking questions, voicing concerns, and honestly sharing your thoughts and feelings. As we work together to develop your plan of treatment and identify your goals for therapy, you are invited to include significant persons or to request that I be in communication with other healthcare providers who are also involved with your care. Most issues that are situation specific may be addressed with short-term therapy - typically one to 10 sessions. If we explore more complex issues, therapy can last six months or longer. My commitment to you is that I will do my best to facilitate the support and growth you are seeking, but your participation is essential. If you have any concerns or are dissatisfied, we can discuss alternative ways to support you in reaching your treatment goals. My goal is to serve you in the best way possible and I am committed to the highest standards of honest and ethical treatment. However, you always have the right to request a change in therapy, referral to another therapist or to discontinue therapy at any time. You also have a right to view a copy of your record and to request a correction, if you feel your record is in error.

Background and Qualifications: I hold a Master of Arts Degree in Psychology from Antioch University in Seattle, Washington. I also hold a Certification in Project Management from the Project Management Leadership Group of Atlanta, Georgia. I earned Bachelor of Arts Degrees in Philosophy and Sociology, with a minor in Psychology from Emory University in Atlanta, Georgia. In addition to my clinical practice, I am a Clinical Fellow with the American Association for Marriage and Family Therapy and I serve on the Board of Directors of the Washington Association for Marriage and Family Therapy.

Emergencies: If you have an emergency, call my office at 425-786-6800. If I am unavailable at the time of your call, I am usually able to respond within 24 hours. If you need help sooner, call 911, call the Seattle Crisis Clinic at 206-461-3222, or go to the nearest hospital emergency room. When I am out of town and unavailable, I will arrange for a colleague to cover any emergencies.

Please initial_____

Payment and Insurance: My fee is \$150 for a standard 55-minute session, and full payment must be made at the conclusion of each session. I accept checks, cash or credit cards. A \$50 fee per check will be charged for returned checks. While I do not bill insurance companies directly, I am happy to provide you with a statement for services that you can submit on your own. It is your responsibility to assess your coverage and keep your account current. Phone calls, email, professional or medical consultations, and any travel time to another location will be billed at my standard hourly rate. Any case work, research or professional consultations done as part of any legal proceedings will be billed at a rate of \$300 per hour.

Please initial_____

Appointments and Cancellation Policy: Appointments are scheduled in standard 55-minute increments. We may choose to schedule a single session, a session and a half (80 minutes/\$225) or a double session (110 minutes /\$300). There are times when couples therapy can be better served by longer sessions. If you need to cancel an appointment, please let me know as soon as possible but no later than 24 hours in advance in order to avoid payment for the session. Missed sessions without a 24 hour cancellation will be considered payable prior to our next session.

Please initial_____

Video and Audio Taping: On occasion I may wish to videotape record all or part of our session together. This is done for the purpose of enhancing client care and therapist competence. The content recorded is held to the same laws of confidentiality as other material produced during our therapy sessions. This acknowledgement will also document that permission has been given by the client(s) for sessions to be recorded (using audio and/or video recording devices), observed, or directly joined by a supervisor or co-therapist. Permission may be revoked by the client at any time.

Please initial_____

Confidentiality/Release of Information: It is your right and my duty to keep the content of our counseling sessions in the strictest confidence at all times. No identifying information will be released without your written consent (or in the case of a minor under age 13, without the written permission of his/her parent or legal guardian). If I am seeing a couple or family, no information will be released without the written consent of all parties. However, according to Washington law, the following situations are exceptions to your right of confidentiality:

- If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
- If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this to Child Protective Services or Adult Protective Services.
- If you submit claims to your insurance company, they may require information about your treatment.
- If a court of law issues a legitimate court order, I am required to provide the information specifically described in that order.
- If you commit a crime on my premises or against me or if I need to defend claims against me, I am allowed by law to disclose your healthcare information.

Furthermore, in order that I am at my most effective and authentic I request that domestic partners, married couples and members of the same nuclear family waive their rights to confidentiality among each other. This does not mean that I will necessarily disclose any such information. It does mean that I may do so, if I believe it is necessary for the success of your work. I would first discuss this with you and encourage you to share the information yourself.

Additionally, I meet regularly with a mentor, Mike Fitzpatrick, MSW, LSW, LMFT. I also meet regularly with a consultation group so that we may gain a better understanding of how we can work with our clients more effectively. In both supervision and consultation, your identity will be protected, as will unique identifying information. The other professionals with whom I meet are bound to the same standards of confidentiality as I am.

State law requires that the disclosure statement include the following two paragraphs:

- a. WAC 308-109-040: "Counselors practicing for a fee must be registered or licensed with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, or necessarily imply the effectiveness of any treatment."
- b. SHB 1828: "A record of the mental health care provided to you is kept by this office. You may ask to see and copy that record. You may also ask this office to correct that record, if you believe the information within your record is in error. A copy of your corrections to the office records will be placed within your record, at your request. This office will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so. You may see your record or get more information about it at this office."

Policies for Online Communication: I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my internet service providers (ISP). While it is unlikely that someone will be looking at these logs, they are possibly available to be read by the system administrator(s) of the ISP. Any emails which I receive from you and any responses that I send to you become a part of your legal record.

Social Media: I do not accept friend or contact requests from current or former clients on any social or professional networking site. Adding clients as friends or contacts on these sites has the potential to compromise your confidentiality and our respective privacy. Your signature below represents your agreement to and understanding of the above.

Client Acceptance: I/We have read this document, understand the content, accept the terms, and have received a copy of this agreement. I/We consent to therapy with Marc Bachrach, M.A., LMFT under the terms described above.

Client Signature_____

Date_____

Client Signature_____

Date_____

Client/Parent/Guardian Signature_____

Date_____

(In the case of divorce, I certify that I am the custodial parent and have legal authority to sign).

*Initial____

Therapist Signature_____

Date_____

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