

Ayako Aizawa, M.S., LMHC, GMHS
Your Song Counseling, PLLC
Professional Disclosure Statement

Professional Profile

I am a state licensed Mental Health Counselor with more than a decade of experience seeing individuals from variety of backgrounds, and with a wide spectrum of concerns. This includes conducting adult and older adult assessments for provisional diagnosis, individual counseling, facilitating support groups, crisis intervention and assisting individuals navigate life transitions.

Education, Licensure and Specialties

Bachelor of Arts in Liberal Studies with Women's Studies emphasis from University of Montana
Masters of Science in Health and Human Development with Marriage and Family Counseling option from Montana State University
Licensed Mental Health Counselor
Geriatric Mental Health Specialist
Facilitated support groups
Bilingual in English and Japanese
Knowledge of and experience with cultural adjustment issues, stress related to visa, green card and naturalization process and raising bilingual and/or bicultural family
Ongoing continued education and training in stress, communication; anxiety; depression; trauma; chronic illness; grief and loss; end of life; bipolar spectrum; caregiving; mild cognitive impairment; dementia

Methods and Techniques used in Therapy

Philosophy of treatment consists of using a short-term psychotherapeutic approach. The beginning of treatment involves initial evaluation and assessment. Following the assessment, appropriate treatment plans will be established with the identified individual. Modalities utilized in treatment consists of a combination of psychoeducation, cognitive and behavioral therapy, solution-focused therapy, positive psychology, problems-solving approach, narrative therapy, motivational interviewing - whatever applies best to the identified concerns.

Counselors practicing for a fee in Washington State must be registered with the Department of Licensing. I am registered and also received state licensure, which requires additional education, training and supervision. I am a Licensed Mental Health Counselor, # LH60040909.

Fees, Cancellation Policies, and Emergencies

I will have you sign their necessary documents for this process (e.g. financial agreement form, release of information). My biller submits claim to insurance.

Please note that I am a provider on some but not all insurance panels. If you are planning on using your insurance for mental health services, please provide your insurance information to me before intake. I recommend you to verify that I am contracted with your plan prior to the first visit. However, the biller will contact your insurance to verify your benefits too, and I can share the information upon your request. This information is not a guarantee of payment. We need to wait until your insurance company sends us an explanation of benefits to confirm. Your payment is due when I receive your explanation of benefits

from your insurance company. You will be asked to enter your payment information via my portal before intake to allow me to charge your payment and send you an electronic receipt.

My rate for those paying full fee (i.e., no mental health insurance coverage) is currently \$175 for the initial assessment and \$150 for each 50 minute session thereafter.

If for some reason you do not come to a scheduled session, I request that you either cancel at least 24 hours in advance or pay missed session fee of \$85. Insurance cannot be billed for missed sessions. However, I will waive your missed session once. In addition, I will not charge you for sessions missed due to emergency (e.g. death of immediate family member, your emergency room visit, or very dangerous weather condition). If this occurs, please contact me as soon as you can. My voice mail will take your calls any time, but I don't carry a beeper and may need up to one business day to respond. If you need assistance before I can be reached, you may call your county crisis line listed below or dial 911.
Island, Snohomish and Whatcom County: 1-800-584-3578
King County: 1-866-427-4747
Pierce County: 1-800-576-7764
Thurston County: 1-800-270-0041

Termination

Your file will be inactivated once you have consistently met your treatment goal or have requested to discontinue your care. If I have not had contact with you for 30 days or more without prior arrangement, I will assume that you would like to terminate our current episode of care. I will also close your file if there is no follow-up appointments in 60 days, without any exception. In such cases, you will receive a termination letter. We can reopen the file and begin a new episode of care upon your request and my agreement.

Confidentiality

In general, whatever is said during your sessions with me is held in strict confidentiality, meaning I will not discuss you or our work with anyone else except in my own strictly confidential professional consultation, unless you sign a release of information form allowing me to discuss our work with another person (e.g. your physician, family, previous therapist), or unless a judge orders me to release my records to the court and/or testify. In the State of Washington, all clients age 13 and older are legally required to sign a release of information in order for mental health information to be shared. This means parents do not have the right to access the minor's counseling records or conversations between therapist and child unless I have written authorization from the minor.

There are certain legal exceptions to confidentiality:

If you give me written consent to have the information released to another party.

If the therapist suspects that child abuse or neglect has occurred or that a vulnerable adult has been abused or neglected, the law requires that it be reported to the proper authorities. This may include suspected mental or emotional abuse of a child who has witnessed domestic violence.

In the case of your death or disability I may disclose information to your personal representative.

If you waive confidentiality by bringing legal action against me.

In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation.

If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person.

If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency.

In legal proceedings, patient/therapist communications are privileged with the following exceptions. A judge's court order is required for such information to be released or the patient's written release for the information. Examples of when a judge might subpoena your record include, but are not limited to:

- a. If your mental status is an issue for the court;
- b. The judge feels that communications are necessary to the proper administration of justice.

Rules of confidentiality can on rare occasions create dilemmas. For instance, say that perhaps during therapy you tell me you have a new friend, or romantic partner or boss, and it turns out that some years ago that person was a client of mine. Despite my desire to be open with you, I cannot tell you that I know him or her, because I would be breaking the confidentiality of my work with that person.

If you have any questions about confidentiality, please discuss them with me.

Professional Practice and Orientation

Therapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, frustration, anger, loneliness, and helplessness. Therapy has been shown to have benefits for people who undertake it. It often leads to significant reduction in feelings of distress, better relationships, and resolutions to specific problems. As a client utilizing my services, you have the right to ask any questions you may have about the process, methods, duration, and goals of therapy; the right to discuss any concerns you may have about your progress in therapy; and the right to terminate therapy at any time.

Depending on your needs and the problems you want to work on, my therapeutic approach may include elements of solution focused therapy, cognitive behavioral therapy, narrative therapy and among other treatment modalities. I will work with you to set treatment goals and structure a plan to achieve those goals. While my role is that of "helper," who educates, suggests, and challenges, your role is to work on the issues both inside and outside of our sessions. I may assign homework for you to work on between sessions so that you can make progress more quickly and/or to help families work together on issues. Due to the complexity of human nature, length of treatment will vary according to each individual, and I cannot make guarantees as to the effectiveness of treatment.

My normal practice is to schedule one 50-minute session every other week at a mutually agreed time, although sometimes sessions may occur more frequently. I do my best to accommodate your schedule, but please be aware that those time slots are limited and may not be available initially. Flexibility is needed on both ends. Family meetings, by adding another family member or more as collateral(s), may be recommended when I believe that they would be helpful in an adult's treatment.

Court Testimony and Legal Involvement

In order to avoid dual relationships and conflicts of interest, I will provide you with clinical services only. I do not intend to become involved in legal disputes such as personal injury lawsuits, divorce proceedings, dependency hearings, work competency (e.g. FLMA, short-term disability, social security disability), immigration issues or custody battles.

These proceedings erode the client-therapist relationship and compromise your ability to be honest with me during treatment.

By signing this document, you agree:

That my role is limited to providing treatment and that you will not involve me in any legal dispute;

That you will instruct your attorneys not to subpoena me or refer in any court filings to anything I have said or done;

If there is a court-appointed evaluator in your child's custody or dependency dispute, and if appropriate releases are signed and a court order is provided, I will provide general information about you which will not include recommendations concerning custody, custody arrangements, or visitation;

If, for any reason, I am required to provide expert testimony or documentation for a legal dispute, adoption proceeding or dependency case, or to appear as a witness, the party responsible for my participation agrees to pre-pay me at the rate of \$200 per hour (even in the case of sliding-scale fee clients) for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Social Media Policy

This section outlines my office policies related to use of social media, i.e., how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet. I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. Please do not use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is email me at ayako@yoursongcounseling.com, which is HIPPA compliant. However, I still suggest to limit topics such as appointment scheduling. Please do not text or email me content related to your therapy sessions, as they are not completely secure or confidential. If you choose to communicate with me by text or email, be aware that all contact is retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any texts or emails I receive from you and any responses that I send to you become a part of your legal medical record.

Professional Consultation

In order to provide the best service possible, I may seek professional consultation on the dynamics and process of your case, if needed. I will not use information that would identify you personally to discuss your situation in that context.

State of Washington Disclosures

The State of Washington requires that I provide you with the following information:

You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want. You have the right to choose a counselor who best suits your needs and purposes. Counselors practicing counseling for a fee must be registered or licensed with the Department of Licensing for the protection of public health and safety. Credentialing of an individual with the Department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake Post Office Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700
E-mail: HSQAComplaintIntake@doh.wa.gov

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you read and fully understand these rights, and have been given the opportunity to ask questions.

By signing this document, you are attesting to your consent to participation in counseling services provided by Ayako Aizawa, M.S., LMHC, GMHS.

Client Signature and Date

Print Name

Ayako Aizawa, M.S., LMHC, GMHS and Date

Equal care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, gender identity or gender expression.
