

## **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](http://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, childhood neglect, 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:***

First Appointment (Intake & Assessment)	\$150 – 1 hour
Individual Therapy Appointments	\$120/session 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 debit/credit cards, personal checks, money orders, and cash.*

**\*\*\*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 and insurance companies will not reimburse for no-shows and cancellations. 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.**

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

\_\_\_\_\_  
Lisha Song, LMHC

\_\_\_\_\_  
Date