

**DISCLOSURE STATEMENT**  
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WAC 246-809-710 requires counselors to disclose the following information in written form to their clients.

Please take the time to read this disclosure statement carefully. As my client, you have the right to know my qualifications, methods, and mutual expectations of our professional relationship. The information presented here is provided to help you decide if my services are suitable for your needs. Please discuss any questions or concerns you may have now or during your treatment.

**My qualifications and license**

I am a licensed mental health counselor in Washington State (license# LH60874856). I received my Master's Degree in Mental Health Counseling from Antioch University Seattle in 2015 with a concentration in clinical mental health. My Bachelor's Degree is from Washington State University. I have been working in the field since 2016. My professional background involves working with individuals who identify within the LGBT community and those who are Intellectually and Developmentally Disabled. I help clients by providing resources and supporting patients and their families through decision-making, crises, conflicts, grief, and loss issues. I have worked in community mental health and for a supported living agency. Each job has given me more experience in helping those that need someone to talk to.

**The Therapeutic Process**

I believe therapy is about helping you find your true self and believing that the client is the expert in their life. I do not play the role of an expert in my client's life. However, I act as a guide, advocate, educator, and support person. I will attempt to see your issues from your perspective and view of the world. I will do this by asking questions to clarify my understanding of what the problems are for you. I desire to develop a real, genuine relationship with my clients where we can safely have difficult conversations, resolve conflicts, and learn how to experience your true selves, including your pain. I will work with you to help you tune into your true self, recognize your unfavorable coping mechanisms, and discover self-compassionate ways of living.

My therapeutic modality is a blend of Mindfulness, Person-Centered, Dialectical Behavior Therapy, and Cognitive Behavioral Therapy. Therapy has both benefits and risks. You might notice changes in your symptoms, problems, and functioning during treatment. Since we will be exploring challenging territory in your life, you might experience greater difficulty throughout our work. Therapy typically produces benefits over time, but sometimes, as you get to the root of

tender issues, you may feel them even more acutely than in the past. I cannot promise or guarantee the results you will experience. However, as you commit yourself to working through your vulnerable issues and build upon your strengths, you will likely see improvements throughout our work and in the future.

### **Age of Consent**

Per RCW71.34.530: Any minor thirteen years or older may request and receive outpatient mental health treatment without the consent of the minor's parent or legal guardian. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to RCW 6.70.065, is required to outpatient a minor under the age of thirteen.

### **Client's Rights and Responsibilities**

Clients have the right to choose a therapist who best suits their needs and purposes. You may ask questions about treatment at any time and may decide to terminate therapy at any time. Therapy may also end when I feel another provider will better meet your needs. In that case, I will try my best to make appropriate referrals. You may contact the Department of Health if you have any concerns or complaints. Health Systems Quality Assurance Complaint Intake 360236-4700 HSQAComplaintIntake@doh.wa.gov P.O. Box 47857 Olympia, WA 98504-7857

### **Dismissal/Termination of care:**

It is your right to terminate your relationship with me or Mindful Therapy Group for any reason. I may terminate my relationship with you in a few specific cases, including having excessive, persistent rudeness and/or disrespect, being physically or verbally threatening to me, other clients, providers, or administrative staff, having a reoccurring pattern of missing your appointments, not making payments for services, and/or not following up on your therapeutic plan, etc.

### **Services**

I offer therapy services for individuals. I see clients 16 years old and above. I do not offer case management services, including but not limited to providing paperwork for custody, adoption, foster care, car accidents, and any legal issues. I do not offer therapy for individuals who are court-mandated for treatment or seeking treatment in which disclosure of sessions must be provided to an outside entity.

I like to work with my client's schedules and see what works best for them, weekly or bi-weekly. I am willing to change this after a conversation has been had. I will charge for preparing requested documents (i.e., disability, unemployment, letters of support) or copying and sending records. I will discuss any fees with you at the time of a request.

### **Fees**

Initial Phone Consultation (15 - 30 minutes): Free

Initial Intake Session - Billing Code: 90791 (53+ minutes): \$125

Therapy Session - Billing Code: 90837 (53+ minutes): \$100

Gender Affirming letter for HRT or Surgery: \$150 for letter and session.

I offer pro-bono and discounted rates for therapy on a limited basis and dependent on financial need. Reduced fee spots reserved for LGBTQ+, disabled, and BIPOC folks. These reduced rates are given on a first come basis and may be forfeited after missing two appointments without notification.

### **Scheduling and Cancellations**

To obtain the optimal benefits of participation in therapy, appointments must be attended regularly as scheduled. However, there may be times you cannot attend your appointment, and with appropriate notice, we may be able to seek alternative scheduling.

**Please reach out to me directly to cancel or change the appointment.**

**The cancellation policy is as follows:**

- Minimum **24 hours** notice before the scheduled appointment to avoid a **late cancellation fee (\$100)**.
- Late cancellation fee will be applied, regardless of the situation, unless the appointment is made up within **five business days** (usually up to the day before a recurring scheduled appointment), voiding the fee.
- All cancellations can be rescheduled to open spots.
- Multiple missed appointments may result in losing a recurring appointment slot, which will be discussed if the situation arises. Two missed appointments without discussion with myself will automatically result in two late cancellation fees (\$200) and the loss of an appointment slot. Please keep in mind that these policies are not intended to punish for unavoidable life situations but to encourage regular participation in sessions, allow for other clients needing services to be able to participate by filling an open spot with as much notice provided as possible, and allow me to financially maintain my practice, as I am unable to bill your insurance if services are not provided. I encourage open discussion regarding missed appointments, as unavoidable life disruptions occur, and we can also discuss payment arrangements for late cancellation fees to help minimize financial hardship. Also, I will make every effort to notify you as soon as possible in the event of my absence, as I also respect your time, effort, and participation in services.

### **Financial Responsibilities**

Please confirm your insurance coverage and patient responsibility before your first appointment with me. Your co-pay or patient responsibility (deductible) determined by your insurer is due at each visit before your session begins. My private pay rate is \$100 per 50-minute session for individuals. If you cannot pay the associated fees at the time of service for more than one visit without developing a payment plan, your future appointments will be suspended until unpaid balances are resolved. Additional fees may apply to preparing requested documents or copying and sending records. I will discuss any fees with you at the time of a request.

## **Telehealth**

I engage in Telehealth. Understand that “Telehealth” includes the practice of health care delivery, diagnosis, and treatment consultation using interactive video, audio, and/or data communications. For Telehealth sessions, we will connect using Zoom and/or Advanced MD, an encrypted system to the federal standard and HIPAA compatible. Both of us must be in a secure location to interact with technology-assisted media and be aware that family, friends, employers, co-workers, strangers, and hackers could overhear our communications or access the technology we are interacting with. Additionally, it is agreed that there will not be a recording of any Telehealth sessions. During a Telehealth session, we could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. I will ensure that I have a phone with me, and I have provided that phone number. Understand that all fees for Telehealth and non-Telehealth services are the same. You are financially responsible for all services rendered, late cancellations, and missed appointments.

## **Emergencies**

I do not offer crisis coverage. If you are experiencing emergencies or a threat to yourself or others, please call 911 or go to the nearest hospital emergency room.

You can call the Crisis Clinic at 1-866-427-4747 (King County) for urgent mental health crises.

You can call the National Suicide Prevention Lifeline at 1-800-273-8255 or call or text 988.

You can call the Trevor Project at 1-866-488-7386 or text Start to 678-678.

You can call the Trans Lifeline at 877-565-8860

Please sign here to acknowledge that you have read this material. Thank you!

Name: \_\_\_\_\_ Date: \_\_\_\_\_