

# River Valley

## Psychological Services

### Disclosure Statement

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425-391-0887

Welcome to River Valley Psychological Services. Please read the following information about the psychological services I offer and policies at RVPS.

#### Background and Approach:

I am a clinical psychologist and have been licensed in the State of Washington (License #PY00001416) since 1990. I received my doctoral degree from the University of Delaware in 1984 and was trained at the Center for Cognitive Therapy in Philadelphia, PA. I have been in private practice in Washington State since 1990. My therapy approach focuses primarily on evidence-based cognitive-behavioral and family systems treatment. I work with adults, children, adolescents, couples, and families.

#### Services:

Our initial appointment will last for one hour and additional assessment sessions may be added as needed. Psychotherapy sessions last 45 minutes. The fee for the intake session is \$225 and the fee for psychotherapy sessions is \$150. Payment is due at time of service and will be collected by the RVPS office staff. If you have insurance, RVPS will bill the insurance company and clients are responsible for copays and coinsurance payments at time of service.

If you need to cancel an appointment, there is a 24 hour (business day) cancellation policy.

Sessions scheduled on Monday must be cancelled Friday to avoid the cancellation charge.

Insurance companies do not cover late cancellations or missed appointments and you will be charged the full session fee. Overdue accounts are sent to collections.

The RVPS office is open Monday through Friday from 8:30 to 5:00, excluding holidays.

Appointments are scheduled with the office staff. I am available for appointments on Tuesdays and Wednesdays from 10 AM to 7 PM, and Thursdays and Fridays from 8 AM to 5 PM.

During business hours, calls are handled by the office staff (425-391-0887). After business hours, you can leave a confidential voicemail for me (Voicemail #80). Emergency calls are

handled by the weekly on-call therapist who you can reach by calling the above number and selecting the therapist on-call option.

Records and Confidentiality:

All session content is confidential and session notes will not be released without your written consent. The exceptions to maintaining confidentiality in Washington State occur if: 1) a client presents a serious threat of being suicidal or homicidal; 2) child/vulnerable adult abuse is reported; and 3) there is a court order for release of information (usually in the event of child custody disputes). You have the right to review your file and request modification of inaccurate information. The exception to file review in Washington State occurs if the psychologist determines that the information in the file may be injurious to the client's health and/or could be expected to cause danger to the life or safety of the client.

Ethics and Professional Standards:

Licensure as a psychologist in the State of Washington holds psychologists to the highest ethical and professional standards. If you have any concerns about assessment or treatment, please bring them to my attention immediately. Unethical or unprofessional behavior can be reported to the Psychology Examining Board, Division of Professional Licensing, P.O. Box 9649, Olympia, WA, 98504, (360) 586-4561.

Consent for Treatment:

Your signature below indicates 1) you voluntarily are agreeing to mental health assessment and treatment and are authorizing me to provide assessment and treatment; 2) you agree to participate in the planning of your care and treatment; 3) you may stop treatment at any time; and 4) you have read and understand this statement and have had sufficient opportunity to ask questions about the information provided here. You will be provided with a copy of this statement at your request.

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Client/Parent/Legal Guardian Signature

Date

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Monica L. Bristow, Ph.D. Signature

Date

