



Rhodes for Recovery PLLC

George Rhodes MSW

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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 currently maintain a Social Worker Associate Independent Clinical License (license number SC61139468) and a Substance Use Disorder Professional Trainee Certification (license number CO61017701). I earned my Bachelor of Arts with honors in Sociology from the University of Washington in 2018 and a Master of Social Work from the University of Washington in 2020. I am a current member of the following professional organizations: National Association of Social Workers and the Washington State Society of Clinical Social Workers.

I have experience working with college students and adults. I have received training and supervision in Motivational Interviewing, Cognitive Behavioral Therapy, Non-Violent communication, Polyvagal Theory, and Relapse Prevention. I have experience working with clients with anxiety, depression, post-traumatic stress disorder, personality disorders, substance use disorders, and co-occurring disorders. Additionally, I have experience running groups aimed to help people manage symptoms of post-traumatic stress disorder and maintain recovery from substance use disorders.

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 \$125 per 55-minute session for work with individuals. I accept major credit cards, debit cards, and HSA/FSA cards. I accept some insurance and I am an in-network provider for most Premera, Blue Cross Blue Shield, and LifeWise plans. 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, emails, and texts 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.

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)
