Counseling Disclosure Statement and Consent

Washington State asks every licensed counselor to share this information before counseling begins. Please read it, ask any questions, and sign on the last page. You will receive a copy to keep.

Practice information

Practice
Liziah Therapies
3618 California Ave SW
Seattle, WA 98116

Counselor
Liziah Elizabeth Richards, MA, LMHC
Washington license LMHC-60591194
Email: Liziah@Liziah.com
Voicemail: 206-240-8054

Education and training

- Master of Arts in Psychology, Systems Counseling, Leadership Institute of Seattle (LIOS).
- Bachelor of Fine Arts in Acting and Performing Arts, Cornish College of the Arts.
- Advanced yoga teacher, trained at the 500-hour level through Whole Life Yoga. Yoga training is a separate credential and is not part of the state license.

Therapeutic orientation

I believe in our ability to heal and to move into greater wellness and balance, and to live with compassion toward ourselves and others. I believe in challenging ourselves to be honest and authentic, so we can experience and inhabit who we are and who we are becoming. Honesty, authenticity, and compassion form a dynamic process. It challenges our patterns of thought and relationship, and it brings us into deeper connection and understanding of ourselves and those we know and love.

I offer an open mind, a caring heart, and a safe space to support you in your counseling process.

Methods and areas of focus

I draw on several approaches I have studied: Cognitive Behavioral Therapy, Internal Family Systems, Dialectical Behavior Therapy, Compassion Focused Therapy, Systems Theory Grief Therapy, and Yoga Therapy.

I work with individuals, couples, and families in a trauma-informed, holistic way. Together we hold authentic, heart-centered conversations that clarify patterns, past and present, that disrupt connection. I specialize in supporting people who are grieving, people living with anxiety (including panic disorder and health anxiety), people healing from relationship wounding, and people facing fertility challenges.

Expected course of counseling

Sessions last 60 minutes and usually take place weekly at a regular time. How long counseling lasts depends on your goals. We will review your progress and goals together along the way.

Your rights

- You have the right to choose a counselor and a type of treatment that best fit your needs and purposes.
- You have the right to refuse treatment, or any part of it, and to end counseling at any time.
- You are welcome to ask questions about the counseling process at any time.
- You may ask to see or receive a copy of your counseling record, as Washington law allows.

This statement does not create any new rights for you beyond those you already have, and it does not override any state or federal law, regulation, or professional standard.

Confidentiality

What you share in our sessions stays confidential. I share information about you with another person, agency, or institution only with your written consent, except in the situations listed below. You may direct me in writing to share information with anyone you choose, and you may change your mind and withdraw that permission at any time.

I keep a record of the services I provide to you. Your health information is protected under the Washington Uniform Health Care Information Act (chapter 70.02 RCW) and, where it applies, the federal Health Insurance Portability and Accountability Act (HIPAA).

Consultation. I consult with other professionals and supervisors to keep growing in skill. I do this in a way that protects your identity and your confidentiality.

Email and text. Email and text messages are not fully secure. Please use them only for scheduling, and share health details in session.

Limits of confidentiality

Washington law requires or allows me to share information without your consent in these situations. Whenever it is possible and safe, I will tell you first.

1. When I believe you are in imminent danger of seriously harming yourself.
2. When I have reasonable cause to believe a child or a vulnerable adult is being abused or neglected. I must report child abuse or neglect to Child Protective Services or law enforcement at the first opportunity, and no later than 48 hours. I must report abuse or neglect of a vulnerable adult to Adult Protective Services immediately.
3. When I believe you pose a serious threat of harm to another person.
4. When you tell me about unprofessional conduct by another health care provider licensed in Washington. The law may require me to report it to the Department of Health.
5. When a court orders me to release records, or as otherwise required by law. In that case I will do everything I can, within the law, to protect your privacy.

Fees and billing

- **Session fee:** $165 for a 60-minute session.
- **Payment:** My billing service keeps your card on file in its secure payment system. For insurance clients, your copay or coinsurance is charged after your plan processes the claim. For self-pay clients, your card is charged weekly for that week's sessions.
- **Refunds:** When a billing error occurs, my billing service issues a refund.
- **Insurance:** I am in network with Premera, United Healthcare, Regence, LifeWise, First Choice and Kaiser PPO, and with the Apple Health (Medicaid) plans Molina and United Healthcare Community Plan. You are responsible for any copay, coinsurance, or deductible your plan sets.
- **Out of network:** On request, I provide a superbill you can submit to your insurance plan for possible reimbursement.
- **Sliding scale:** Self-pay fees from $165 down to $100 per session, by agreement.

> **Good Faith Estimate.** Under the federal No Surprises Act, when you do not have health insurance, or you have insurance and are not using it to pay for your care, you have the right to receive a Good Faith Estimate of how much your care will cost. You may ask for one at any time. Learn more at www.cms.gov/nosurprises.

Scheduling and cancellation

Please give at least 24 hours' notice when you cannot attend a session. A session missed without 24 hours' notice carries a $75 cancellation fee. You receive one free pass each year, for any reason. You are not charged for absences arranged in advance, or for illness, medical emergencies, or dangerous weather.

Telehealth

Counseling may take place by secure video through Doxy.me. Telehealth is available only when you are physically located in Washington State at the time of each session.

- Please join from a private space where you will not be overheard or interrupted.
- At the start of each session, please confirm where you are, so I can reach local emergency help when it is ever needed.
- When a connection drops, I will try to reconnect and then call you. When we cannot reconnect within 10 minutes, we will reschedule.
- Video carries some risk of technical failure and of interception, even on a secure platform.

Emergencies

> In a mental health crisis or emergency, call or text **988** to reach the 988 Suicide and Crisis Lifeline, call **911**, or go to your nearest emergency room. Email and voicemail are not monitored for emergencies. I check voicemail regularly during business hours and respond as soon as I can.

Professional conduct and complaints

Licensed mental health counselors are regulated by the Washington State Department of Health. You may contact the Department to file a complaint about a counselor, or to request a list of the acts of unprofessional conduct defined in RCW 18.130.180.

Washington State Department of Health · Health Systems Quality Assurance, Complaint Intake Unit · P.O. Box 47857, Olympia, WA 98504-7857 · 360-236-2620 · hsqacomplaintintake@doh.wa.gov

Client consent to counseling

I received a copy of this disclosure statement. I have read it, had enough time to consider it, and understand the information provided. I consent to counseling with Liziah Elizabeth Richards, MA, LMHC.

AGREED FEE PER SESSION ($)

Client

PRINTED NAME

DATE

SIGNATURE

Second client (couples and family counseling)

PRINTED NAME

DATE

SIGNATURE

Parent or guardian (when the client is a minor and a guardian signs)

PRINTED NAME

RELATIONSHIP TO CLIENT

SIGNATURE

DATE

Counselor

LIZIAH ELIZABETH RICHARDS, MA, LMHC · SIGNATURE

DATE

You may type in these fields or print and sign by hand. To sign electronically, use your PDF reader's Fill and Sign tool. Please return the signed form through the secure upload in Doxy.me when I request it, or bring it to your first session. Please keep a copy for your records.