



**Mahy Counseling and Consulting**  
**Kirke Mahy Hestad, MS**

1101 Harris Ave. Bellingham, WA 98225 360.303.7358

mahycounseling@gmail.com

## **Terms of Service/Disclosure Statement**

### **QUALIFICATIONS:**

M.S. Counseling, Oregon State University

B.A. Social Work, Colorado State University

Washington State Certified School Counselor

Washington State Registered Mental Health Counselor

**PHILOSOPHY AND APPROACH TO THERAPY:** I believe that all people have the ability to create positive change for themselves. I use a variety of approaches in collaboration with clients to explore ways to achieve positive change and to gain tools in effective communication. My counseling work is influenced by Adlerian psychology, cognitive – behavioral therapy, and family systems approach. I will abide by the Code of Ethics for Counselors and Therapists created by American Counseling Association.

**CONFIDENTIALITY:** I will hold all information confidentially unless you grant permission for me to share information by using a Release of Information Form. The laws of the state of Washington require that confidentiality may be breached when: 1) abuse of a child or elder has not been reported, then I will report it, 2) I believe that there is danger of imminent harm to yourself or others, 3) some instances of court subpoena. Like many therapists, I seek clinical supervision and consultation from other therapists to ensure the highest quality of services to you and facilitate my own professional growth. In consultation, I do not share specific identifying information.

**CLIENT RIGHTS:** Counseling may include discussion of issues that are uncomfortable for you. While I am using my best professional judgment for your well being, I cannot guarantee that you will obtain the results you seek. You have the right to be informed about your treatment. If you have any questions regarding your treatment, feel free to ask me. You have the right to terminate therapy at any time. I may be able to provide a referral should you want or need to see another therapist. Also, you have the right to contact the Department of Health for your protection and assistance. Their phone number is 360.236.4700.

**FEES:** My basic rate is \$80.00 for a 50 minute session, \$120.00 for an 80 minute session, and \$100 for the initial intake session. In addition, I hold a certain number of spaces for “adjusted fee” situations on a space available basis. The adjusted fee will be determined between the two of us at the intake session. Payment is expected at the time of service unless we have agreed to alternative arrangements. Checks should be made payable to Kirke Mahy Hestad. Please inform me of any special financial needs you may have.

**SCHEDULING APPOINTMENTS:** Sessions are 50 minutes long, 80 minutes long for the initial intake session and family sessions, unless otherwise arranged. If you arrive late for an appointment, the time will not be extended and you will be expected to honor payment for the full 50/80 minutes. If I am responsible for a late beginning, I will guarantee a full 50/80 minutes. When an appointment is missed or canceled without a minimum of 24 hours notice, (illness and emergencies excepted) then you are responsible for full payment.

**CONTACTING ME:** You may contact me during business hours at 360.303.7358 and after hours at 360.303.7358. You can also reach me by email at mahycounseling@gmail.com. Please limit your phone/email communication to appointment scheduling and emergencies.

**CONSENT FOR TREATMENT:** I have read and understand the informed consent. I voluntarily consent to treatment for my child, as outlined above with Kirke Mahy Hestad, MS. I understand that I may terminate treatment at any time. I understand that information shared within therapy is confidential, except as listed above and stated in the statutes of Washington State. I understand that if I have any complaint or grievance regarding my treatment, I will be provided assistance. I understand that I am responsible for payment.

---

Teen’s Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

---

Kirke Mahy Hestad, MS \_\_\_\_\_ Date \_\_\_\_\_

\*I have been provided a copy of the “Notice of Privacy Practices”. I have read and understand the information provided. Initial here: \_\_\_\_\_.