

Abby Leach, LMHC
Counseling & Consultation Services PS Inc
WA License #5935

DISCLOSURE STATEMENT

Welcome!! This disclosure statement and the enclosed Washington State Department of Health brochure entitled, "Counseling or Hypnotherapy Clients" provides you with important information about my professional services and office policies. Please feel free to ask any questions about this information before signing this disclosure statement.

Methods and Techniques

I offer individual, couples and group counseling, as well as consultation. My method of counseling is specifically tailored to your individual needs. There may be occasions where we utilize more than one method or technique depending on your intentions and comfort level. I hold a deep authentic commitment to my own growth and healing and am continually expanding my skills as a therapist and healer. I believe counseling and healing work create a space whereby individuals may reconnect with their inner and outer resources in order to remember balance within themselves.

The first few sessions may be used to identify the presenting problem, obtain background information including a family map, create goals and outline strategies for meeting them. Depending on your needs, therapy may be brief or more long-term (6 months or more). Progress is best when sessions are on a consistent basis. Please be aware that this time is yours. Typically, therapy can occur as often as once a week or every other week. Consultations will be less frequent. We work this out depending on your need.

Professional Experience

In 1993, I received a Masters Degree in Counseling from the University of Wisconsin. I am a Licensed Mental Health Counselor in the State of Washington, as well as, a Nationally Certified Counselor with NBCC. In addition, I am a trained EMDR facilitator. Other post-graduate work includes extensive training in energy healing modalities (energy work and earth-based shamanism) and expressive arts such as psychodrama. I am also an Ordained Minister. Before graduate school, I worked with children and adolescents with disabilities and behavioral challenges utilizing behavior modification programs. I am currently in private practice in Olympia since 1995.

I am also trained as a shamanic healing and energy work practitioner. Because I work from an integrated place, the mental health counseling is informed by my shamanic training. If you are specifically seeking shamanic work solely, which might mean more shamanic and energy work interventions, we will schedule your sessions accordingly. **Please note your health insurance does not cover traditional shamanic and/or energy work.** It does cover mental health counseling informed by my shamanic training.

For more extensive information, please go to my website (www.AbbyLeach.com) and click on the link for shamanic sessions. Or you may request that information in hard copy or via email.

Financial Policy Agreement

Professional services will be provided to you at a fee of \$120.00 for a 50-minute session. Payment for each session is expected at the time of services rendered, unless other arrangements are made in advance. I am a preferred provider for Uniform Medical Plan, Regence, and most other insurances will pay an out-of-network rate. I am able to "balance" bill if I am not a preferred provider, which means you are responsible for any amount not paid by your insurance company. I offer a discount for clients paying cash.

Telephone sessions are billed at the usual hourly rate and should be paid prior to next session or mailed to the therapist within 15 days.

Cancellation Agreement

The full fee is charged for missed or canceled sessions (less than 24 hour notice), unless I am able to fill the session with another client. I will do my best, but offer no guarantees. The sooner I know, the better chance I have of filling it. The missed or canceled session fee is due at the next session, along with the regular fee for the next session. If a pattern of missed appointments or cancellations occur, fees in full will be required in advance of sessions. I DO NOT BILL INSURANCE COMPANIES FOR MISSED OR CANCELED APPOINTMENTS.

Confidentiality and Professional Records

Information disclosed within sessions, including that of minors, is kept strictly confidential except when the following legal limitations apply: 1) Where there is a reasonable suspicion of child or elder abuse or neglect; 2) Where there is a reasonable suspicion that the client presents a danger of violence to others or where the client is likely to harm him or herself unless protective measures are taken; 3) Pursuant to legal proceeding; 4) In the course of my receiving regular professional consultation.

I keep records of the mental health services I provide you. I do not disclose any records to others without your written consent, or unless I am mandated to do so by law.

I welcome feedback from clients at any and all points of our work together. Please feel free to bring up any concerns or questions that you may have. These conversations are often a very important part of the therapeutic process. If you feel unsatisfied about our resolution, or otherwise find it necessary to file a complaint, you may do so with the Washington State Department of Health, at (360) 236-4901.

Office Hours and Availability

Office hours are by appointment only. Please provide at least 24 hours notice if you need to cancel or reschedule your appointment.

Emergency Procedure

I check my messages regularly throughout the business day. If you need to speak with me, please call and leave detailed information of where and when I can reach you. I will call you back as soon as possible. In case of an emergency, please call the Thurston and Mason County Crisis line at (360) 586-2800 or go to the nearest emergency room or call 911. When stabilized, please call my office number and leave me a message and contact number. I will contact you as soon as I am able. I do not carry a beeper and do not provide 24-hour emergency call coverage. I will provide follow-up help as soon as possible. Please be sure to discuss with me any questions or concerns you have about this emergency policy.

Termination of Therapy

Therapy is a joint effort between therapist and client. In order for the therapy to work, it is vital to keep the lines of communication open. Please come and talk to me about any concerns you have at any time during our work together. Closure is important to the therapeutic process. I ask that my clients agree to a closure session to adequately honor the work they have done in therapy.

Washington State Law requires that the following paragraphs appear on this disclosure statement:

“Counselors practicing counseling for a fee must be registered or Certified (Licensed) with the Department of Health for the protection of Public health and safety. Registration of an individual with the Department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of treatment”

“The purpose of the Counseling Credentialing Act (chapter 18, 19 RCW) is (A) to provide protection for public health and safety; And (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.”

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Your signature below indicates that you have read this disclosure statement and agree to enter therapy under these conditions. It indicates an understanding that you may stop therapy if you are not satisfied and/or that I may recommend stopping the therapy, if in my professional judgment, the therapy relationship is not working. I have read the above office, financial, and emergency policies. I understand these policies and agree to the conditions stated above.

____ I authorize the release of treatment information to process claims made with medical insurance companies.

Client signature: _____

Parent or Guardian signature: _____

Date: _____

Therapist Signature: _____

Date: _____

(Sign two copies, one for client & one for therapist)

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