

# Sound Therapy of Seattle

**Lisa Gormley-Leinster, M.A., LMHC, NCC, CCMHC**

711 N 35th Street, Suite 206 Seattle, WA 98119

Phone: (206) 659-1738

[www.soundtherapyofseattle.com](http://www.soundtherapyofseattle.com)

[soundtherapyofseattle@gmail.com](mailto:soundtherapyofseattle@gmail.com)

## *Personal Disclosure Statement and Notice of Practices*

### **Therapeutic Approach and Treatment Philosophy:**

My approach to therapy is based on a collaborative relationship that offers safety, support, insight, self-discovery, and empowerment. Through connection and understanding I strive to foster a therapeutic relationship that promotes trust, acceptance, and growth so that you are able to meet your goals. Through our partnership we will work towards finding a balance in your life that connects you to who you are, and unlocks your potential in an effort to embrace the possibilities that life holds.

My theoretical orientation is based in psychodynamic theory and attachment theory; I believe the healing process comes from insight and finding meaning in one's life and relationships, which means that we have to examine how past experiences influence our present behavior. How we attach to others, and how we respond to others emotionally and behaviorally allows for insight. Our thoughts, feelings, and actions shape our experiences in life and the *meaning* we attach to those experiences often shapes how we *feel*.

Discovering an insight around a symptom, a thought, a feeling, or a pattern of behavior allows us to bring challenging aspects of ourselves into our self-awareness. During this challenging process, you will begin to make changes that make sense for you, and as such growth emerges. The goal in therapy is to integrate any conflicting parts of oneself and to move forward through the process of integration and healing. For this purpose I frequently implement therapeutic interventions from other therapy models, such as Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Mindfulness, Solution-Focused Therapy, Trauma-Focused Therapy, Family Systems Therapy, Motivational Interviewing, Emotionally Focused Therapy for Couples and Gottman's Marriage Clinic for couples.

### **Education, Training, and Licensure:**

I received my Bachelor's Degree in Psychology from the University of Washington and my Master's Degree in Counseling Psychology from City University of Seattle. I have over 6 years of experience working in the mental health field. I worked for 4 years at North Seattle Community College in The Counseling Center/Women's Center as an advisor and outreach community specialist. I worked with clients who

were struggling with addiction, depression, domestic violence issues, sexual identity issues, returning vets with post-traumatic stress disorder, anxiety, and trauma. Many of these clients were homeless or in transitional housing. My graduate internship was at Sound Mental Health in Child and Family Services in Bellevue. My clientele consisted of adolescents, young adults, families, and couples. Many of the issues my clients struggled with included anxiety, depression, suicide ideation, post-traumatic stress disorder, body image struggles, eating disorders, sexual identity struggles, self-harm, addiction, emotional regulation struggles, relationship and communication issues, anger issues, infidelity, obsessive-compulsive behavior, and impulse control issues.

I have worked in Community Mental Health and Private Practice for the past 3 years, working as a Clinical Care Manager at Sound Mental Health, a Psychotherapist at Pacific Mental Health and in my own practice at Sound Therapy of Seattle, and as part of a group practice at Mindful Therapy Group. I work with adults, adolescents, couples, and families. I am a licensed Mental Health Counselor and my license number is: **LH 60616175**.

### **Professional Ethics:**

The code by which I am bound can be found in the Washington State Counselors Licensing Law, RCW 18.225. You may obtain additional information regarding these standards from the State of Washington Department of Licensing (WAC 246.847.170) by calling **(360) 236-4700**. For more information about client and counselor rights and responsibilities, confidentiality, and an assurance of professional conduct, please refer to Washington State Department of Health's website: <http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MentalHealthCounselor/Laws>

### **Your Legal Rights: Privacy, Confidentiality and Termination:**

I hold confidentiality as an essential aspect of our work together. I cannot and will not disclose any information from your sessions, including the fact that you are, or have ever been, a therapy client of mine. The only exceptions to this rule are:

1. You provide me with written consent in the form of a signed release of information to share your PHI with other providers, family, or friends.
2. I have reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a developmentally disabled person.
3. Where there is a clear threat to do serious bodily harm to yourself or others.
4. In response to a court order.
5. If you are involved in legal action against me.

As an ongoing part of my clinical development, integrity, and educational growth, I consult monthly with a consultation group consisting of clinical colleagues in the field. Should I discuss our therapy sessions with my colleagues, I will only relay the content of our work together and will eliminate any details that would identify you.

You have the right to request restrictions of certain uses and disclosures of your personal healthcare information, including the fact that you are my client. You have the right to request you records and chart notes at any time.

You also have the right to terminate therapy whenever you choose to do so. If you feel that therapy is no longer beneficial to you, that I am unable to meet your therapeutic needs, or that we are not a “good fit” it is your right to terminate our relationship. In the event that termination happens, I ask for prior notice of termination, whenever that is possible, so that we can work on exit therapy or transition therapy to a new therapist. The purpose of these sessions are to discuss what did or did not work for you and to bring about closure as our relationship comes to an end.

Upon your termination of therapy I will offer referrals to other therapists if you want to continue on with therapy. I also offer the option of contacting me in the future if you feel you would like to return to therapy with me.

I also have the right to terminate our therapeutic relationship if I feel you are no longer benefitting from therapy and that we have reached your goals for therapy. Part of our collaborative relationship will be to assess your progress together throughout the course of our work together. If I feel that continuing would not be in your best interest, I will bring this up with you and we will discuss it. In the event that this happens I will provide pre-termination counseling before our end date and offer further resources after counseling ends if required.

### **Age of Consent:**

In accordance with RCW 71.34.530: Any minor thirteen years or older may request and receive outpatient mental health treatment without the consent of the minor's parent. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to RCW 7.70.065, is required for outpatient treatment of a minor under the age of thirteen. In addition, any minor thirteen years or older may request that information from therapy sessions not be disclosed to parents, legal guardians, care-givers, school teachers, counselors, or other health care professionals without their written consent.

## **Appointments, Cancellations/Missed Appointments, and Fees:**

The fee for individual therapy is \$115 per session, and sessions are 55 minutes in length from the time scheduled. The fee for couples therapy is \$125 per session, and sessions are 60 minutes in length from the time scheduled. The fee for family therapy is \$125 and sessions are 60 minutes in length from the time scheduled. Fees are due in full at the time of service. It is your responsibility to pay for your session at the beginning or end of session. If you are having difficulty making a payment please speak with me so that we can discuss options. I accept cash, checks and all major credit cards as forms of payment.

I require a 48-24 hour cancelation notice for appointments, for which there is no charge with advanced notice. In the event that you miss an appointment or cancel within less than 24 hours, your account will be charged a late cancellation/no show fee of \$60. I will not charge for a one-time only emergency missed appointment or sudden sickness hours before your appointment. If you show up late to an appointment your session will last for the duration of the initial time scheduled. If you miss three appointments in succession and I do not hear from you I will assumed that you have terminated therapy and I will cancel all recurring sessions.

Currently I am not contracted with any insurance companies. It is your responsibility to check if you have 'out of network' coverage with your insurance. For reimbursement purposes I can provide you with a receipt of treatment to submit to your insurance company. This receipt will include a diagnostic code as many insurance companies require a code in order to process your receipt for services.

## **Emergencies:**

In the event of an emergency you can call my phone. I will return your call as soon as possible, please allow 24 hours. If you need more immediate attention, or are in a crisis, please call the Crisis Clinic at **(206) 461-3222** (available 24 hours a day). If you feel you are in immediate danger, please call 911 or walk into your local emergency room.

## **State of Washington Department of Licensing Requirements:**

The State of Washington requires that I provide you with this information, RCW18.225.100, about the type of treatment/therapy I provide, as well as the details of my education, experience, and cost of service so that you can make an informed decision about my credentials, competency, and understand the expectations for therapy. The State of Washington also requires that I provide this information in a written disclosure statement for you to sign so that your public health and safety is met.

I have read, understood, and have been provided with a copy of the above disclosure statement. I am consenting to treatment and agree with the guidelines outlined here.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date