



Walter A. McGerry, MA, LMFT, LMHC

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OFFICE POLICY/DISCLOSURE STATEMENT

Through deeply held respect, careful attention to and interest in your concerns and the issues you bring up, I intend to help you experience yourself more deeply and with more awareness. You may have heard that the answers to your direction in life lie within you. I will ask you to engage with me in a search for these inner answers.

I take our first two sessions as an opportunity to get to know why you are coming to see me and what your situation is. At our third meeting I will give my recommendations and we will discuss what you want to do.

If we work together, this will most usually take the form of a fifty-minute session, once a week. We may arrange more or less frequent and/or longer visits if this is appropriate to your situation.

My work reflects a variety of psychological theories and approaches to psychotherapy, but is basically concerned with the evolution of personality toward wholeness and the importance of your experience in and contribution to family, community and society. Among the psychological ideas that I currently find especially interesting are Jungian and psychoanalytic thinking as well as systems theories. I have over twenty-five years experience in counseling. I am licensed by the state of Washington to provide mental health counseling and marriage and family therapy.

I am happy to answer any questions that may arise concerning my approach to therapy and any other concerns you may have regarding our work together.

Scheduling, cancellations and fees: Sessions are 50 minutes long. Payment is expected at the beginning of each session unless other arrangements have been made in advance. Fees will be determined prior to the initial session. Fees may vary based on my perception of current going rates.

If you cancel or miss a scheduled session with less than 24 hours notice, you will be charged for that session.

If you have a scheduled appointment or regular time slot and cancel with at least 24 hours notice you will be charged half the fee.

There are two exceptions, as follows: 1) We are able to reschedule your appointment within the normal interval before your next appointment, or 2) I am able to schedule someone else during your cancelled appointment. In these two cases you will not be charged for the cancellation. Insurance does not cover these charges.

Phone calls: My telephone is answered by voice mail 24 hours a day. When leaving a message, please indicate several times that you can be reached. I will return your call as soon as possible. However, if you are in emotional crisis and need immediate help, please call the 24-hour crisis line at 206.461.3222, toll free at 866.4CRISIS or via their TDD line at 206.461.3219.

You have the right to choose a counselor who best suits your needs and purposes.

Please, remember this is a residential neighborhood

In consideration of our neighbors,

- 1) Please use parking in front of our house when possible
- 2) When that isn't available, park across the street in front of the very tall laurel hedge.
- 3) As a last resort, if you do park directly across the street, please do so at one end of the parking strip rather than in the middle
- 4) Help us show respect for our neighbors by driving slowly on our block.



If you have any questions or concerns regarding the above information, please discuss them with me. Thank you.

Fee per fifty-minute session \$135.00 date)_____.

Client information:

One member of the client couple:

I, _____, have read and understand the above
Client name, printed
policy & disclosure statements.

_____ client signature _____ today's date

Name _____ Birthdate _____ Age _____

Work # _____ Cell# _____ Home # _____

Email Address _____

Address _____ City _____ ZIP _____

Emergency Name & Phone# _____

The other member of the client couple:

I, _____, have read and understand the above
Client name, printed
policy & disclosure statements.

_____ client signature _____ today's date

Name _____ Birthdate _____ Age _____

Work # _____ Cell# _____ Home # _____

Email Address _____

Address _____ City _____ ZIP _____

Emergency Name & Phone# _____

REFERRED BY: _____ PHONE: _____

Therapist signature, _____, date signed, _____.