

Kelly Mulligan, MA

Licensed Mental Health Counselor Associate (LMHCA)

Master's in Teaching (MIT)

www.mulligancounseling.com

kellymulligancounseling@gmail.com

206-818-4645

OUTPATIENT SERVICES AGREEMENT AND CONSENT TO TREATMENT

Welcome to my practice. I am pleased to have the opportunity to work with you and/or your child. This document contains important information about my professional services and business policies. Please read this handout carefully and bring any questions you may have to our next meeting so that we can discuss them.

PSYCHOLOGICAL SERVICES

As a mental health counselor, I provide individual and family psychotherapy to all ages, children, adolescents, adults and families. My approach to any given patient or family is to try to modify the treatment to suit the family and needs involved. For most successful outcomes, issues will typically need to be worked on at home as well as in the therapy sessions. In the case of children, parents often need to make changes in their own behavior in order to help their children to change as well.

Psychotherapy has both risks and benefits. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, anger, and anxiety. Therapy can often involve talking about unpleasant aspects of a person's history and behavior. Progress may happen slowly and requires a very active effort on the clients part. There are no guarantees that it will work for you.

However, there are many benefits to psychotherapy. It can lead to a significant reduction in feelings of distress, improve coping skills, enhance relationships, increase problem solving skills and help you learn to live in the present.

EDUCATION, TRAINING, AND LICENSURE

I have extensive experience working with children of all ages and parents for over 25 years. My life's work has been focused on supporting healthy family connections. My areas of expertise include early childhood development, emotional dysregulation, anxiety, behavioral and school issues, trauma, grief and loss, and parent training support. I have a Master's in Teaching from Seattle University and recently received a master's in Applied Child and Adolescent Psychology: Prevention and Treatment from the University of Washington. I am trained in Evidenced Based Practices, Cognitive Behavioral Therapy (CBT) and Mindful Self Compassion. I have been licensed as a Licensed Mental Health Counselor Associate (LMHCA) in Washington since 2018, and my license number is MC.60905102. In addition, I am currently

receiving consultation supervision from Samantha Arons, M.Ed LMHC(license # LHLH0010967).

CONFIDENTIALITY

Discussions that take place as part of therapy, as well as your record, are kept confidential. In general, the confidentiality of all communication between a patient and a psychologist is protected by law, and I can only release information about our work to others with written permission. However, there are some limitations in order for you to be aware. I may consult with other mental health professionals in order to give you the best service. In the event that I consult with another counselor, no identifying information such as your name would be released. I also am required by law to release information when a client poses a risk to themselves or others and in cases of abuse to children or the elderly.

CLIENT RIGHTS

As a client you have the right to end treatment at anytime. You also have the right to refuse evaluation or treatment or refuse any suggestions or recommendations in therapy. Clients have a right to change therapists and to receive a referral to another therapist at anytime.

DIVORCED OR SEPARATED PARENTS

Parents who are going through a separation or divorce often seek therapy for their children, both to help the child who is exhibiting stress or sadness and also to help minimize trauma for the child. It is my policy, with rare exceptions, that both parents of the child must consent in writing to treatment for their child and to payment before the child is seen. Please be aware that I do not perform custody evaluations and function as the child's therapist only. In addition, it is essential for the child's privacy to be respected and for their therapy not to be entangled in legal issues.

APPOINTMENTS

Appointments are scheduled by calling or emailing me. I will schedule appointments at a frequency and length suited to the clinical issue. Your appointment begins at the stated time, not when you arrive. Once an appointment has been scheduled, you will be expected to pay for it unless you provide 48 hours' notice of cancellation.

I will let you know of my vacation schedule as soon as possible, and in cases of illness, will contact you as soon as I know that I will be unable to attend our session.

FEES

My current fees for psychotherapy are as follows:

- Individual therapy session, 50 minutes, \$130
- Family therapy session, 90 minutes, \$180
- School Consultation/Outside Provider meeting, \$130/hour
- No charge for calls about appointments or similar business.

In unusual circumstances, you may be become involved in court actions such as litigation that may require my participation. You will be expected to pay for the professional time required even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$200.00 per hour of preparation for and attendance at any legal proceeding.

REDUCED FEES

I have a few a sliding scale fee slots in my practice. Please inquire about the availability of those slots if needing a reduced fee.

BILLING

Payment is due at time of service. At this time, I take payment by check only. There is a \$25 charge for all dishonored checks.

RESPONSIBLE PARTY

In the case of minor children, the parent who brings the child for treatment is listed as the “guarantor” on the statement and is considered responsible for payment. Payment schedules for other professional services (such as attendance at school meetings) will be agreed to at the time these services are requested.

DEFERRED PAYMENT

If you think you may have trouble paying your entire balance at the time of service, please discuss this with me. In circumstances of unusual financial hardship, I am willing to discuss the option to negotiate deferred payment.

INSURANCE

I am unable to provide you with a “super bill” for out-of-network benefits due to Washington State Department of Health licensing requirements. If you would like to use insurance to cover therapy services, I encourage you to contact your insurance company and ask them if you have outpatient mental health benefits, the number of visits per year that are covered, and what portion of these services would be covered.

CONTACTING ME

I am in my office Mondays and Wednesdays. Confidential phone messages can be left 24 hours a day at (206) 818-4645. I can also be reached via email at kellymulligancounseling@gmail.com. We can use email for setting up appointments or relaying brief information. I check my phone messages and email regularly and will attempt to return calls and emails within 48 hours, with the exception of weekends and holidays. If you have an emergency, please call the Crisis Line at (206) 461-3222 or go to the nearest emergency room.

ACKNOWLEDGEMENT SIGNATURE

Your signature below indicates that you have read the intake document and this agreement fully. Once you have signed this page, your signature signifies that understand your rights and responsibilities in therapy and it constitutes your agreement to the terms described in the intake document.

I have read the policies on confidentiality, patients' rights, billing and insurance procedures, and have had the opportunity to ask questions. I give permission for evaluation and treatment for myself (or my minor child). I understand that if I (or my parent/legal guardian) wish insurance reimbursement, it is my (our) responsibility to submit and monitor claims, contacting our insurance carrier if delays occur. I give permission for information to be released to my insurance company when additional information is requested for claim processing purposes.

I agree to undertake therapy with Kelly Mulligan LMHCA. I know that I may end therapy at any time I wish and receive referrals to other therapists, and I that I may refuse any requests or suggestions made by Kelly Mulligan, LMHCA.

TO BE SIGNED BY PATIENTS AGED 13 YEARS AND ABOVE:

NAME DATE

TO BE SIGNED BY PARENTS OF MINOR PATIENTS IF CLIENT IS 12 YEARS OR YOUNGER:

NAME AND RELATIONSHIP TO PATIENT DATE