

**Shobana Nuland, LMHC**  
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## **CLIENT DISCLOSURE INFORMATION**

### **PHILOSOPHY**

As a Licensed Mental Health Counselor, I use the "Wellness Model" as defined in the Law Relating to Counselors "...as focusing on a client's inherent strengths rather than pathology or restrictions on the clientele to be treated." This attitudinal approach combines naturally with my personal perspective, which focuses on creating an awareness that body, mind, emotions and spirit are an integral part of the healing process. As awareness increases, so also do the possibilities for creating freer and more expansive life choices.

### **EDUCATION**

I have a Master's Degree in Counseling Psychology from Sierra University in California. I have a Bachelor's Degree in Elementary Education from Ohio State University. I taught 2<sup>nd</sup> grade in the Cincinnati and Chicago school districts. I completed "The Advanced Hypnotics Techniques" course at the University of California Extension. I studied Sandtray Therapy at the Jung Institute in Los Angeles and I have completed the advanced training in Eye Movement Desensitization Reprocessing. As a licensed counselor, I am involved in an on-going program of continuing education. I have been a counselor in private practice in Bellevue and the Seattle area since 1984.

### **METHODS**

Being a process-oriented counselor, I might use one or any combination of the following methods during a counseling session:

- guided imagery
- gestalt
- tracking
- eye movement desensitization reprocessing
- cognitive restructuring
- inner child work
- emotional freedom technique

It is important that you feel comfortable with me and with my methods. At any time you may ask me to discuss my treatment approach. You have the right to request a change of counselor or to refuse treatment, and the length of time you spend in counseling is up to you

## **OFFICE POLICIES**

The fee for a 55-minute individual session is \$95. If it is determined that there is a financial need, arrangements can be made only for those clients having weekly or bimonthly sessions. Payment is due at the beginning of each session. There is no charge for cancellations made more than 24 hours prior to the session. **Clients are responsible for the payment of missed sessions or sessions canceled with less than 24 hours notice.** If hospitalization or death of a loved one occurs, clients are exempt from payment. Clients calling with less than the 24 hours notice for reasons such as illness, job requirements and/or childcare issues are still responsible for payment of missed sessions. Clients have the option to have a phone session at the same time that their regular appointment would have been.

## **CONFIDENTIALITY**

Conversations between you and your counselor will not be disclosed without your written consent except for consultations with other clinicians, unless such disclosure is required or permitted by law, including without limitation: a disclosure pursuant to court order; or a disclosure pursuant to mandatory reportable instances involving suspected abuse or neglect or exploitation; or the disclosure is necessary to protect against an existing threat to life or of serious bodily injury.

## **CLIENT RECORDS**

I keep a record of our counseling sessions. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so, or unless the law authorizes or compels me to do so.

## **REGISTRATION/CERTIFICATION**

“The purpose of the law regulating counselors is 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. Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing 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.”

## **ADDITIONAL DISCLOSURE INFORMATION**

Please read the accompanying brochure, “We Want You To Know”.

Counseling clients are to be informed of the Counselor Credentialing Act which states that “...the purpose of the law regulating counselors 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.