

Khristina Williams, LMHC, LPC, PLLC
Licensed Mental Health Counselor
750 Officers Row
Vancouver, Washington 98661
Professional Disclosure Form (WAC 246-810)

Formal Education and Training:

I hold a Masters Degree in Counseling Psychology from Pacific University located in Forest Grove, Oregon. Major coursework included: Human Growth and Development, Assessment, Professional Orientation and Ethics, Interviewing and Counseling Skills, Social and Cultural Foundations, Counseling Theory, Research Methods, Career and Lifestyle Development, Group Dynamics, and a major emphasis in Behavioral Therapy. As a licensed professional counselor with the state of Washington and Oregon, every two years I am required to take part in a least 40 hours of continuing education related to the mental health field. I also take part in regular peer consultation groups. My Washington State Department of Health license number is LH 60140406 and my Oregon Board license number is C1974.

Philosophy and Approach:

I am passionate about the counseling journey and find it an honor to come along side individuals, teens, and families to help them navigate their concerns and begin living their lives fully present. My goal is to provide a safe and trusting environment where thoughts, feelings and behavior patterns can be explored setting the state for growth and transformation. I am happy to address a variety of needs but have special training or interest in providing therapy for clients presenting with trauma, PTSD, depression, anxiety, life transition issue, adolescent specific issues, identity issues, prenatal issues, and self-harm behaviors. My therapeutic approach will vary depending on my assessment of each individual or family and their needs. My style is rooted in the Cognitive Behavioral Therapy and take a collaborative approach therefore I am integrative and eclectic using solution focused techniques, EMDR, stress management, parenting support, and utilization of coping strategies.

Risk and Benefits:

Research has shown that the therapy methods I use are effective with some but not all clients. I cannot guarantee positive results. External factors, such as events in the client's life or irregular attendance, can interfere with progress. In addition, at times therapy can also lead clients to experience distress for a time as they are dealing with painful feelings. In this sense, things at times can appear to get worse before they get better. Please feel free to come to me at any time with any questions or concerns you may have about the treatment I am providing.

Fees and Billing:

As a licensed professional counselor, I am qualified to work with insurance companies for reimbursement and my services may be covered in part or in full by your health insurance or employee benefit plan. It is your responsibility to know what your insurance benefits entail. My rate is \$150 for a 50 minute session and \$165 for a 50 minute initial intake appointment. You are expected to pay for each session at the time it is held, unless we agree otherwise or if you have insurance coverage that requires another arrangement. I process all my clients' billing, and my office abides by the HIPPA privacy protections in insurance paper and electronic claims and all billing procedures. I send out monthly superbills so you can get reimbursed by your insurance company if I am not in-network with your plan. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's name, nature of services provided and the amount due. If legal action is necessary, those costs will be included in the claim. A fee of \$50 will be added to accounts past due (over a 60-day period from the time of service).

Appointments:

My preference is to have a regularly scheduled appointment which both of us will try not to cancel due to other appointments or scheduling issues. In life however, unpredictable events occur. Clients will be asked to give a minimum of 24 hours advanced notice if canceling appointments and will not be charged for such canceled sessions. If less than 24 hours notice is given, the fee of \$150 will be charged. My voicemail is available 24 hours per day, seven days a week (360) 771-2258 and will record the time of your call.

Limits to Confidentiality:

The information you share in therapy is protected health information and is generally considered confidential by

both Washington (WAC 308-109-040) and Oregon (419B.010) statutes and federal regulations. Your therapy file can be subpoenaed through a court order (signed only by a judge) but is considered privileged in the federal court system. Khristina Williams LMHC, LPC is a mandated reporter and must breach confidentiality in the following circumstances:

- You are threatening self-harm or suicide
- You are threatening to harm another person or homicide
- A child or vulnerable adult has been or is being abused or neglected

A report is not a justified fact, but it is considered an obligatory request for further exploration into the safety of a child/vulnerable adult. Once a report is made, I may be instructed to limit any discussions of the disclosure until decisions are made about the disposition of the report.

As a client of a Washington and Oregon Licensee, you have the following rights:

- To refuse treatment
- To choose the best provider that suits your needs
- To know your therapists education, training, clinical orientation, and theoretical perspective
- To expect that your therapist has met the minimal qualifications of trainings and experience as required by state law
- To examine public records maintained by the OBLPCT and have the OBLPCT confirm credential of a licensee
- To obtain a copy of the OBLPCT Code of Ethics
- To report complaints to the OBLPCT
- To be informed of the cost of professional services before receiving the service
- To be assured of the privacy and confidentiality while receiving services (see limits listed above)
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services
- To collaboratively take part in creating a treatment plan as well as have access to knowledge regarding suspected prognosis of treatment

Consent for treatment:

By signing below, I authorize Khristina Williams, LMHC, LPC to provide therapy using protected health information for _____. I understand that I am also assuming ultimate financial responsibility for the cost of treatment. I agree that I have had the opportunity to discuss the potential risks and benefits of therapy with Khristina Williams, LMHC, LPC. This consent can be revoked at any time.

Signature of Client (or Guardian's if clients is under 13)

Date

Khristina Williams, LMHC, LPC, PLLC

Date

In Case of Emergency:

Contact my work cell phone (360)771-2258

During non-office hours please call the Clark County Crisis Line (800) 626-8137, call or text 9-8-8 or call 9-1-1

You may contact the Board of Licensed Professional Counselors and Therapists at:

3218 Pringle Road Se#250 Salem, OR 97302-6312 Telephone: (503) 378-5499 Washington State Department of Health, Health Professions Quality Assurance Division, PO BOX 47869, Olympia, WA 98504-7896 Telephone: (360) 236-4902