

**Shobana Nuland, LMHC**

134 NW 183<sup>rd</sup> St.  
Shoreline, WA 98177  
(206) 546-5390  
Washington State License #LH00005145

**DISCLOSURE AGREEMENT**

I have read and understand the disclosure information provided to me by Shobana Nuland. This information includes her:

- Philosophy
- Education
- Counseling Methods
- Office Policies
- Confidentiality
- Client Records
- Registration/Certification
- The brochure "We Want You to Know"

I understand that **I am responsible for the payment of missed appointments or cancellations made with less than 24 hours notice of the session.** If a cancellation is made within less than 24 hours, I may choose to have a phone session at the same time that my regular session would have been. In either case, I am responsible for payment of this appointment.

By signing below, I acknowledge that I have read and understand the information provided.

Client \_\_\_\_\_ Date \_\_\_\_\_