WELCOME to the counseling practice of Pamela Helberg, LMHCA

The State of Washington requires that all patients be advised of their rights and responsibilities as well as the practices and policies of the practitioner providing services.

Mental health counseling offices function in ways different than your regular medical practitioner's office. In order to offer you the best possible care, please read the following carefully and feel free to ask questions.

EDUCATION, CREDENTIALING AND LICENSING

I am a Licensed Mental Health Counselor Associate. I have a Master of Counseling Degree from Antioch University, Seattle and am licensed to practice by the Washington State Department of Health. My license number is #MC60809301.

WHAT TO EXPECT

My office is easy to find in the Fairhaven Historic District of Bellingham. Street parking is available. Please allow time for this and for filling out forms. Be aware that there are several steep stair steps to my office.

It is important for you to be prepared to share the details of your medical and psychiatric history. Please bring a list of all your current medications and previous psychiatric medication experiences. With your written permission, information from your primary care provider, family, friends and other behavioral health providers may be helpful in the evaluation.

There may be times that I refer you to another provider if I feel there may be someone that may be more helpful to you or as an additional provider to your treatment. You have a right as a client to end care or ask for a referral. It is vital that we have an open dialogue about your treatment.

HOW TO ACCESS CARE

My typical work schedule is as follows:

Mondays 10 - 2
Tuesdays 4:30 - 8
Wednesdays 4:30 - 8
Saturdays 12-4

It is always in your best interest to address issues during an appointment. At other times, you may call **360.303.0671** and leave a detailed confidential message and I will do my best to call you back within 24 hours. Please leave your phone number, good times to reach you and whether I may leave a confidential message. If you do not hear back from me in a reasonable timeframe, please call again to assure that I received the message.

I do not have an emergency-based practice, so if you have an urgent need outside my usual business hours, call this same number and be specific about the nature of the problem so that I can prioritize a call back. If you require emergency assistance, your options: call 911 or Care Crisis Line **1-800-584-3578** or go to the nearest emergency room.

PROFESSIONAL STANDARDS

I am accountable for my work as a licensed professional. If you feel dissatisfied with our work together, please talk with me so that we can come to a common understanding. If you wish, I can refer you to another provider. Should you believe you have reason for complaint, such as unethical or illegal practices by me or any other health professional, you may contact the State Department of Health, 1300 SE Quince Street, PO Box 47869, Olympia, WA 98504-7869; (360) 664- 9098.

FINANICIAL/BILLING ISSUES

I do not accept insurance at this time, so my fees are as outlined below:

50 min session:
Phone calls: (per 15 minutes) $25
Forms: (1-4 pages) $25
Forms: (4-10) $40
Photocopying (per page) 20 cents

You are responsible for the payment of these fees.

I will collect fees at the beginning of each session so it is helpful to be prepared so that we can use our time together focused on your needs. If you do not make this payment at the time, a $5 fee will automatically be added as a handling charge. There is a carrying fee of $5 per month for outstanding bills over 30 days.

CANCELLLATION OF APPOINTMENT

The appointment time that we set up is reserved for you. If you do not attend, or cancel less than 24 hours before your appointment, you will be charged our agreed upon rate for the session you missed.

Thank you for taking the time to read this carefully. I look forward to working together with you to help you achieve your health and wellness goals.

Pamela Helberg, LMHCA
Mental Health Counselor

1101 Harris Ave, #27
Bellingham, WA 98225

Phone: 360.303.0671
Fax: 360.714-8355

I acknowledge that I have read, understand and received my own copy of the welcome document that includes the practice policies. I have had an opportunity to discuss its contents. I accept the practice policies and consent to assessment and treatment and understand that it is my right to be an active participant in decisions regarding my care.

I agree to be responsible for payment for all costs of providing services on my behalf, uninsured charges, missed appointments, carrying charges and collections charges. I authorize Pamela Helberg, LMHCA to charge me for services provided.

Please cross out and initial any part above that you do not accept after bringing the matter to my attention.

Printed name _____ Date _____

Client or authorized signature _____

ACKNOWLEDGEMENT OF RECIEPT OF "NOTICE OF PRIVACY PRACTICES"

I keep a record of the health services I provide you. You may ask to see and copy that record. (A fee may be charged for photocopying.) You may also ask to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so.
The Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By signing below, I acknowledge receipt of the "Notice of Privacy Practices."

Printed name _____ Date _____

Client or authorized signature _____

A copy of this form will be retained in your medical record