

Michael R. Allison, MA, LMHC - Psychotherapy Services

2271 NE 51st Street - Seattle, WA 98105 Ph: (206) 522-8553 x-300 Fax: (206) 522-7815

Disclosure Statement & Financial Agreement

This disclosure statement serves to provide you with “informed consent”. This is a requirement of WA State Law, to insure that clients have the necessary information regarding the counseling process to make an informed decision, understand their rights & responsibilities, and agree to the services they will receive through the counseling relationship, and do so of their own volition.

Approach to Treatment

My approach to therapy is relational and psychodynamic. I view the counseling process as a collaborative and empathic relationship of communication, investigation, exploration, reflection and insight. My primary theoretical orientation is psychoanalytic and is strongly informed by attachment and intersubjective theory and research. My approach to treatment is determined by the specific needs of each individual client, and I incorporate ideas and techniques from a range of theoretical models.

Education and Experience

- Bachelor of Arts: Bard College, 1991
- Master of Arts - Mental Health Counseling: Seattle University, 2005
- Seattle Psychoanalytic Society & Institute:
 - Certificate in Child Psychotherapy Program, 2006
 - Certificate in Adult Psychotherapy Program, 2008

Sessions, Fees and Payment

My standard fee for sessions is \$120.00. A limited number of reduced fee sessions, based on annual household income are available. Payment is due at time of services. I can accept cash, personal checks and money orders for payment. I accept Premera and Regence insurance plans, and I can provide billing statements for clients to submit to other insurance policies for reimbursement. All sessions are 50 - 60 minutes in length.

Appointments and Cancellations

For psychotherapy to be effective it is necessary to have consistency in our meetings. Generally this will mean meeting at the same time each week except major holidays, serious illness and annual vacations. The time we are scheduled to meet is reserved for you, and without 24 hours notice of cancellation you will be charged the standard fee of \$120.00 for that time regardless of your attendance.

Crises

If you ever feel that you are in a crisis and cannot reach me due to the time or nature of the crisis, you can call the 24 hour crisis hotline at: (206) 461-3200. If your crisis is life-threatening, call 911, and admit yourself to the emergency room of the nearest hospital.

Consent for services & Financial Agreement

I, the undersigned, have read this document, and/or have had it explained to me to my satisfaction. By signing this, I agree to receive psychotherapy services from Michael R. Allison, M.A., according to the terms described. I understand my rights as a client, and I agree to pay the per session fee of \$120.00. I understand that I may terminate this relationship at any time, and/or request referral to another practitioner.

Client:

Date

Michael R. Allison, M.A., LMHC

Date

Washington Licensed Mental Health Counselor
LH 60040902