



Melinda Stone Counseling

OFFICE

2319 N 45th St. Suite 103
Seattle, Washington 98103

PHONE

206.310.1659

LICENSE

LH00010690

EMAIL

melistone@mac.com

WEB

melindastonecounseling.net

Disclosure Statement for Melinda Stone, MA, LMHC

General Information about My Approach

My mission is to assist you in creating the life that you want. To that end, I will support you in freeing yourself of old beliefs and patterns of behavior that do not serve you. I am a systemically oriented therapist, which means that I will seek for us both to understand you in the many contexts of your life: your family of origin, culture, work life, spiritual tradition, and other important relationships. According to your interest, I may teach you new tools for more effective communication, but I believe that by practicing mindfulness, you will find the answers to your problems inside of you. Through our work together, we will uncover those answers. My belief is that gaining self-awareness will help you, but that what is even more important than insight alone is action. I believe that you have the power to transform your life by actively using the insights you gain in our work together to improve your relationships and live a healthier, happier life.

Education and Training

I am licensed by the State of Washington as a Mental Health Counselor. I received my undergraduate degree from the University of Washington, and my Masters Degree in Applied Behavioral Science/Systems Counseling from the Leadership Institute of Seattle at Bastyr University. For two years after graduating, I worked as a member of the psychological assessment team and as a group therapist at a local psychiatric hospital. I have also taught undergraduate and graduate level classes as an adjunct faculty in the psychology department at Bastyr University. In order to serve my clients in the most skilled, ethical way possible, I attend a monthly consultation group of other mental health professionals where I discuss my cases. If I discuss our work together, I will do so in a way that protects your confidentiality, and with the goal of improving my effectiveness as your psychotherapist. I have pursued continuing education in Nonviolent Communication, Lifespan Integration, mindfulness-based therapy, interpersonal neurobiology, and several methods of couples therapy, including Emotionally Focused Couples Therapy. I have completed one hundred hours of training in hypnotherapy at Bastyr University. It is



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my goal to continue to learn and grow so that I bring a high level of skill and knowledge to our work together.

Fee Information and Cancellation Policy

The fee for a one-hour session is \$_____, and is payable at the time of your session. I accept payment in the form of personal check, cash, and credit card utilizing the Paypal website. If you must cancel your appointment, please contact me at least 24 hours in advance. You will be responsible for paying the full fee for the session if you do not notify me at least 24 hours in advance when you must miss your scheduled appointment.

Legal and Court-Related Activities

I have chosen not to pursue any coursework or post-graduate training in forensic psychology. Therefore, I do not offer reports suitable for court proceedings, or my testimony in legal matters such as divorce or custody cases as part of my services. If you are seeking psychotherapy with the knowledge that at some point you will wish for your counselor to aid you in a legal proceeding, please notify me and I will promptly refer you to someone who is trained in this area. If I am drawn into any legal proceeding on your behalf, my fee for preparing reports, copying my files, speaking to lawyers, or travel to, from and appearing in court is \$200/hr.

Client Confidentiality

Information identifying you and your healing process is confidential and cannot be disclosed without your written consent. Exceptions to this are: 1) If you are a danger to yourself or others; 2) If the information involves the current abuse of a child, developmentally disabled person, or a dependent adult; 3) If the court requires such information. For specific details about exceptions, please refer to the Washington State DSHS website. Should disclosure of your confidential information be necessary, I will work with you as respectfully and directly as possible.

Client Rights and Responsibilities

In the State of Washington, all persons over the age of thirteen have the right to choose their own therapist, and to make their own decisions regarding what kind of mental health treatment is appropriate for them. You have the right to terminate treatment with a health professional at any time. If you have any concerns about your experience in counseling,



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please discuss it with me. I very much want to make sure that our work together meets your needs. I can only address your concerns about our therapeutic process if I know about them. If you think I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Professions Quality Assurance Division, PO Box 47869, Olympia, WA 98504-7869. You may also call (360) 236-4902 Mondays through Fridays 8AM to 5PM.

Client Statement

I have received and reviewed the Client Disclosure Information. I have had the opportunity to ask any questions regarding this material and understand the information provided. I am of sound mind and body, participate voluntarily in mental health counseling with Melinda Stone, LMHC and agree to abide by the fee and cancellation policy.

Client Signature

Client Signature

Name (please print)

Name (please print)

Street/Mailing Address

Phone

City/State/Zip

Date

Counselor Signature

Date