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## **DISCLOSURE STATEMENT**

The following provides you with information about my background and method of providing counseling services and your rights when seeking counseling services. In accordance with the Washington Administrative Code and the revised Code of Washington, this document must be signed by both the client(s) and counselor. Your signature indicates that you have read and understand the information.

### **Introduction**

I am a Washington State Licensed Mental Health Counselor (#LH00006062). I have a Masters degree in Mental Health Counseling from Eastern Washington University (1996) and a Bachelor's Degree in Psychology and Communications from the University of Washington (1992). I have been in private practice since 2002 and I work with individual adults and couples.

### **Counseling Approach**

I view the counseling process as a collaborative effort; together we set the goals for counseling and work toward meeting those goals. I use different methods as appropriate to you and your situation. Primarily, I look at the role emotions have had in your life, how you've learned to respond to them and how this is influencing your relationships today. I also use cognitive-behavioral therapy approaches, which look at the relationship between thoughts and emotions. Using an interactive approach, we will identify the patterns of thinking and feeling that are contributing to your behaviors. Understanding and identifying these patterns can lead to growth and change. The length of treatment is determined on an individual basis, depending upon your individual needs.

### **Confidentiality**

Information disclosed during counseling sessions is confidential and will not be released without written permission. However, there are certain situations in which I am legally and ethically required to disclose information. These include:

If I believe a client may do harm to him/herself or others, including a vulnerable adult or child, I must contact the appropriate authorities or persons involved;

If I have knowledge of the contemplation or commission of a crime, I must contact the authorities;

If I receive a subpoena for client records.

If you have any questions about the limits of confidentiality, please discuss these concerns with me.

### **Appointments/Payment**

Counseling appointments are generally 50 minutes in length. My fee per session is \$120 for individuals and \$145 for couples. Payment is due at each session, unless we've made other arrangements specifying the terms in writing. Payment can be made by cash, credit card or check. Credit card processing may incur an additional fee. You will need to have a credit card number on file with me which will automatically be charged for missed sessions and/or outstanding balances. The card information will be kept in a locked file cabinet and/or stored with HIPAA compliant practice software. I will attempt to notify you that I am charging your credit card. Bills that remain unpaid for more than 30 days from the due date incur a one percent (1%) late fee per month that they are delinquent.

I will file claims with your insurance company as a courtesy but it is your responsibility to determine whether your insurance will cover our sessions. At the time of your appointment, you are responsible for paying any amount that your insurance does not cover. Please be aware that I may file your insurance claim electronically via a secure, HIPAA compliant website.

An appointment is time set aside for you. Appointment reminders are sent as a courtesy; it is still your responsibility to keep track of your appointments. Failure to receive a reminder is not grounds for not keeping an appointment. If you need to miss a scheduled session, please provide 24 hours notice. If you miss a scheduled session with less than 24 hours' notice or if you arrive at a couple's session without your partner without prior arrangement, you will be charged for a missed session. Insurance cannot be billed for missed sessions. Please initial here to confirm that you understand the 24 hour notice and missed session fee policy:  
\_\_\_\_\_.

### **Client Rights**

Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. Clients have a right to terminate counseling for any reason. I follow the ethical principles of the American Counseling Association, the National Board for Certified Counselors and the requirements of Washington state law. If you would like more information about the law related to counseling or wish to file a complaint, please contact:  
Department of Health  
Health Professions Quality Assurance  
(360) 236-4700

### **Continuation of Care**

In the unlikely event that I am unable to provide ongoing services, William Soderberg, MSW, LICSW, will provide those services or will refer you to the appropriate resource. He will maintain your records for a period of seven years in accordance with Washington State Law. William Soderberg, MSW, LICSW, can be reached at 206-902-7003.

### **Signatures**

I have read the above information and understand the conditions under which I consent to treatment.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

I have received a copy of the *Notice of Privacy Practices*.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cristi Thielman, MS, LMHC

\_\_\_\_\_  
Date