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## **WELCOME TO MY PRACTICE!**

I am pleased that you have selected me as your provider. It is a leap of faith to enter a therapeutic relationship, and it is difficult to know just which mental health provider in the community is best suited to your particular concerns and style of working.

The documents enclosed are included to help clarify the nature of our relationship and what we can expect of each other. They also let you know about my background and training, my therapeutic approach, and the business aspects of my practice so that you can be an informed consumer of mental health services.

I am required by state law and professional standards to provide some of this information to each new client. Other information will allow me to know a bit about your history and what services you are seeking today. Completing these forms as fully as possible, including writing down any questions you may have, will help us be productive from the outset.

Enclosed you will find:

- **Biographical Sheet** – Brief description of me.
- **Office Policies/Disclosure Statement** – Information that state law requires that I provide and discuss with all new clients. There are two copies: one copy is for you to keep for your records; the other is for you to please sign, date and return to me for your file.
- **Intake form** – The front side is information necessary for me for my accounting purposes and to bill your insurance company. Be sure to indicate if you have secondary coverage in addition to your primary insurance. The backside is information that will help me help you as effectively as possible. Please complete all items with as much detail as you can, even if some of the items seem unrelated to your present concerns.

- **Release of Information form** (Optional) – By signing this form, you grant permission for the release of confidential information between me and your physician or other providers you may have seen. Also, some insurers require that I coordinate care with your primary care physician and/or behavioral health care coordinator. I request or provide only information that pertains to your treatment. Signing this form is your option; it is not mandatory.
- **Privacy Practices Statement and Acknowledgement Page**

Thank you for your patience in carefully reading and completing these forms. Bring them with you to our first appointment. Also, please bring your insurance card(s).

If, after reading these forms, you decide against entering a therapeutic relationship with me, I ask only that you contact me as soon as possible and no later than 48 hours prior to our scheduled appointment time.

If you have any questions prior to our scheduled first appointment, please call and leave phone numbers and times at which I may reach you.

Again, thank you for selecting me as your provider. I look forward to working with you.

Sincerely,  
Ellen L. Walker, Ph.D.