

**Education and Licensure:** I have a Master's degree in Counseling psychology from John F Kennedy University in Pleasant Hill, California. I am Licensed by the state of Washington as a Mental Health Counselor Associate license number: MC 60841851. As a licensed associate level therapist I am required to have a supervisor. I discuss my clients with my supervisor to ensure that I am acting in a legal and ethical way. I am supervised by Kirk Honda Licensed Marriage and Family Therapist license # LF00001679 (206) 841-8151

Beyond my Master's degree I have had other trainings. I am a Level one trained in Lifespan Integration, completed Attachment Focused Certificate Program taught by Deborah Gray. I have had additional training through Process Therapy Institute which was client oriented process oriented therapy.

As a part of my graduate program, I took classes in mindfulness, expressive arts therapy in addition to my foundation coursework required by the state of California. I incorporate that into my practice, often in small ways such as teaching and modeling grounding and breathing techniques to help manage stress and anxiety.

I also use empty chair which can help people to process feelings to people without needing them to physically be in the room.

My recent training in Lifespan Integration involves making a timeline with my clients of events in the life of my clients and looking into trauma and integrating the past self into the current time.

### **Therapeutic Approach to Counseling**

During the first session we will discuss the hopes and goals of what you are hoping to get out of therapy. I will assess whether the need of the client fits into the scope of practice and both the client and I decide if it seems like the best fit to serve what the client needs. If it does not seem like it is the best fit, I will provide referrals to services to the client of those who are better suited to fit the need of the client.

I take notes based off what is discussed during session for my records, I write down client goals and I will revisit these goals and see if any new goals come up for my clients.

Sessions are typically scheduled weekly at the same time and day every week for a 50 minute hour. If you would like a different frequency you are welcome to request it.

Cancellations need to be done at least 24 hours in advance or there will be a charge of the cost of the session expected to be paid at the time of the next session. Three no call no shows to appointments will result in termination of services.

I like to find themes and patterns in clients' current issues they are trying to resolve and find creative ways to help them explore those themes and patterns. Sometimes it can mean doing 'homework' of self care, creating art, practicing positive affirmations or whatever is appropriate for you at the time. The homework is optional and a suggestion to help encourage self care.

Being client-oriented, I don't have a one size fits all model. The timeline of therapy depends on the needs of my clients. Sometimes there is need for long term therapy, sometimes a present issue will last only a few sessions.

Working with children that have been adopted or in the foster care system, I work to strengthen and develop healthy attachment with parents. Parents can be expected to meet with me privately for the first few sessions to ensure their self care and mental health and then we will integrate the child in to therapy with the parent present to help work on the bond and be a source of comfort for the child.

**Fee:**

\$125 per 50 minute session. Sliding scale depending on income and availability.  
I accept credit cards, check or cash.

**Disclosure and Confidentiality:**

It is my responsibility to make you aware of state law (WAC 246-809-710) that requires mental health counselors to disclose professional information about themselves and the techniques they use to assist you in treatment. Your treatment and everything you discussed within the context of the counseling relationship is protected in accordance with state law (RCW 18.19.180). Records will be written and kept in a client file. I keep a record of the counseling services I provide you. I will in no way disclose any information without your written consent except as granted to me by law. I am required by law to release confidential information in selected situations such as suspected abuse or neglect of children or dependent adults, danger to self or others, the inability to meet basic and personal needs, and/or if your records are subpoenaed. You have the right to request that **no treatment records** be kept (WAC 246-809-935).

**Appointments and Attendance Policy:** Most counseling sessions are scheduled to last 50 minutes or as otherwise arranged by us. If you are unable to keep your scheduled appointment, I ask that you cancel it with 24 hours in advance. A **Late Cancellation** is a cancellation made the day of a scheduled appointment. **All no show appointments or appointment cancellations made within 24 hours will be charged \$125 or the regular session fee and must be paid at the next session. NOTE:** Two consecutive **No Show** appointments can result in termination of our professional relationship.

**Consultations:** I attend a monthly consultation group with other professional regarding my clients. This allows me to gain other perspectives and ideas on how to best help you reach your goals. When I discuss my clients with these consultants, I strive to protect your confidentiality by not providing your name and by masking your identity

**Communication:** Appointments can be scheduled by calling or texting (425)276-6893. Should you choose to text I cannot guarantee the confidentiality of your Protected Health Information (PHI), so please text with that awareness and keep it limited. Calls and texts will be answered within 72 hours and during business office hours. Email will not be used to disclose personal information or to conduct therapy interventions. In the event of a crisis please call Crisis Clinic 866-4CRISIS (427-4747) , National Suicide Prevention Lifeline 1-888-628-9454 , but if the circumstances are life-threatening call 911.

**Rights/Ethical Protection:** As a client you have certain basic rights as follows: you have the right to receive appropriate care and treatment, employing the least restrictive alternatives available; the right to be treated with respect and dignity; the right to differences of race, culture, language, sex, age, national origin, disability, creed, socio-economic status, sexual orientation; the right to an individualized treatment plan reflecting problems and/or needs identified with you; the right to be free of any sexual exploitation or harassment; and the right to lodge a grievance if you feel you have been violated. Complaints about the work or ethical behavior or any counselor can be directed to:

Washington State Department of Health  
Health Professions Quality Assurance  
PO Box 47865  
Olympia, WA 98504-7865  
(360) 236-4700

**Service Consent:** I (we) consent to mental health services provided by Authentic Process Counseling Services, LLC. I have received and understand all policy information including information on consumer rights/ethical protection, disclosure information, confidentiality, appointments, and fees/payment policies.

I (WE) HAVE READ THE ABOVE GUIDELINES PRESENTED TO ME BY **AUTHENTIC PROCESS COUNSELING SERVICES LLC** AGREE TO, AND UNDERSTAND THESE TERMS. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ALL FEES INCURRED IN COUNSELING AND THAT I AM FURTHER RESPONSIBLE FOR ALL NECESSARY

COLLECTION, ATTORNEY, AND LEGAL FEES INCURRED IN ATTEMPT TO COLLECT THESE FEES FOR ME, OVER AND ABOVE THE FEES CHARGED. CONFIDENTIALITY IS NOT BROKEN WHEN CLIENTS ARE REFERRED TO COLLECTION SERVICES, BECAUSE ONLY FINANCIAL INFORMATION IS RELEASED. Clients assume all financial responsibility for any willful accident or accidental damage done to the property or premises and release **Authentic Process Counseling Services LLC** from liability from any physical injury sustained in an accident or during the commission of vandalism or violence.

Client:

Print \_\_\_\_\_

Signature

\_\_\_\_\_

Date: \_\_\_\_\_

Client:

Print \_\_\_\_\_

Signature

\_\_\_\_\_

Date: \_\_\_\_\_

Counselor:

\_\_\_\_\_

Date: \_\_\_\_\_