

Mark Dooley Psychotherapy  
MA, MES, LMHC, CMHS  
119 N Commercial Street Suite 1410 Bellingham, WA 98225 (360) 303 0695

CONSULTATION DISCLOSURE

I received my Master's degree in clinical psychology from Antioch University Seattle in 2002. I am a Licensed Mental Health Counselor in Washington State, license number LH00009203. I am also a Child Mental Health Specialist, a Washington State Approved Clinical Supervisor, a Certified WA Coalition of Sexual Assault Programs Provider, and hold a Master of Environmental Studies from The Evergreen State College, 1993. I participate in at least 18 hours per year of WA State approved continuing education.

I see individuals, couples, families, organizations, and businesses for non-clinical consultation specific to my education, experience, and expertise as a Licensed Mental Health Counselor. These services are not counseling, therapy, or healthcare. As consultation services are not healthcare, the legal rules of confidentiality for healthcare information do not apply.

I am a WA State Mandated Reporter. If there is reason to believe that child abuse or neglect or abuse of someone who is unable to protect him-, her-, or themselves is occurring, that information must be reported.

***For sake of personal and public safety***, If you are symptomatic with a contagious or possibly contagious illness prior to a scheduled office visit, please notify me so that we may conduct our session over video. I will offer the same consideration in return.

Fees for consultation are \$210 per 55-minute sessions to be paid 24 hours prior to, or under specific arrangements at the sessions. All other consultation services will be pro-rated and billed at this amount. ***If an appointment is missed or cancelled without 24 hours notice I will charge the full fee of our scheduled time.***

I have been provided with a copy of and understand Mark Dooley's Consultation Disclosure and have had an opportunity to ask any questions or voice concerns.

Signature of Client or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Client or Legal Guardian \_\_\_\_\_

Client's phone number(s) \_\_\_\_\_

Client's address \_\_\_\_\_

Client's email \_\_\_\_\_