

RIVER VALLEY

PSYCHOLOGICAL SERVICES

Professional Disclosure Statement & Informed Consent Agreement

Hongyuan Angel Li, MA, LMHCA

LMHCA License #MHCA.MC.61135194

Supervisor: Kevin Connolly

Office Phone: (425)391-0887

Welcome to River Valley Psychological Services. Please carefully read the following information regarding the services I offer, my policies, and your rights.

Therapeutic Approach

Life can be difficult, especially when you are attempting to navigate through its adversities alone. It can make you feel lost, hopeless, or isolated, and this is where therapy comes in. My goal as a therapist is to work with you and help you navigate through some of your challenges together as a team in a safe and comfortable environment. My counseling style is based on humanistic principles, which means that you, the client, are the expert of your own life, and I am here to work and collaborate with you towards a goal together. I also strongly believe in the importance of taking one's culture and values into account in order to ensure that your beliefs and values are heard and respected. I employ various modalities for treatment, depending on what may best fit your needs. Ultimately, I hope that through our time working together, I am able to help you feel empowered and provide the tools needed to overcome life's challenges.

Education and Training

I obtained a Master's Degree in Clinical Psychology from Saybrook University and received a Bachelor's of Science Degree in Psychology from University of Washington. Currently I am enrolled in a Clinical Psychology PhD program at Saybrook University and am working under Dr. Kevin Connolly as both a licensed mental health counselor associate (LMHCA) as well as a doctoral student intern. Prior to working at River Valley, I have experience working as an individual therapist, ABA (applied behavioral analysis) therapist, and a psychometrist administering psychological assessments with individuals of all ages.

Registered Licensed Mental Health Counselor Associate

An associate level counselor/therapist/psychometrist generally has the full scope of practice as a fully-licensed therapist. They simply must be under supervision to practice. I am currently an LMHCA under the Washington State Licensing Board. I will adhere to the Code of Ethics pertaining to this board. I am continuing supervision with Dr. Kevin Connolly. Please know that I will be acting with professional integrity and competence while being an LMHCA. At any time you may request information regarding my ongoing training.

Finding the Right Fit

In order for you to best meet your goals, it is essential that you feel comfortable with the mental health professional you are working with. You have the right to choose which therapist you work with and it is my goal to ensure that you find a good match. As a client, you have the right to terminate our relationship at any time. Similarly, if I feel that I cannot best serve you for any reason, I will refer you out to a different clinician. If either of these events occur, I will help coordinate care to find a better match as best as I am able to. I encourage you to not feel discouraged even if this does occur. Though it can take time to find the right therapist who is a good match for you, the end result can be extremely rewarding.

Limitations of Confidentiality

The law requires me to maintain written treatment records. You have the right to review your records and request modification of inaccurate information. In Washington State, therapists may deny access to patient records if the health care information may be injurious to the patient's health and/or could reasonably expect to cause danger to the life or safety of the patient (RCW 70.02.090). Clients have the right to be assured that I will do my due diligence to protect your information and personal identity. Confidentiality is protected by state and federal laws. All session content is confidential and session notes will not be released without your written consent (this includes spouses, other medical professionals, etc.). However, I am required by law to disclose information pertaining to suspected child or elder abuse, suspected danger to you or others, intent to harm yourself or others, and necessary legal disputes or court proceedings. Certain treatment information will also be disclosed to your insurance company if they are paying for your psychological services. Furthermore, I participate in quality assurance procedures including consultation and clinical supervision of cases. Sessions may be discussed at these meetings. Any information shared is kept confidential among staff. If subpoenaed by a court to testify, I may have to give information regarding our sessions without your permission. According to Washington law, a minor who is 13 years old or older may initiate an evaluation and treatment for outpatient mental health services without parental consent. What this means is if you are 13-17 we will review what this means to you, such as if you decide to use your parent/guardian's insurance or have your parents pay for sessions, etc.

Fees, Cancellations, and Late Policy

Please contact our office to obtain fee information for the initial session and preceding appointments. Payment is due at the time of service. If you are using insurance, the office staff will facilitate the billing process. You are responsible for understanding your insurance benefits and for making deductible and copayments.

Sessions will last approximately 50-55 minutes. Please do your best to be on time, so we do not have to cut our time short. I will do my very best to begin our session on time, and would ask you to show me that same respect. Please give at least a 24 business hour notice for any cancellations or reschedules. If less than 24 business hours' notice is given then you may be subject to a cancellation fee of the total cost of the session missed (~\$150). If you are a no show for your appointment without any prior notice then the full rate may be charged. If you are more than 20 minutes late without giving any prior notice, your appointment will be considered a no-show. A plan will be put in place and discussed prior if you are consistently late/no-show. Insurance companies will not pay for missed or cancelled appointments and you will be responsible for these charges. Overdue accounts at River Valley Psychological Services will eventually be sent to collections if left unpaid for too long.

During and After Hours Contact

River Valley Psychological Services has an on call clinician that can be reached at either 425-228-5336 or 425-391-0887. Should you have a crisis during times that we are unable to be reached, please contact:

Call – 866.427.4747 (for crisis)

Text – “Go” to 741741

Chat – <http://chat.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>

For life-threatening emergencies and/or crises please call 9-1-1 or go to the nearest emergency room.

Risks and Benefits of Counseling

While there are many benefits associated with receiving counseling services, there is always the chance that the process can stir up difficult emotions. This meaning, you might feel worse before better - and if at any point it feels overwhelming, please let me know ASAP and we will discuss how to best move forward.

Disclaimer

At this time, I do not provide services related to L&I, FLMA, disability, divorce/custody cases, court-order cases, and any other legal disputes. You agree that you won't involve your therapist in litigation of any kind for any purpose. You understand that your (or your child's) visit is for therapy purpose only and that having your

therapist involved in litigation would interfere with the therapeutic relationship. If your situation may in the future involve litigation, please discuss this with your therapist.

Consent to Treatment

By signing below, I agree that I have read, fully understand, and agree to the personal disclosure statement that was provided to me by Hongyuan Angel Li, MA, LMHCA.

If you have questions at any time regarding services or any information within this disclosure statement, please feel free to reach out to us. Thank you, and I look forward to meeting with you!

Client/Guardian Signature

Date

Client/Guardian Name (please print)

Hongyuan Angel Li, MA, LMHCA

Date