



Lynette Jeung, MA, LMHC
2366 Eastlake Ave E. #333
Seattle, WA 98102

Welcome

Welcome to Phase 3 Counseling and Consulting. I look forward to working with you to help you arrive at a place of calm, acceptance, and understanding. It is my sincere hope our time together will be productive and that you will ultimately learn more about yourself.

Intent

The purpose of this form is to let you know what you can expect from counseling. Please feel free to ask questions. It is important that you have clear understanding of the information provided here.

Confidentiality

Whatever you share with me during a counseling session is confidential information. I will not disclose personally identifying information about you to anyone outside of my office without your written permission. In order to provide you with the best service possible, I may at times consult other counseling professionals, all of whom will have the same obligation to maintain confidentiality as I do.

Exceptions to Confidentiality

There are a few exceptions to confidentiality, which serve to protect your interests and the interests of others. Only in the following circumstances would I be obligated by law to release confidential information:

- If I become aware of physical or sexual abuse of a child or vulnerable/dependent adult
- If you give strong indications that you are likely to seriously harm yourself or another person
- If I am served with a court order to share information with a judge or lawyer

I will encourage you to be the active person in making reports regarding abuse or harm. If I am obligated to release information, I will inform you of my intentions whenever possible.

Professional Background

I am currently a Licensed Mental Health Counselor LH #00009904 in the State of Washington. I received my licensure in December 2005. I hold a B.S. degree in Psychology from Virginia Tech and a M.A. degree in Psychology, with an emphasis in Applied Behavioral Analysis from the University of the Pacific. In addition to my private practice, I am currently a Program Coordinator at Sound Mental Health (SMH), in the Older Adult Services program. I have 15+ years of clinical experience, working in a variety of behavioral health settings and am very well-versed in my area of clinical expertise.

Counseling Process and Therapeutic Orientation

During the therapy process, we will explore the issues that are bring you to counseling. I will actively listen, offer insights, and occasionally make suggestions of how we might work to increase your understanding and insight, make behavioral or internal changes, strategize options, increase your coping skills, or whatever else we deem as helpful and healing to you. At times, I may also give you “homework” to reinforce what we discuss during sessions. I do not subscribe to one particular orientation or “school of thought”. Rather, I work with several modalities of treatment depending on the client. I try my best to tailor treatment to meet your goals and needs.

During therapy, sometimes sensitive and painful issues are raised, clients sometimes may feel more distressed. While uncomfortable, this is a very normal response and can be a guiding part of your growth. If you experience this, please be sure to discuss with me as we go forth.

At some point, you may decide you have made enough progress where you are ready to stop coming to therapy. Ending a therapeutic relationship can be a significant part of counseling. I would welcome a discussion should you feel you are at this point about how to “wind down” our time together.

Appointment, Fees, and Cancellation Policy

Appointments are scheduled in advance and generally take place once a week or every other week, but can be adjusted depending on your needs. **For individual counseling, my standard fee is \$125 for 50 minute session. For couples counseling, my standard fee is \$135 for a 50 minute session.**

For client using insurance, I will submit claims to your insurance companies as appropriate. Copays, if appropriate, is due at the end of each session. I accept VISA, MasterCard, checks, and cash.

*** If you need to cancel your appointment, please call or email me within 24 hours of your appointment. If you do not cancel within 24 hours, then you will be responsible for the full cost of the missed appointment. Insurance companies do not reimburse for missed appointments.***

Please Initial _____

Communication Practices

Generally speaking, my preferred way to communicate with clients is speaking directly by phone. While I understand that phone communication is not always convenient, communication by email is also acceptable. However, please note email is not truly secure or confidential.

Texting is not an appropriate way for me to communicate with my clients. While it is convenient and likely a preferred mode of communication for most, I do not engage in text communication with clients simply because I cannot guarantee privacy and confidentiality.

Emergencies

In an acute crisis or an emergency when I am not available, please call the 24-hour **King County Crisis Clinic at (206) 461-3222 or 911 if it is a life threatening situation.**

Ethics

I hold myself to the highest standards in the work I do. I am accountable for my work. If you believe you are not benefitting from my services, please advise me so that we can work in a way that is more useful to you, or, if you prefer, I can refer you to another therapist. I believe in openness and transparency. If you have concerns about me, my ethics, or my professionalism, please discuss this with me. Communication is very important and will only benefit our relationship.

Client's Rights

To obtain a copy of your rights as a client in the state of Washington, as well as a list of the acts of unprofessional conduct in my field for which a health professions complaint may be processed, contact the Department of Health – Counselor Programs, PO Box 47869, Olympia, WA, 98504, or call (360) 664-9098.

Consent for Treatment

I agree to participate in counseling with Lynette Jeung and Phase 3 Counseling & Consulting. I have read the above information and have had an opportunity to ask questions to clarify my understanding of the

information. I understand that I have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits my needs. I understand I may terminate my treatment at any time.

Acknowledged by:

Client Signature

Date

Counselor Signature

Date
