



CHUCK VERRO

COUNSELING, PLLC

Personal Information

Name: _____ Age: _____ Sex: _____

Address: _____

_____ Zip Code: _____

Marital Status: Single _____ Living Together _____ Engaged _____ Married _____ Separated _____
Divorced _____ Remarried _____ Widowed _____

Birthdate: _____ - _____ - _____

Home Phone: _____ Is It Okay To Leave A Message? Yes _____ No _____

Cell Phone: _____ Is It Okay To Leave A Message? Yes _____ No _____

Is It Okay To Text Message? Yes _____ No _____

Work Phone: _____ Is It Okay To Leave A Message? Yes _____ No _____

Email: _____

Current Employer: _____

Referred by: _____

In Case of Emergency Contact: _____

Phone: _____ Relationship _____

Insurance Information

Name of Insurance Provider: _____

Subscriber's Name: _____ ID No: _____

Group Name: _____ Grp No: _____

Contact Phone Number for Verification of Benefits: _____

General Business Practices

The following contains important information regarding my general business practices. Washington State Law requires that you be given this information as a basis to make informed decisions concerning your therapy.

Please read the following carefully, sign where indicated and bring to our first session. If there are questions do not sign those portions; there will be opportunity to discuss your questions during our first session.

Office Hours and Service Fees:

- I typically schedule appointments Monday through Thursday between 11:00am and 9:00 pm. On Fridays I start at 11:00am and leave the office at 4:00pm.
- First appointments are scheduled for 90 minutes at a fee of \$200. Subsequent 50 to 60 minute sessions are \$140.
- Cash, check, MasterCard, Visa, and Discover cards are accepted. All fees are paid at the start of our session and will be receipted.
- I do have working arrangements with some insurance companies. It is your responsibility to know your benefits and if I am covered under your insurance plan. The printable [Insurance Verification Tips](#) form provides a list of questions which may be helpful as you interview a representative from your insurance provider.
- You, as my client, will be responsible for all financial obligations regardless of any insurance coverage or involvement of other third-party payers.

Please initial that you have read, understand, and accept the financial responsibility stipulation above: _____ Date: _____

Communication and Other Services Between Sessions:

- The best way to contact me for administrative issues is by calling my office number, (360)696-3600, and leaving a voice mail. Text messaging may be okay if we have determined that in our initial session. I DO NOT monitor eMails during the day on a

routine basis, but do check them in the evenings and early mornings. I will respond to communications within 24 hours.

- There is no charge for communications related to scheduling or related administrative matters.
- Non-administrative communications are billed in 15 minute increments and are pro-rated based on the hourly fee for services. There is no fee for the first 15 minutes.
- All non-administrative written communications are entered into your confidential, permanent, clinical record.
- Fees for depositions and court appearances are based on my regular hourly rate measured from the time I leave my office until I return.
- Fees for report or letter writing are based on my regular hourly rate.

Appointment Cancellations:

- It is my expectation that you will attend all our scheduled counseling sessions as each session is a step towards reaching your goals and each missed appointment is a missed opportunity. There are times, however, when the thought of wrestling with issues gives birth to a desire to be somewhere else. I get that, but experience has shown me that often these may be the most fruitful times to be present.
- The fee for missing an appointment or not cancelling with at least 24 hour notice is the cost of the session. If you are using insurance please be aware that this cannot be billed to your insurance and must be paid, in full, by you, at the time of the next scheduled appointment unless special arrangements have been made.

Please initial that you have read, understand, and accept the stipulation above:

_____ **Date:** _____

- Cancellations can be made by calling the office (360-696-3600) and leaving a voice mail message any time of the day or night. Text messaging is also acceptable if we have determined that in our first session.
- I understand that sometimes "life happens" (e.g., unanticipated and out of your control events such as accidents, sickness, extreme weather, death in the family) and giving 24 hour notice is not possible. In such situations please notify me as soon as you can and if possible I will try to arrange another time to meet within the week.

Terminating Services:

- You may stop seeing me at any time, with no obligation to me other than to pay for services that have already been provided and to give me adequate notice of a decision to cancel an appointment as discussed above. A final face-to-face session to wrap up any therapeutic issues is highly recommended.
- You are free to schedule as infrequently as you like, depending on your particular situation and needs. Except in rare and/or potentially dangerous circumstances, I leave it up to you to contact me to request an appointment. I generally don't call or write to follow up with you unless you have requested this from me.
- I may make a decision to terminate treatment under rare circumstances, such as if I am not able to provide therapy that fits your specialized needs, if you are not benefitting from our work together, if you don't pay your bill, if you become violent, abusive or litigious, or if the therapy relationship is compromised in any way due to unforeseen

circumstances. If I terminate services with you I will provide an appropriate referral for you.

Professional Disclosure Statement

Approach to Counseling

I received my formal counselor training from Western Seminary (Portland, Oregon) where I completed a Master's Degree (MA) in December, 1997. However, I have been counseling since 1985. For eight years I was on pastoral staff working in the areas of pastoral counseling with individuals, couples and groups. I have also counseled in community mental healthcare clinics as well as non-profit counseling centers. I have been in private practice since 1998 and have worked effectively in my specialty of sexual addiction as well as with relationship and personality concerns, marital and premarital issues, mood disorders, anxiety, grief and loss issues, anger management, problem gambling, parenting, and spiritual formation.

I view the process of counseling as a mutual undertaking between you – the client – and myself as your counselor. In order for you to accomplish your therapeutic goals we both must do our parts. For you, that means your active participation is important, both during our sessions and completing any assignments between sessions. During our work together you may experience stress, strained relationships, uncomfortable emotions or just feeling emotionally drained. While processing this is hard work most who actively engage in the process do experience positive results.

As we work towards reaching your goals, we may explore such issues as defense mechanisms, personality characteristics, relationship styles, past and present experiences, plans for action, and future hopes and goals. Explorations like these will likely lead to new or alternate ways of thinking, feeling, and behaving requiring significant commitment for such changes to become permanent. To facilitate your growth and development, I incorporate a Christian world view with short term cognitive methods and a psychodynamic theoretical framework.

By nature, counseling is emotionally and psychologically intense and intimate and can generate strong feelings toward the therapist -- angry, fearful, or even sexual feelings. It is my job to help contain these feelings in such a way that you feel safe in the therapeutic relationship. While I may join in and feel strong feelings along with you, I will not act on any feelings in any way that could be destructive to your therapy experience. For that reason, it is important to understand that our relationship will remain on a strictly professional level rather than a personal one. Contact will be limited to the paid sessions in the office or over the phone, and will focus exclusively on your concerns.

Credentials

In 1998 I obtained a Master's Degree in Counseling from Western Seminary in Portland, Oregon. I also hold the following certifications:

LMHC: Licensed Mental Health Counselor in the State of Washington and follow the State's ethical guidelines.

CSAT: Certified Sex Addiction Therapist under the International Institute of Trauma and Addiction Professionals (**IITAP**).

CCPS-Candidate: Certified Clinical Partner Specialist – Candidate.

NCC: Nationally Certified Counselor (**NCC**) by the National Board of Certified Counselors (**NBCC**)

I routinely attend classes and seminars to keep current on the latest developments in my field. In keeping with generally accepted standards of practice, consultation regarding the management of cases may be sought, as needed, from other mental health professionals who have appropriate expertise. In such cases all personal identity information is omitted from such consultations to safeguard confidentiality.

Confidentiality

Aside from the aforementioned supervisory relationships, I will maintain as confidential all information shared in our counseling sessions with the following exceptions mandated by law:

- I must report known or suspected abuse or neglect of a child, dependent adult or developmentally disabled person, whether or not that person is a client, to the appropriate authority.
- I must report all instances where it is my professional judgment that a client may kill or commit violence to himself or another person.
- Confidentiality will be broken in the event that I am mandated to report certain information by order of the court.
- Confidentiality may be broken while defending claims brought by a client against myself.
- Confidentiality may be broken if the client gives written consent to disclose information.

Please initial that you have read, understand, and accept the stipulation above:

_____ **Date:** _____

Your Rights As A Client

Therapy is one option of many which you can choose to treat unpleasant symptoms, unhealthy relationships, or life concerns. Options include other counseling centers, support groups, other styles of treatment, self-help resources, and medical treatment. If you decide to pursue therapy, you should know that your symptoms may worsen before improving, fail to improve, or continue to worsen. There are no guarantees. Some clients need only a few sessions to achieve their goals, while others may require months or, occasionally, years. My commitment to you is to help you meet your goals. If, after evaluating our process, I believe that your needs can be better met in another treatment venue I will do all I can to expedite such a change.

It is appropriate for you to raise questions about your counselor's therapeutic orientation and training, your diagnosis, the fee policies, course of treatment, and, in short, anything that is puzzling or unclear to you. It is important that you know that if, for some reason, you become

dissatisfied with your counseling, you have a right to request a change in counseling approach, referral to another counselor, or to terminate at any time after a termination session to tie up any loose ends.

All our communications are considered to be part of the clinical record, and are, therefore, accessible to you upon request to view in my office. Records are kept for a period of seven years after the date of termination at which time they are professionally and securely destroyed.

Emergency Services

If you experience a crisis and are in need for emergency services call a crisis line at (503)215-7082, (360)696-9560, (800)626-8137, or dial 911. You may also go to the nearest emergency room at the hospital of your choice as they have mental health professionals on call at all times.

Thank you for reviewing these policies which will help insure that our work together is as meaningful and productive for you possible.

Your signature below indicates that you have read, understand, and are agreeable with the material in the Professional Disclosure statement noted above.

Client Signature _____ Date _____

Client Signature _____ Date _____

Counselor Signature _____ Date _____