

Treatment Disclosure Form

Your counselor is:

Roger Hillerstrom, M.A., L.M.H.C. License #LH0005938

Your counselor's education, training and experiences include:

B.A. Psychology, Bethel College, St. Paul, Mn. 1978
M.A. Marriage and Family Counseling, Biola University, La Mirada, CA 1982
Community Corrections Counselor 1977 -1979
Community Mental Health Therapist 1980 -1982
Adjunct Professor of Marriage and Family, Puget Sound Christian College 2001 – 2005
Clinical Family Therapist since 1982

Your counselor's therapeutic orientation is:

Cognitive/Behavioral – Strategic Family Systems

Client's cost per counseling session for treatment, where known:

Standard customary fee: \$145.00 per 50-minute session. Insurance is billed when applicable. A Sliding Fee Scale is available in which fees are adjusted according to annual income. Additional fees may be charged for testing and reports when necessary.

Counselors practicing counseling for a fee must be registered, certified or licensed with the Department of Licensing for the protection of the public's health and safety. Registration of an individual with the Department does not include recognition of any practice standards nor necessarily implies the effectiveness of any treatment.

I have been provided with a copy of the disclosure information as well as the Notice of Policies and Practices Statement and understand the information provided.

Clients signature: _____ Date: _____