

Peggy Scaief, LICSW, LLC, BCD
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License Number LW00004137

Disclosure Information: “Counselors practicing counseling for a fee must be registered with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. The purpose of the law regulating counselors is: 1) to provide protection for the public health and safety. 2) to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct”.

Confidentiality: Information about clients is held in strictest confidence. No information will be released without written informed consent from the client, except under specific circumstances required by the law. The Notice of Privacy Practices you will receive discusses confidentiality in more detail. Please read it carefully. In recognition of individual right to privacy when seeking evaluation and treatment, we ask you not to reveal the name or identity of any other client being seen in this office.

Client’s Rights: You have the following rights as a consumer of mental health services:

- o To be treated with respect and dignity
- o To receive help to develop a plan of care and services that meet your unique needs
- o To refuse any proposed treatment, consistent with state regulations
- o To receive care that does not discriminate against you and is sensitive to your sex, race, national origin, language, age, disability, religion/spirituality, and sexual orientation.
- o To be free of any sexual exploitation or harassment
- o To review your case records (See Notice of Privacy Practices)
- o Confidentiality as described in relevant statutes and regulations (See Notice of Privacy Practices)
- o To choose a primary care provider pursuant to WAC
- o To lodge a complaint with the State of Washington, Department of Health

Treatment Methods and Techniques: I work with individuals, couples, and families of a diverse age and ethnic backgrounds. My primary interest is working with individuals, males and females, couples/partners in marital conflict. My therapeutic approach is an eclectic blend of Client Centered, Cognitive Behavioral and Emotion Focused Therapy. The therapeutic approach is determined by the needs of the client.

Education, Training and Experience: I am a graduate of the University of Denver with a Master's in Social Work (MSW) with an emphasis in Clinical Social Work. I am licensed, Licensed Independent Clinical Social Work (LICSW) in the State of Washington. My education and therapeutic background includes but is not limited to Psychosocial Assessments, Diagnoses, therapy for individuals, couples, families and group work. I have had extensive experience working with individuals with Bipolar Disorder. I have experience working with individuals ranging in age from 6 to 80 years of age who have had Anxiety Disorders, Attention Deficit Disorders, Depression, Eating Disorder, Panic Disorder, Posttraumatic Stress Disorder, Unresolved Grief problems, life transition problems and problems with interpersonal relationships.

Billing Information: Psychotherapy services are billed at \$90.00 for individuals and \$100 for couples. As a courtesy, your insurance company will be billed for services. ***Your co-pay and self-pay are due at the time of service.*** No shows or late cancellations (24 hours) will be billed to the client at \$45.00 for the 1st and full fee for the 2nd.

I have received, read, and understand the above information.

Client signature _____ Date _____

Psychotherapist signature _____ Date _____