

HECKERT COUNSELING & CONSULTATION, PLLC

114 W. Magnolia St., Suite 425 | Bellingham, WA 98225 | (360) 392-2829

Disclosure Statement

The following information is provided in accordance with WAC 246-809-710 and RCW 18.225.100 and shall be provided at the commencement of any program of treatment.

Christopher J. Heckert, MSW, LICSW

Current License: Licensed Independent Clinical Social Worker (LW60695507), 2016–Current

Previous license: Licensed Social Worker Associate (SC60407762), 2013–2016

Treatment Modalities

Cognitive-Behavioral Therapy (CBT), Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), Cognitive Processing Therapy (CPT), Solution-Focused Therapy (SFT), Problem-Solving Therapy, & Psychoeducation.

Education & Training

Graduate Education

University of Southern California, Master of Social Work (MSW), 2013

Western Washington University, Master of Education (M.Ed.) in Adult & Higher Education, 2015

City University of Seattle, Graduate Certificate in Chemical Dependency Counseling, 2017

University of St. Thomas, Doctor of Social Work (DSW), Current student with expected graduation 2022

Undergraduate Education

University of Florida, Bachelor of Science in Psychology, Bachelor of Art in Sociology, 2011

Certifications

Nationally Certified TF-CBT Therapist

Child Mental Health Specialist (CMHS)

Mental Health Professional (MHP)

Online Counseling and Suicide Intervention Specialist (OCSIS)

Course of Treatment includes brief therapy within a Recovery Model and may include any combination of individual, family, or group therapy as recommended by the clinician and agreed upon with the client. Typical course of individual treatment includes 12-24 sessions of an evidence-based treatment.

Billing Information

Cost per session: Individual \$130 Group \$65 Family \$160

Initial _____

Cost per diagnostic assessment: \$195.00

Cancellation/No-Show fee: \$50.00

Billing practices

Sessions paid via private pay or on a sliding-fee are due at the time of service. Receipts will be provided upon request. Bills will be generated for any fees not provided at the time of service. Unpaid balances will result in suspension of treatment until such fees are reduced and/or paid in full.

Sessions paid via in-network insurance will be billed directly by the office. Any uncovered payment of treatment is expected at the first session following the generation of a bill due to an uncovered or partially covered service. Co-pays are expected at time of service. Insurance does not cover cancellation/no-show fees.

As a consumer of services, you have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits your needs. If you have any concerns or questions regarding professional misconduct, or, if you desire to file a complaint, you may do so by contacting:

Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700

By signing below, I acknowledge that I have been provided a copy of this disclosure information. I have read and understand the information that has been provided. I have been provided an opportunity to ask any questions, and any questions I may have presented have been completely and fully answered by the above identified licensee.

Client's Name: _____ DOB: ___/___/___

Signature: _____ Date: ___/___/___

Clinician: Christopher Heckert, MSW, LICSW

Signature: _____ Date: ___/___/___