Personal Disclosure Statement

Therapeutic Approach:

I provide an eclectic approach to counseling, drawing from existential psychotherapy as my primary lens. However, I utilize various tools in my individual counseling sessions for children. Existential psychotherapy is well suited for working with children as it focuses on their choices and meaning-making systems. I have received training to address the following presenting issues: social and relational conflicts, grief, depression, anxiety, neurodivergence (ADHD, autism, sensory issues, etc.), disabilities, LGBTQAI+ issues, and the impacts of sexism and racism on children. My therapeutic approach incorporates several major theories of counseling, including Solution-Focused, Cognitive-Behavioral, Gestalt, Existential, Person-Centered, and expressive art therapy, among others. I tailor my approach to meet the specific needs of each client.

I firmly believe that every child possesses the strength and potential to navigate life's challenges, and that most issues are developmentally based. Clients are doing the best they can with the knowledge they have. My goal is to help my clients discover their own potential through unconditional positive regard, and to equip them with skills and strategies that will empower them to achieve their goals. I strive to create the right conditions for personal growth.

The counseling process involves a collaborative relationship between the client, guardians, and myself, within an open environment where clients are encouraged to share their thoughts and feelings honestly. I often work openly with families, children, and even school personnel to provide the best possible support for the client. Your active participation and personal work outside of sessions are essential for counseling to be effective. At times, I may suggest various activities outside of the counseling hour to help you make progress towards your goals.

I am deeply committed to promoting cultural sensitivity and embracing diversity within my counseling practice. I value the unique backgrounds, experiences, and perspectives of each individual and strive to create a safe and inclusive space for clients from all cultural, ethnic, religious, and social backgrounds. I continuously expand my knowledge and understanding of various cultural identities, beliefs, and practices to provide culturally competent care. By recognizing the influence of culture on individual experiences, I tailor my therapeutic approach to align with the unique needs and values of each client. I actively address the impacts of sexism, racism, and discrimination, and aim to create an environment where all clients feel validated, heard, and understood. I am dedicated to ongoing education and self-reflection to deepen my cultural competence and ensure an inclusive practice. Open dialogue about cultural differences is welcomed, as I strive to provide a therapeutic experience that is respectful, inclusive, and responsive to the diverse identities and backgrounds of each client.

Qualifications

- Bachelor's of Science in Social Sciences from **Portland State University**
- Master of Education (M.Ed.) in School Counseling from **Lewis and Clark College**, with dual enrollment in the Art Therapy program to complete additional courses in clinical mental health counseling.
- **National Certified Counselor (NCC)** by the National Board for Certified Counselors (NBCC).
- Experience includes counseling in school settings, outpatient therapy, and working with both children and adults individually and in group settings.

I occasionally consult with supervisors or colleagues to enhance my work with clients. All consultation adheres to strict confidentiality standards.

Associate Licensure Information

I am currently licensed as an **Associate-Level Counselor** in the state of Washington. This means that while I hold the educational credentials, certifications, and training necessary to practice counseling, I am in the process of completing the additional supervised clinical hours required for full licensure.

As an associate counselor, I practice under the supervision of **Jennifer Wozniak, LMHC**, at **Bene Therapy** in Seattle, Washington. Supervision ensures that I receive guidance and feedback to provide the highest quality of care to my clients. My supervisor is a licensed mental health professional who is available to address any concerns you may have about the therapeutic process.

If you have questions about my associate status or supervision, you are welcome to contact my supervisor at:

Johanna Ellis, MS, LCSW, Supervised by Michelle Henderson. Michelle Henderson, MA, LMHC

Next Chapter Counseling

2027 196th St SW Suite A205

Lynnwood, WA 98036

(425) 375-1704

Washington State License: LH60163851

This associate status does not affect the confidentiality, professionalism, or quality of care you can expect from our therapeutic relationship. My work with clients is fully aligned with the ethical and professional standards required by the **Washington State Department of Health** and the **National Board for Certified Counselors (NBCC)**.

For further details about associate licensure in Washington State, you may contact:
Washington State Department of Health
Phone: (360) 236-4700

This section is intended to provide clarity about my licensure status and ensure transparency in our therapeutic relationship.

Fee and Self- Payment Information:

Session Fees:

- 50-minute individual therapy session: $165
- 50-minute Drop-in/emergency hours (when available): $185

Additional Services:

- Collateral activities (e.g., letters, meetings, consultations): $165/hour, billed in 15-minute increments.
- I also provide the flexibility of drop-in and emergency client hours for when families may need extra support, such as guidance around school issues or emerging conflicts at home. These hours are available on a first-come, first-served basis and are subject to the same hourly fee.
- All contact with clients or their respective families incurs a fee prorated in 15-minute increments, which can include lengthy emails about issues at home or phone sessions around pertinent events related to client's care, schooling, etc.

Commitment to Scheduled Appointments / Cancellations / Reschedules

When you reserve a weekly or biweekly appointment time, that specific time slot is held exclusively for you. Consistency is an important part of the therapeutic process, and maintaining regular attendance ensures the best outcomes for clients. I ask that families commit to their reserved time slot, as I often have a long waitlist for individuals in need of care.

In my practice, I provide each client with a specific weekly time slot for their counseling sessions, emphasizing the importance of consistency for effective personal growth. I understand that unexpected events can occur, which is why I offer the possibility to reschedule within the same week. **Each client has four no-fee cancellations per year.** It's important to note that the major federal holidays are not included as cancellations as the business is not open on the following dates; July 4th, New Years Eve, New Years Day, Christmas Eve, Christmas Day, Thanksgiving. If you no longer feel you are able to commit to therapy due to travel, illness, etc, please let me know as soon as you learn that information so I can make your time slot available to another client needing care. You are always available to rejoin the waitlist after terminating therapy or extended travel or various commitments.

- No-show with no communication: $165
- Cancellations before appointment: 4 allotted no-fee cancellations per year (for things like illness, travel, birthdays, etc.) otherwise a $165 fee applies. To avoid the $165 fee or use of complimentary cancellations, you can reschedule for the same week if a time slot is available.

This policy not only supports the continuity necessary for therapeutic progress but also ensures the reliability and consistency of income that are vital for the sustainability of my solo practice. Reliable scheduling helps me manage essential business expenses, such as office overhead, allowing me to maintain a stable and professional environment for our sessions. After these four opportunities have been used, any missed sessions without rescheduling within the same week will incur a fee.

Payment:
Payment is due at the time of service unless alternate arrangements are made. For your convenience, I accept credit cards, which may be charged automatically for outstanding balances or copayments and set on an auto-pay system.

Sliding Scale:
A limited number of reduced-fee slots are available for families in need. These begin at $85 per 50 minute session.

Court-Related Services

I do not provide expert witness or testimonial services. If subpoenaed:

- A $1,000 retainer is required upfront.
- Court-related activities are billed at $300/hour, including travel, preparation, and testimony.
  The initiating party is responsible for all fees.

Insurance:
I accept some insurance plans. Please confirm coverage before scheduling. Clients are responsible for copays, deductibles, and any non-covered services.

I highly recommend that all clients review their insurance policy before beginning counseling. This ensures that you are fully aware of what your insurance covers and helps prevent any surprises with billing, especially if there are specific limitations or exclusions in your policy that might affect coverage. Understanding your insurance benefits can help you plan accordingly and avoid unexpected costs for your counseling sessions. You can do this by calling the insurance company with my NPI/name to check in about costs associated with receiving counseling services.

Good Faith Estimate: Starting on January 1, 2022, the No Surprises Act1 (NSA) protects uninsured (or self-pay) individuals from many unexpectedly high medical bills. The Act requires that health care providers and facilities give uninsured (or self-pay) individuals an estimate for the cost of their health care before the individual agrees to get the item or service.

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

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Boundaries/Limitations
Communication Outside of Sessions: While I strive to provide support and guidance during scheduled sessions, I do not provide 24/7 on-call services. As such, I may not be available for immediate response to phone calls, emails, or text messages outside of our scheduled appointments. If you require immediate assistance or are facing an emergency, please contact the appropriate emergency services or helpline.

Availability During Emergencies: In the event of a crisis or emergency situation, it is important to reach out to the appropriate emergency services or helpline. While I will make every effort to respond to urgent matters, please understand that there may be instances where I am unavailable due to prior commitments or personal circumstances.

Limits of Confidentiality in Electronic Communication and Social Media: It is important to recognize that communication via electronic means, including email, text messages, and social media platforms, may not always be fully secure or confidential. While I take precautions to ensure the privacy of our electronic communications, I cannot guarantee absolute confidentiality.

Therefore, I encourage you to use discretion and avoid sharing sensitive or confidential information through electronic channels.

Dual Relationships: To maintain the integrity of the therapeutic relationship, it is essential to establish clear boundaries. I will not engage in any form of social, personal, or business relationships with clients during the course of our counseling relationship. This includes interactions on social media platforms.
By participating in counseling sessions with me, you acknowledge and agree to respect these boundaries and limitations to ensure the effectiveness and professionalism of our therapeutic relationship.
Please let me know if you have any questions or concerns regarding these boundaries and limitations. Your understanding and cooperation are greatly appreciated.

Complaint Procedures
If you are not satisfied with any aspect of your counseling experience, please discuss it with me immediately. If you believe you have been treated unethically and are unable to resolve the issue with me, you may contact my site supervisor, for clarification of client rights or to file a complaint. You may also register any complaints with the National Board of Certified Counselors at 3 Terrace Way, Greensboro, NC 27403.
If you have any questions or concerns about the information provided above, please feel free to discuss them with me. To indicate that you have read and understood this information, and agree to the terms outlined in this professional disclosure statement, please sign and date the form below. A copy of the signed form will be returned to you, and one will be kept by this site in your confidential records.

Rights and Responsibilities: I appreciate that you have selected me for these services. Please be aware that your participation in this therapy is voluntary and you may terminate these services at any time without additional cost. You will always maintain the right to select another therapist. You have the right to ask me to review my treatment approach at any time and you may request changes as you deem appropriate. You have the right to review your records and, upon written request may receive a copy at any time. Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the 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 any treatment. The Counselor Credentialing Act regulates counselors in order to provide protection for public health and safety and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

Confidentiality: All records kept relating to our sessions together will kept strictly confidential and require your permission prior to disclosure. There is a legal privilege in the state of Washington protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality. This confidentiality has the following exceptions provided by law:

a) In the event of a medical emergency, emergency personnel or services may be given necessary information.
b) b) In the event of a threat to harm oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
c) In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
d) If ordered by a judge or other judicial officers, information regarding the client's treatment must be disclosed.
e) If the client brings a complaint against me with the State of Washington, Department of Health, client information will be released.
f) If an attorney in the State of Washington subpoenas records, they will be released unless the client files a Protection Order within 14 days of the subpoena.
g) In the event of the client's death or disability, information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.
h) In the event the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriate authorities.
i) In the case of a client who is a minor, information indicating that the client was the victim of a crime may be released to the proper authorities.

The client understands and agrees that any records obtained from other therapists, agencies, or institutions also will not be released by the therapist under any circumstances. The therapist will respond to any court order for records by providing only the dates of treatment or contacts with the client and a general summary of psychotherapy/counseling activity.

The therapist will have broad discretion to release any information he deems relevant in situations where he believes the client or others to be at risk of physical harm, physical or sexual abuse, molestation, or severe neglect. Other rights, laws and practices are detailed in my Notice of Privacy Practices which has been provided separately.

REGULATION OF HEALTH PROFESSIONS -- UNIFORM DISCIPLINARY ACT

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
(3) All advertising which is false, fraudulent, or misleading;
(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
(8) Failure to cooperate with the disciplining authority by: (a) Not furnishing any papers or documents; (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority; (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
(10) Aiding or abetting an unlicensed person to practice when a license is required;
(11) Violations of rules established by any health agency;
(12) Practice beyond the scope of practice as defined by law or rule;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
(18) The procuring, or aiding or abetting in procuring, a criminal abortion;
(19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
(20) The willful betrayal of a practitioner-patient privilege as recognized by law;
(21) Violation of chapter 19.68 RCW;
(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
(23) Current misuse of: (a) Alcohol; (b) Controlled substances; or (c) Legend drugs;
(24) Abuse of a client or patient or sexual contact with a client or patient;
(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

Complaints concerning any of the above information should be directed to:

Department of Health
1112 SE Quince Street
PO BOX 47890
Olympia, Washington 98504-7890
DOH Consumer Hotline - (800) 525-0127

Health Profession Licensing - (360) 236 - 4700