

**Noelle Mestres, MSW LICSW**

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425-771-7036

**WA State License #: LW00006356**

CLINICIAN DISCLOSURE STATEMENT

I have been practicing since 1991, post-graduate since 1992. I have a Masters Degree in Social Work from the School of Social Service at Saint Louis University in St. Louis, Missouri and am licensed in the state of Washington. I use techniques from a variety of theoretical orientations including family systems, cognitive-behavioral, and psychodynamic therapy. My experience includes work with children, adolescents and adults in individual, group and couples therapy.

Counselors practicing counseling for a fee must be registered or licensed 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 to provide protection for public health and safety and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct [WAC 246-810-031].

If you have concerns or complaints about any aspect of your treatment, please attempt to discuss them with me first. If you feel that I have been unethical or unprofessional, you may contact the Counselor Program at the Department of Health's Health Professions Quality Assurance Division.

Your appointment is held exclusively for you. If you are unable to keep your appointment, please give at least 24 hours advance notice to cancel.

FEE AGREEMENT

Fee for 50 Minute Session: \$90.00  
Fee for 80 Minute Session: \$135.00

\*a select number of low fee spaces are available for qualifying clients (please discuss with me to see if spaces are available if needed)

I understand and agree to the fee amount above and that payment is due at the time of service. I understand that having insurance does not guarantee payment of benefits and that I am responsible to pay the unpaid portion of the fee. Some plans specify co-insurance or co-pay amounts as determined in a contract signed by Noelle Mestres, MSW LICSW. I understand that Noelle Mestres, MSW LICSW will abide by such contractual arrangements should they apply and that I can ask about this at any time. I agree to provide insurance information and to inform Noelle Mestres, MSW LICSW if I plan to use my insurance.

I understand that **a telephone session is not covered by insurance and that I will be responsible for the full fee** for a telephone session. **I understand that I will be charged for missed appointments or appointments that are not cancelled with 24 hours notice.**

I agree to pay all fees for which I am responsible and understand that failure to do so may result in a break in service. If I decide to utilize my insurance plan: I hereby authorize my insurance benefits be paid directly to Noelle E. Mestres, MSW LICSW and to forward any insurance payments I might receive directly to Noelle E. Mestres. I also authorize Noelle E. Mestres, MSW LICSW to release any information required to process this claim or to obtain authorization for services. This consent, with respect to the conditions noted above, shall be effective only so long as is reasonably necessary to obtain reimbursement.

**Client(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

