



Lynette Pang, MA, LMHC
LH 00009904
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Welcome

Welcome to Phase 3 Counseling and Consultation PLLC. My name is Lynette Pang. I am the owner and clinical director. My aim is to provide you with high quality counseling and consultation services. It is my sincere hope our time together will be productive and worthwhile.

Intent

The purpose of this form is to let you know what you can expect from counseling or consultation services and our relationship within the counseling or consultation context. 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 I believe 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. 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. It is often important and helpful to process these feelings.

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.

It is also possible that you might feel I am not the right fit to work with you even after treatment begins, for whatever reason. Please know that this is OK, and helpful to acknowledge. I encourage you to bring this up with me so that we can discuss how best to proceed. I can help you explore these feelings and possibly provide referrals.

Appointment, Fees, and Cancellation Policy

Treatment is a commitment and is most effective when sessions take place regularly and consistently. At the beginning, clients agree to given a specific day/time/schedule for ongoing appointments, which help to maintain consistency and provide predictability in scheduling.

For individual counseling, my standard fee is \$150 for 50 minute session. For couples counseling, my standard fee is \$160 for a 50 minute session. For client using insurance, I will submit claims to your insurance companies as appropriate. Fees and copays, if appropriate, are due at the end of each session. I accept VISA, MasterCard, checks, and cash. VISA/Mastercard payments will incur a 3.5% service fee.

However, it is understandable that sometimes things come up that prevent you from attending your appointment. If you do need to cancel or reschedule your appointment, please contact me within **48** hours of your appointment. **If you do not cancel within 48 hours, then you will be charged a \$100 late cancel fee.** Last minute exceptions may be occasionally made in the event of sudden illness, inclement weather, and true emergencies and ***only*** at the discretion of the provider. ****Please note that insurance companies do not reimburse for missed appointments.****

Excessive cancellations, even if given within the appropriate timeframe, can undermine treatment and its effectiveness. Please keep cancellations, if possible, to a minimum. If cancellations happen repeatedly or more than 2 cancellations occur within a 2 month period, I reserve the right to move clients to standby 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, it is important to note that email is not truly secure or

confidential. As such, please limit your communications to matters regarding logistics and appointment scheduling. I will not respond to any emails regarding clinical content.

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 typically 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.** If I am to be out of my office for any length of time due to vacation or other personal reasons, I will make an effort to provide some sort of back up coverage.

Inclement Weather Policy

In the event of inclement weather, it is important to prioritize safety. I will usually follow the direction of Seattle Public Schools. When weather conditions are present, I will check in with clients on the morning of the appointment. If it is determined that you are not able to attend the appointment in person, a telehealth session (online session) may be offered as an alternative. Appropriate consent for telehealth sessions must be given beforehand.

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 or receive consultation services with Lynette Pang, LMHC and Phase 3 Counseling & Consultation PLLC. 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 am seeking treatment services on a voluntary basis and I may terminate my treatment at any time.

Acknowledged by:

Client Signature Date

Counselor Signature Date