

Disclosure Statement

Shelley White, MA, LMHC
WA State License: LH60161602

144 Railroad Ave Suite 205
Edmonds, WA 98020
360-509-2812

Tele-health Virtual

Welcome. The following information is provided as required by law. It is intended to give you information about who I am as a therapist, and to clarify aspects of the therapeutic process and relationship. If you have any questions, now or in the future, please don't hesitate to discuss them with me.

Education

B.S. in Psychology from University of Washington in 1980
M.A. in Education/Counseling from Seattle University in 1988
Certified Mediator, Dispute Resolution Center of Kitsap County, 2000
Certified EMDR Therapist
Certified EFT Matrix

Experience

Private Practice Therapist since June, 2011
Therapist, Family Counseling Services in Monroe (2 years)
Mediator, 2001 – 2015
School Counselor (13 years)
Instructor, Human Services Department at Western Washington University (8 years)
Instructor, "Keep Safe" workshops on violence prevention (15 years)
Instructor, "For Kid's Sake" seminar for Divorce Lifeline (8 years)
Instructor, mediator and coach for the Dispute Resolution Center of King County (5 years)
Instructor, Tapping for Clinicians since 2017

Counseling Orientation

I draw from a variety of theories to meet the individual needs of my clients. In general, I attempt to meet clients where they are in their emotional and spiritual development and offer a safe environment and partnership for growth and change. I focus primarily on my client's assets and strengths, helping them to move beyond their past to create a present and future that draws on their innate gifts. I believe with a clear vision and with skills and support, clients can fashion the life and relationships they desire.

Contacting me

My office phone is a cell phone and the privacy of our phone conversations is subject to the limits of that technology. I regularly check my voice messages and will usually get back to you within an hour or two. **If you have an emergency, please call: 911 or Care Crisis Line at 425-258-4357 or 800-584-3578**

Fees

All visits are billed at \$180.00 per 50 – 55 minute session. This fee is subject to change. I will discuss any rate change with you at least one month in advance. Payment is due at the beginning of each session.

I require 48-hour notice by phone or text (360-509-2812) if you need to cancel your appointment. Missed appointments without 48-hour notice will be billed at my full rate and is not billable to your insurance. _____(initial)

Consent

I, _____, agree to receive counseling from Shelley White, MA, LMHC (license #LH60161602). I understand that I have the right to choose a counselor who best suits my needs and purposes, and that I may stop counseling at any time following notification to my counselor. Together with my counselor, I will decide what type of counseling is needed and how long treatment will be.

Federal and State laws provide special protections for mental health records and call for specific authorizations from me – the patient – to disclose information if: (A) I threaten to harm myself or someone else and these threats appear to be serious; (B) I give information that indicates that a child or other vulnerable person may be abused, neglected or exploited; (C) I give written consent to disclose information; (D) I waive the provider/patient privilege by bringing charges against my provider; (E) my provider is required to respond to a subpoena for a court of law or the secretary of health; or (F) I am under the age of 18 and my parents or legal guardian request information.

By signing below, I attest that I have read and understand the above document. I have asked any questions regarding it and the counseling process and have had these questions answered to my satisfaction. I have been provided with the Washington State Department of Health brochure text on my rights and responsibilities as a client.

Client’s Signature

Date

Client’s Printed Name _____