



Paul Baxter, L.M.H.C., M.A.
2722 Colby Ave. Ste. 626 Everett, WA 98201
(425) 381-0180

Clinician Disclosure Statement

Washington State Registered Counselor Number: LH60064311

Degrees and Training:

I received by Bachelors in Pastoral Studies at Northland Baptist Bible College and my Masters of Arts in Counseling at Mars Hill Graduate School. I have seven years of experience in the mental health field working in a residential treatment center for troubled teenagers and as a mental health worker at Fairfax Mental Hospital where I monitored clients' behavior and led daily groups. I interned at Seattle Mental Health where I counseled individuals suffering from a variety of mental health conditions. In addition, in this internship I led a group for people suffering from bipolar disorder where I offered these clients information concerning their disorder and a safe place to disclose past and present issues. I am a member of the American Counseling Association and the Seattle Counseling Association. I currently have a private practice in Everett and Seattle.

Counseling Orientation:

I view the healing process to occur within a relationship that provides the client a space for him/her to discover the person who she/he wants to become. In addition, I believe clients heal when they experience a relationship with their therapist which contradicts the betrayal and abandonment that the client perhaps has experienced from his/her past relationships. In therapy, I will spend time talking about my client's present relationships focusing on his/her relational dynamics. In addition, I believe that the therapeutic relationship is a microcosm of how people relate to the rest of the world. Therefore, at times or when necessary I will point out how you are relating to me. In therapy, I utilize the Existential, Object – Relations, and Here and Now theories. Certain problems have a physical component and in such cases, medical consultation will be necessary Although these are the models that I will be working from, my clients have the freedom to discuss the issues that they want to work through and I invite my clients to participate in communicating to me the form the type of therapy they want to receive.

Billing Information:

My fee for counseling is \$85.00 per 50-minute session and \$50.00 for group. Couples sessions are 70 minutes and \$105.00. Payments are to be paid at the beginning of each session. Checks returned NSF will be charged \$20.00. You will be charged the full amount for any missed appointment if you cancel within less than 24 hours notice from your scheduled time. If you are late for a session you will be seen for the time remaining in your hour billed and you will still be required to pay for the entire session. In addition, I do not accept email cancellations. Please call me at (425) 381 – 0180 to cancel an appointment. Every January 1st, my fees for individual and couple therapy go up \$5.00.

Insurance Information

I handle insurance by receiving payment from the client and then give the client a receipt. For most insurance companies, they will require a diagnostic code to be placed on the receipt. Therefore, if you request a receipt for insurance I will be required to provide a diagnosis on your receipt.

Confidentiality:

I view confidentiality as a vital asset to the therapeutic process because it gives you the freedom to become the person you desire to become without interference from outside forces. Therefore, the information and the actions of my clients will remain confidential. However, I am legally bound to break confidentiality for the following five reasons: 1) If you give written permission to share information. 2) Anything that suggests a crime or harmful act, such as suicide or homicide. 3) If you are a minor and indicate being a victim or subject of a crime. 4) If information you have revealed to me is subpoenaed. 5) If you brings charges against me.

Termination

I believe that termination is an important part of treatment and it is my preference to hear about your desire to terminate therapy a couple of weeks in advance of your last session. A termination session is important because it allows us time to reflect on how you have grown through therapy, gives you a chance to discuss with me the reasons for his/her need to terminate, and provides an opportunity to bring closure to the our

relationship. As a client, please make an effort to provide time to terminate our therapy together.

State Information:

Counselors practicing for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. You have the right to choose a counselor that suits your needs. You are voluntarily agreeing to our counseling and can terminate at any time. Should you believe that I have been unethical in our work and still believe so after discussing your concerns with me, you may contact *The Department of Health, Counselor Programs, P.O. Box 47869, Olympia, WA 98504-7869*. The contact number is (360) 236-4501. In addition, I seek to improve my therapy skills through bringing my cases to a paid supervisor. My supervisors name is Dr. Mark Michael. If you have a complaint against me, you may also contact my supervisor at (206) 324 – 8285.

Emergencies:

You may call me at 425-381-0180. After 9 pm, if your situation cannot be resolved within a five minute time frame I may have to call 911 on your behalf . In an emergency, if you cannot reach me you can call one of the following numbers:

- Crisis Line: (425) 258-4357 or (800) 223-8145
 - General Emergencies: 911
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Consent for Treatment

I the undersigned have read the information presented in this form. I have asked questions with regard to these policies and understand them. I agree to the treatment under the terms described above.

Client Signature Date

Parent or Legal Guardian Date

Client Signature Date

Therapist Signature Date