



ERIKA BAXTER, M.A., LMHC, M.Div.  
2722 Colby Ave. Suite 602  
Everett, WA 98201  
425-241-3098

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## **Clinician & Client Agreement Disclosure Statement**

**Washington State Licensed Counselor Number: LH00010779**

### **Degrees and Training:**

I received my Bachelors in Psychology at The University of California at Santa Cruz and my Masters of Arts in Counseling and Divinity at Mars Hill Graduate School. I have four years of nonprofessional counseling experience at New Horizons, a residential program for troubled teenagers. I interned at Compass Health counseling families, adults, individuals in group counseling, and children. I am a member of the American Counseling Association and the Seattle Counseling Association.

### **Counseling Orientation:**

I view the counseling process to be a relational experience. We will spend time exploring specific problems that have brought you into the counseling office and the nature of the relationships with the people who are most significant to you. I focus on both your problems and your styles of relating because I believe that the complexity and intensity of your problems are rooted in relational issues. Our work will be done primarily through conversation. Depth counseling involves interactions that may be very emotionally painful for you, in order for you to come to a place of healing. I believe it is very important to move at your pace. In therapy, I utilize Psychodynamic, modern Psycho-analytic, Neurobiological, Differentiation based therapy, EMDR, and Ego state work. Certain problems have a physical component and in such cases, medical consultation will be necessary. With adolescents I may incorporate games, art therapy, physical activity, stories or movie clips.

### **Billing & Appointment Information:**

My fee for counseling is \$200.00 per 50-minute session and \$75.00 for group. I offer 75 minute sessions for couples and individuals for \$300.00. Payments are to be paid at the beginning of each session. Checks returned NSF will be charged \$20.00. There is a \$10.00 per week late fee for missed payments. **You will be charged the full amount for any missed appointment if you cancel within less than 48 hours notice (two business days) from your scheduled time.** Cancellations need to be done by phone, not via e-mail. 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. If your insurance pays for your session and you do not cancel within 48 hours, you are responsible for the full fee. In case of snow or other unforeseen weather

circumstances, I will call you if the office is closed. Every January 1<sup>st</sup>, my fees for individual and couples therapy increase \$10.00. When you wish to terminate, please give me at least one weeks notice, so that we have enough time to end well. I try to return calls within 24 hours, Monday-Friday; please limit your phone call needs to appointment scheduling and emergencies. My hope is that these policies will ensure the best possible outcome of your therapy.

**Termination of Treatment:** When you wish to terminate treatment, please give me a minimum of one week's notice. You may terminate treatment at any time without moral, legal, or financial obligation beyond payment of services already rendered. It is expected that we will discuss the prospect of termination so that both parties will be clear about any details that need attention as part of the termination process. If you fail to schedule a future appointment, cancel a scheduled appointment, or fail to keep a scheduled appointment and do not contact me within 30 days of the date of last recorded contact, it will be understood that you have terminated treatment. I shall have no further obligation to you once treatment has been terminated. If I believe that therapy is not benefiting you, I may terminate therapy with you.

**Confidentiality:**

As a professional, I strive to maintain strict ethical standards. Most of what you say in the counseling office will be kept confidential with the exception of your name and payment through the insurance company, if you use insurance, and my book keeper. And also if I believe it is in your best interest for consultation with another therapist or to talk with your doctor. There are a few legal exceptions to confidentiality as well. The following situations are legal reasons that I am required to break confidentiality. 1) If you give written permission to share information. 2) If I have reasonable cause that a crime or harmful act, such as suicide or homicide, will take place. 3) If I have reasonable cause to believe that a minor or vulnerable adult has suffered abuse or neglect. 4) If information you have revealed to me is subpoenaed. 5) If you bring charges against me. 6) In order to provide you a receipt for your insurance. It is important to be aware that e-mail communication is easily accessed by unauthorized people. I regularly consult with other health care professionals in a way that keeps your identity hidden. Finally, I do not do therapy for the purpose of being able to represent you in court.

**Video and Audio Release Form:**

As an additional support for your counseling process it is sometimes beneficial to use video feedback as part of our work together. This means that I may ask to video or audio record you during specific dialogues, exercises, or during entire sessions. This will give us the option to play back these recordings in session to help you see patterns of behavior in yourself or your

significant other (if applicable). Because it usually takes some time to setup a video camera or audio recorder, I'm requesting that we do the paperwork for this on the front end so that we can devote as much time to working on the issues that bring you into counseling. By viewing the video or listening to the audio recording in session, it allows us to "stop action" and process how you might approach an issue in a more productive way. It also allows you to witness your progress with your counselor and/or your relationship.

In addition to in-session use, I occasionally may use the video footage or audio recording to receive consultation from other health care professionals that I consult with. This may occur during time of treatment or thereafter for purposes of peer review, education and quality assurance. During this process your name will be kept confidential. In addition, all matters discussed with other health care providers will remain completely confidential. The video or audio recording will be used for no other purpose without your written permission and it will be deleted when it is no longer needed for these purposes.

These recordings are the property of Erika Baxter and will remain solely in my possession throughout the course of your counseling and until they are destroyed. Should you wish to review these recordings for any reason, we will arrange a session to do so. When unattended by me, these materials will remain in locked facilities and/or on encrypted computer systems at all times to ensure maximum confidentiality.

I \_\_\_\_\_ hereby grant my/our permission for any audio or video recording that may be deemed pertinent in the counseling of my/ourselves, my/our marriage, or my/our family. The counseling sessions, records, video, and audio recordings are strictly confidential except where I consent to release, where state law requires the reporting of threats, violence, harm or child abuse, and neglect (from evidence or suspicion), and when information is subpoenaed by the courts.

In no way will the refusal to grant consent for this video or audio recording effect my/our getting assistance for myself/ourselves. I understand I may revoke this permission in writing at any time, but until I do so, it shall remain in full force and affect.

### **State Information and Your Rights:**

Counselors practicing for a fee must be licensed with the department of health for the protection of the public health and safety, but this 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*,

