
Disclosure Statement / Policy & Procedure

I am pleased that you have selected me as your counselor and I look forward to working with you. This document is designed to inform you of my background and professional standing and to ensure that you understand our professional relationship.

I believe that therapy is one of many tools in the recovery and healing process. Because you have decided to embark on this journey, I trust that you are committed to the process of therapy and the active participation in this process. As your counselor, my relationship with you is a collaborative, respectful and professional one. My role is to guide and help you uncover the truth about yourself and empower you as you progress toward your true potential, your authentic Self. I do this through the meaningful connection of spirit, mind and body. My theoretical beliefs are based primarily on concepts from Relational-Cultural Theory. However, my approach to therapy varies, understanding that each individual embraces self-understanding, healing, and change in different ways.

I hold a Master of Education degree in Counseling Psychology from Washington State University and am a Licensed Mental Health Counselor in the state of Washington (License # LH00011204). I am also trained in EMDR (Eye Movement Desensitization & Reprocessing: www.emdr.com), a method which works well with folks who are suffering from past trauma, current anxieties, addictions, low self-esteem and phobias. I have experience working with survivors of sexual assault & childhood abuse, couples wanting a more meaningful & fun relationship, adolescents who are struggling in school or at home, and folks suffering from addictions, mood disorders, and the everyday challenges of life.

Responsibility for effective therapy belongs to both the client and therapist. As your therapist I am responsible for offering you counseling that reflects quality, ethical standards of this profession and a commitment to the therapeutic relationship. As a client your responsibilities include arriving for your appointments on time and as scheduled, giving an honest effort during your therapy and accepting financial responsibility for your counseling charges. Co-payment/Payment is expected at each session.

Lisha Song's Fee Schedule:

Individual Therapy	\$100 per hour
Couple's Therapy	\$125 per hour
First Appointment (Intake & Assessment)	\$125 – 1 hour

If you are using your insurance benefit, you are responsible for paying any co-pays. If you are using an insurance benefit for which I am considered an "Out of Network" provider, you are responsible for paying the difference of what the insurance company will not reimburse. I accept personal checks, money orders, and cash. I also accept credit card payments in advance through an on-line account at [Paypal.com](https://www.paypal.com).

Cancellation of your appointment at least 24 hours in advance (or less if an emergency or illness) results in no charge. Less than a 24 hour notice results in a \$50.00 charge as your time slot is reserved for you only. If you reach my voicemail when cancelling an appointment, please leave a message; I will confirm by returning your call and re-scheduling your next appointment. Thank you for your consideration.

****Note to Couples:** It is my hope and desire to offer you a safe and non-judgmental environment where we can dialogue about the current struggles and conflicts in your relationship, with the goal of moving toward resolution. However, I cannot guarantee the restoration (or prevention of divorce/separation) of any marriage or partnered relationship and I do not “keep secrets” from one partner of the other. I also do not work with couples where either partner is actively and currently engaging in infidelity & infidelity-like behaviors (e.g. texting, emailing, calling the lover, etc.) without any interest in stopping during the therapy process.

As a client of a Washington State counselor, you have the following rights:

- To expect that a psychotherapist has met the minimal qualifications of training and experience required by state law;
- To obtain a copy of the Code of Ethics;
- To report complaints to the Washington Department of Health;
- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following **exceptions**: 1) Reporting child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by clients’ insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against therapist;
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee.

You may contact the State Department of Health Licensing Dept., Counselor Programs, PO Box 47869 Olympia WA 98504-7869 360.236.4902

I have read and understand the procedures and policies of this counselor. Please sign and date this form. This form will be included in your records and a copy will be given to you.

Client or Parent/ Guardian Signature

Date

Client or Parent/Guardian Signature

Date

Lisha Song, LMHC

Date