



Zane Behnke

LICSW, CDP

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This document is to provide you, the client, with information regarding your counselor's qualifications, methods, and mutual expectations of the professional relationship. The information provided is to help you decide if my services are suitable for your needs at this time.

The following statement is required by law: "Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of such treatment." (WAC 246-810-031)

Education, Training & Experience

I am a Licensed Independent Clinical Social Worker and my number is LW60240159. I am also a Chemical Dependency Professional and my number is CP60111342. I earned a Bachelor of Science from Santa Clara University in 2004 and graduated with my master's degree in Social Work from the University of Washington in 2008. I am a member of the following professional organizations: National Association of Social Workers and the Washington State Society of Clinical Social Workers.

Since graduation I have worked with adult individual clients in the jails, hospitals and community clinic settings. I have completed a significant amount of postgraduate training in post traumatic stress disorder, mindfulness, motivational interviewing, behavioral activation, exposure therapy for anxiety and CBT and DBT and other distress tolerance skills

Please confirm by initialing here _____ that you are aware I am available to discuss the benefits and risks of treatment as well as the availability of alternative therapies.

My work with patients complies with all regulations as set forth by the state of Washington in RCW 18.19. If you wish to review the professional record for social workers or other allied mental health professionals, you may do so at the Department of Health website, www.doh.wa.gov.

Payment: My fee is \$160 per 55-minute session for work with individuals. I accept some insurance and I am an in-network provider for Premera Blue Cross, Lifewise, Cigna, First Choice Health, Kaiser HMO Options PPO and Access PPO. Most of my clients pay out-of-pocket for counseling. This way, I can assure the highest degree of privacy, flexibility and control of mental health records. My private records are exempt from insurance reporting and random compliance audits. If you are thinking about using insurance to supplement the cost of therapy, I will gladly provide reimbursement documentation for your out-of-network benefits. In most cases, your out-of-network reimbursement covers a significant amount

Confidentiality: I do not disclose information about my work with patients, except when authorized by state or federal law. I will not disclose any other information about my clients without the written consent of the patient.

Cancellation Policy: Appointments must be cancelled at least 48 hours in advance of scheduled appointment. No show appointments and appointments cancelled after the 48-hour window has elapsed are charged the full session rate, without exception. Phone calls and emails are appropriate venues for conveying an appointment cancellation, text messages are not. Whenever possible, I will confirm that I received your notice of cancellation.

Inclement Weather: The 48-hour cancellation policy applies even in the event of inclement weather. If inclement weather is forecast, it is your responsibility to cancel your appointment. Whenever possible, I will offer times during which you may reschedule your appointment.

Credit card: Upon intake I will take a credit card on file that I will only use in case of a no-show or multiple violations of the no-show policy. I will always send an email to you when I bill for a no-show or late cancel.

Waitlist: When I am full I will maintain a waitlist that is one month out for appointments. If one of my established patients cancels earlier in the week I will email everyone on the waitlist to see if they can come in for the available slot.

_____ Please confirm your understanding of this cancellation policy by initialing here.

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By signing this document, you attest that you have been provided with the above disclosure information and have read and understand this information provided.

Client Name (Printed)

Client Signature (Date)

Counselor Signature (Date)
