

**Marilyn Boyle, MA MTS LMHC**  
**917 Pacific Avenue, Ste 414 - Tacoma, WA 98402 -253/572-7926**

Washington State Licensed Mental Health Counselor

#20703-MH30001313

**Office Policies**

For your information, and in accordance with Washington State Law, I provide you with this outline of my office policies and information about my background and professional experience. Please read carefully, ask any questions that you may have, and then sign in the space provided.

**Background, Experience and Treatment Approach**

I graduated from Gonzaga University in 1975 with a Masters Degree in Counseling and I earned a MTS degree with an emphasis on spirituality at Seattle University in 1991. Since graduating I have continued my studies, more recently based in psychodynamic and psychoanalytically informed work. I have participated in various training programs and my current studies are in positive psychology and grief & loss. I have worked in the mental health field for the past 30 years. I am a National Certified Counselor with the National Board of Certified Counselors and a member of the American Counselor's Association since 1989. I entered private practice in 1996 and I welcome all persons of diverse race, culture, religion, gender, ability and sexual orientation.

I work with adult individuals and groups. I draw upon psychodynamic, family systems, narrative, mindfulness, cognitive behavioral, energy psychology and stress-reduction approaches. I am interested in all of you: mind, body, spirit. The integration of these approaches means that I pay attention to both your "inner world" and how you are situated in your family-culture. I intend to help you understand yourself better, to help you develop healthier relationships to yourself and others, and help you work through the emotional experiences that may be interfering with your growth and development. This process involves talking as freely as possible about your experiences, especially areas of concern in your life and painful emotions. I also find it helpful to attend to the body sensations, thoughts and beliefs that accompany your emotions. My approach can include psych-educational tools. The duration on treatment varies with no prescribed number of sessions.

It is your responsibility to choose the practitioner and treatment approach that best suits you and your needs. You have the right at any time to refuse or discontinue treatment.

**Appointments**

Once we decide to work together, we will find appointment times that are workable for both of us, and will be consistent from week to week. How frequently we meet during the week depends on a variety of factors. Dialogue on this topic will allow us to consider what level of frequency is right for you. Because this time is reserved for you, I ask that you give me at least **48 hours notice** (or by 5:00 pm Friday for a Monday appointment) otherwise you will be charged the full fee for the missed session. Please call my confidential voicemail: 253-572-7926 and leave a message. With prior notice, I am sometimes able to accommodate a change in your appointment time or day. If

we find that you cancel frequently, but want to continue in therapy, then I may ask you to pay for each appointment regardless of whether you attend.

### **Fees**

My current fee is \$150 for an individual 55-minute session. The first individual intake session is \$175. Payment via cash or check is due at the beginning of each session, unless we have made other arrangements. All co-pays are due at the time of service. There will be a \$25 charge for NSF checks. If you have an outstanding balance on your account, you will receive an email from therapyappointment.com around the 15th of each month. There is a \$25.00 late fee for bills not paid by the due date. Fees are adjusted periodically for inflation.

Fees are pro-rated at my current fee for telephone calls that last longer than 5 minutes. Fees are also pro-rated at the per session rate for reports you request. The fee for legal interviews, depositions and court appearances is \$350 per hour, portal to portal, inclusive of preparatory time and wait time. They are billed at 2-hr minimum and full day minimum for in-person appearance. Legal reports are pro-rated @\$350 per hour.

Fees not paid according to the guidelines above are both a business and therapy concern. If payment is not made as agreed to, there may be some anxiety or discomfort that can decrease the effectiveness of your treatment. If your account is overdue, I will discuss this with you, and every effort will be made to arrive at a mutually agreeable plan for paying your bill. In the unfortunate situation that this cannot be achieved, seriously delinquent accounts may be referred to a collection agency, and information necessary to assure collection will be released. Interest may be charged at 2% per month on balances due for more than 30 days.

### **Insurance**

I am a provider for several major insurance companies. As a courtesy to you, I will help you process your insurance claims. However, I do not bill your secondary insurance if you have one. In order to help, you must bring proof of insurance to your initial appointment and anytime your coverage has changed. I will attempt to provide an estimate of your insurance coverage, as well as your estimated out-of-pocket expense, however please be aware that not all insurance companies provide accurate or reliable predeterminations. It is your responsibility to know the limits of your insurance coverage and to keep track of authorized sessions. Contact your insurance carrier for information. If you choose to use your medical insurance, then your insurance company can exercise the right to audit your file in an attempt to assure standards of care.

### **Confidentiality**

I will not release any information without your written permission except when I am ethically and legally bound to do so. The exceptions to this are:

1. When not disclosing information would represent a clear danger to yourself or others.
2. If I obtain information suggesting the abuse or neglect of a child or vulnerable adult.
3. If I am served with a court order requiring disclosure.

4. If you bring a complaint against me with the State of WA Dept. of Health, I will release information.
5. In the event of the patient's death or disability, information may be released if the patient's personal representative or the beneficiary of an insurance policy on the patient's life signs a release authorizing disclosure.
6. If the patient reveals the contemplation or commission of a crime or harmful act the therapist may release the information to appropriate authorities.
7. If the patient is a minor, information that the patient was a victim of a crime may be released to the proper authorities.

I regularly attend consultation and training meetings where, in order to ensure the quality of the therapy I provide, I discuss my work. In these circumstances I do not reveal the identity of my patients. If you have any concerns about this, please talk about it with me.

#### **Email & Social Media Policy**

You will be able to send me encrypted email through my electronic system, Therapy Appointments, once you are registered in the system. If you choose to bypass the encrypted option, please be aware that I cannot guarantee confidentiality of any email you might send me. I do not provide counseling via email. Urgent and time sensitive messages are best left on my phone voice mail.

My professional ethics do not allow me to accept "friend" requests on Facebook, LinkedIn or other social media. However, I do have a business Facebook page that you can follow: Marilyn Boyle Grief Coaching and Counseling. You can also sign up for my newsletter on my website.

#### **Records**

I maintain minimal records of your treatment as required by law. You have the right to review my records, subject to my evaluation of any possible harm to you. I will not disclose your record to others unless you direct me to or unless the law authorizes or compels me to do so. You may see your record or get more information at: 917 Pacific Ave, Suite 406, Tacoma, WA 98402.

#### **Patient notice of registration**

As required by RCW 18.19.060, this will inform patients of licensed counselors in the State of Washington that they may file a complaint with the Department of Health at any time they believe a therapist has demonstrated unprofessional conduct. Therapists practicing therapy for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the Department of Health does not include recognition of any practice standards, nor necessarily implies the effectiveness of treatment. Licensure of an individual does include recognition of practice standards. It is every patient's right to discontinue treatment at any time with or without notice to the treatment provider. The Washington State Dept of Health may be contacted at PO Box 9012, Olympia, WA, 98504- 8001, 360-753-1761.

I have read the above information and have had any questions answered satisfactorily and have received a copy of this document. I agree to pay for all services and charges that I incur with Marilyn Boyle, MA, MTS and which my insurance carrier does not pay, including services and charges that are determined by my insurance carrier to not be medically necessary and/or services and charges that are not covered by my plan with my insurance carrier. I understand that this agreement to pay for service does not modify, change or replace any of the terms of my other agreements for service from Marilyn Boyle, MA MTS.

\_\_\_\_\_ **(Patient's signature & date)**

\_\_\_\_\_ **(Patient's name)**

\_\_\_\_\_ **(Address)**

\_\_\_\_\_ **(City, state, zip code)**