



River Valley

psychological services

TO NEW PATIENTS of Dr. Kelly Bounkeua, Ph.D.

It is a pleasure to welcome you as a new patient. The following information is provided to answer your most frequently asked questions and to provide you with further information about the practice of psychotherapy.

Our secretarial office is open Monday through Friday from 8:30 A.M. to 5:30 P.M. Outside of these times you may leave messages with my answering service. My clinical hours vary Monday through Friday. **In the event of an emergency and you are experiencing immediate crisis, you can call our office, and our on-call clinician will take your call after business hours.**

Appointments can be scheduled through my office staff. In order to provide more access to services cancellation requires at least 2 business days (**48 hours**) notice for appointments. *Appointments missed or cancelled without this advance notice will be charged a full fee (or no show fee based on the sliding scale) unless the hour is filled from my waiting list.* Insurance companies **will not** pay for missed or cancelled appointments and you will be responsible for these charges.

Regarding fees, my charges are comparable to those of other psychotherapists in the area. Each session lasts approximately 45-55 minutes depending on your insurance allowable. My fee for the initial office consultation and patient services can be inquired with the office staff.

Charges for mental health services (such as copays) are due and payable at the time of treatment unless other arrangements have been made with the billing department or therapist.

If you are bringing your child to counseling, the parent presenting the child for evaluation or treatment is presumed to agree to be financially responsible for such services. In divorced families, parents may then make arrangements between themselves for reimbursement according to their parenting plan. Please provide a copy of your parenting plan for my records.

If you are using health insurance, your fee will depend upon your co-pay or the percentage your health insurance requires you to pay. Please remember that if you have a deductible that has not been met, you will be paying out of pocket until you have met your deductible. Charges for other services (i.e. paperwork, telephone sessions, collateral consults, etc.) should be discussed with me. Payment at the time of service is expected. If this is not reasonable, please discuss this with me now and we will work out an agreeable payment plan.

600 Oakesdale Avenue S.W. • Suite 104
Renton, WA • 98057
Telephone • 425 • 228-5336
Facsimile • 425 • 228-4540

5837 221st Place S.E.
Issaquah, WA • 98027
Telephone • 425 • 391-0887
Facsimile • 425 • 391-7014

Accounts which are overdue will be sent to a collection agency. My bookkeeper will send you a statement once a month. The statement you receive includes all of the information necessary for submitting to your private insurance company. The responsibility for initiating a claim resides with you. If you have any questions about filing your insurance forms, we will be glad to assist you with information you might need. We will bill King County Medical, Blue Cross, and other insurance companies as contracts require; please ask to make certain which we do or do not bill.

Regarding my background and training, I am a Washington State Licensed Mental Health Counselor (LMHC), and have plans to take the exams to become a Washington State Licensed Clinical Psychologist. I received my Doctoral degree in clinical psychology from Seattle Pacific University (2007) with a pre-doctoral internship at Sound (formerly Seattle) Mental Health (2001). I also hold a Master's degree in psychology from Seattle University (1997) and Bachelors in psychology from the University of Washington (1995). My theoretical orientation is eclectic or integrative, but is generally an interpersonal/existential approach based on dynamic considerations of biosocial psychological problems. In addition, I will utilize components of Mindfulness Meditation, an empirical evidence-based treatment to aid clients with increasing their coping strategies as part of our sessions. In my work with children and adolescents, I may use games, art, and walking at a nearby nature trail or office gym to facilitate our work together. My areas of specialty include depression, anxiety disorders, parenting concerns, relationship issues, dating, discrimination and cultural identity/acclturation issues with ethnic minorities.

As you know, I work with a group of independent mental health professionals, under the name BACI Counseling, LLC. This group is an association of independently practicing professionals which share certain expenses and administrative functions. While the members share a name and office space, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no member of the group can have access to them without your specific, written permission.

I work with children, adolescents, and adults in individual, couples and family therapy. I will work with children on specific issues with their families. Typically the first three to four sessions will be utilized to evaluate and discuss the issues at hand. In addition to face-to-face contacts, I may utilize or refer on for psychological tests to facilitate my understanding of your concerns. By the fourth or fifth session I hope to provide you with an outline of the form that treatment may take, as well as an opportunity to see how the working relationship with the therapist will be managed. We will also discuss estimated length of treatment. You may at any time refuse treatment, request a change in treatment approach, or request a referral to another therapist. The client's best interest is served with at least one termination session designated to discuss the progress while in treatment as well as the closure of the therapeutic relationship.

All issues discussed in evaluation or treatments are confidential. By law, information regarding evaluation and treatment may be released only with the written consent of the person (ages 13 and over) treated or that person's parent or guardian. However, the law requires the release of confidential information due to mandatory reporting of suspected child abuse, potential suicidal behavior and threatened harm to another person. The attached brochure entitled, *Counseling or Hypnotherapy Clients* provides additional information on the practice of counseling. I look forward to working with you and trust you will feel free to ask any questions not covered in this statement. Please keep this letter for your information.

Finally, since we have a therapeutic-relationship, my standard of practice is to conduct business and address any concerns in our sessions. Therefore, I do not utilize Facebook, Twitter, email, Or any other internet services to correspond with clients. If you must correspond via email, you can do so thru praticemanagerrvps.com. However, please realize email is not secure. Telephone messages will return within 24-48hrs depending on the nature of the call. If I determine things can wait till our sessions, it will be address then. However, it is still my standard of practice to conduct things in sessions so I can adequately address your concerns in person since the nature of our business is therapy. Since I or my office staff may need to contact you or return your call, it is imperative you have a voicemail that is set up and not full.

DISCLAIMER: For the parents/legal guardian of the patient, you understand that the purpose of your child's visit is for therapy sessions only. It is typically not in the child's best interest to have the therapist embroiled in parental legal disputes. Forensic psychologists are trained to evaluate psychological issues that may be addressed in litigation or other court hearings. Please be sure to talk with your prospective therapist before beginning therapy if you anticipate your child's case may involve any legal action. Unless your therapist is engaged, in writing, for the purpose of a custody evaluation, we may offer you information on how to locate a forensic psychologist. You agree that you will not involve your child's therapist in litigation.

For adult patients, you also agree that you will not involve your therapist in litigation of any kind and for any purpose. You understand your visit or your family is for therapy and having your therapist involved in litigation would interfere with the therapeutic-relationship. If your situation may in the future involve litigation, please discuss this with your therapist.

*I have read and understand the above information provided or given the opportunity to ask questions if needed.

Signature of patient/guardian

Date