



sarah walston  
therapy for wholeness

## Disclosure Statement

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### Welcome

I'm glad you've chosen to meet with me. I look forward to working with you and hope our time together will contribute to finding the best alternatives to your challenges and to your becoming more of what you want to be. The purpose of this form is to let you know what you can expect from counseling. Please ask questions!

### Therapy Process

As your therapist, I hope to support your exploring new, creative possibilities and making choices that are best for you. In the beginning, the focus will be on learning about who you are, and on understanding what brings you to therapy at this time. The nature of your goals will affect the time spent in therapy and the course of therapy.

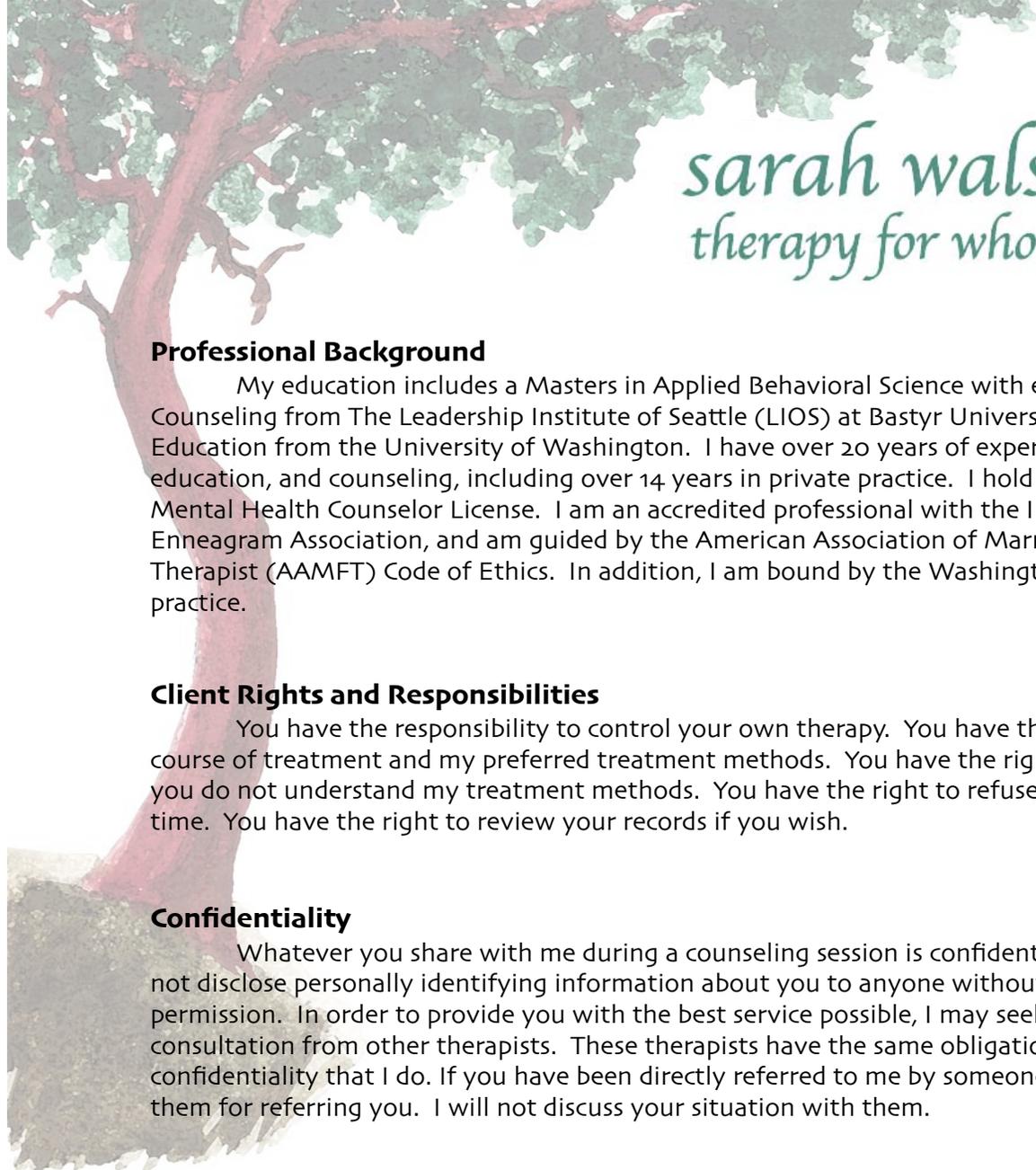
I am committed to finding the approaches that work best for the individuals involved. However, therapy does not come with a guarantee. The most important factors in your satisfaction with therapy are your desire to have it work for you, and your motivation to apply it. Although I have strong intuition, I am neither perfect nor clairvoyant. I strongly encourage your ongoing feedback to me about how our sessions are working for you. This will help us make your experience most useful to you.

At some point, we will decide you are ready to stop coming to therapy. At that time I would like to help you to leave me well. I suggest we talk openly about how to best end our time together. Also, I welcome clients to return on an "as needed" basis throughout their lives.

### Therapeutic Orientation

My work is influenced by a number of different philosophies. My professional training draws from Family Systems therapy. Systems thinking understands challenges in the context of relationships, as opposed to seeing one individual alone as having a problem. I enjoy aspects of depth psychology where we work with a creative and symbolic approach to your soul's questions. I also have extensive training in the Enneagram approach to personal growth.

Depending on the nature of your goals, we may approach your concerns succinctly and practically, or we may explore things more deeply. As support for the journey, I might encourage your use of mindfulness, inquiry, creativity, contact with nature, and accessing your sensations, emotions, and thoughts in the moment. Many clients have found my expertise in the Enneagram system of personality helpful. Also I offer Lifespan Integration (LI) therapy which helps people heal from the past profoundly and gently. LI is well supported by anecdotal evidence, however little formal research has been conducted yet.



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## **Professional Background**

My education includes a Masters in Applied Behavioral Science with emphasis in Systems Counseling from The Leadership Institute of Seattle (LIOS) at Bastyr University, and a Masters in Education from the University of Washington. I have over 20 years of experience in social services, education, and counseling, including over 14 years in private practice. I hold a Washington State Mental Health Counselor License. I am an accredited professional with the International Enneagram Association, and am guided by the American Association of Marriage and Family Therapist (AAMFT) Code of Ethics. In addition, I am bound by the Washington State codes of practice.

## **Client Rights and Responsibilities**

You have the responsibility to control your own therapy. You have the right to know the course of treatment and my preferred treatment methods. You have the right to ask questions if you do not understand my treatment methods. You have the right to refuse treatment at any time. You have the right to review your records if you wish.

## **Confidentiality**

Whatever you share with me during a counseling session is confidential information. I will not disclose personally identifying information about you to anyone without your written permission. In order to provide you with the best service possible, I may seek supervision and consultation from other therapists. These therapists have the same obligation to maintain confidentiality that I do. If you have been directly referred to me by someone else, I may thank them for referring you. I will not discuss your situation with them.

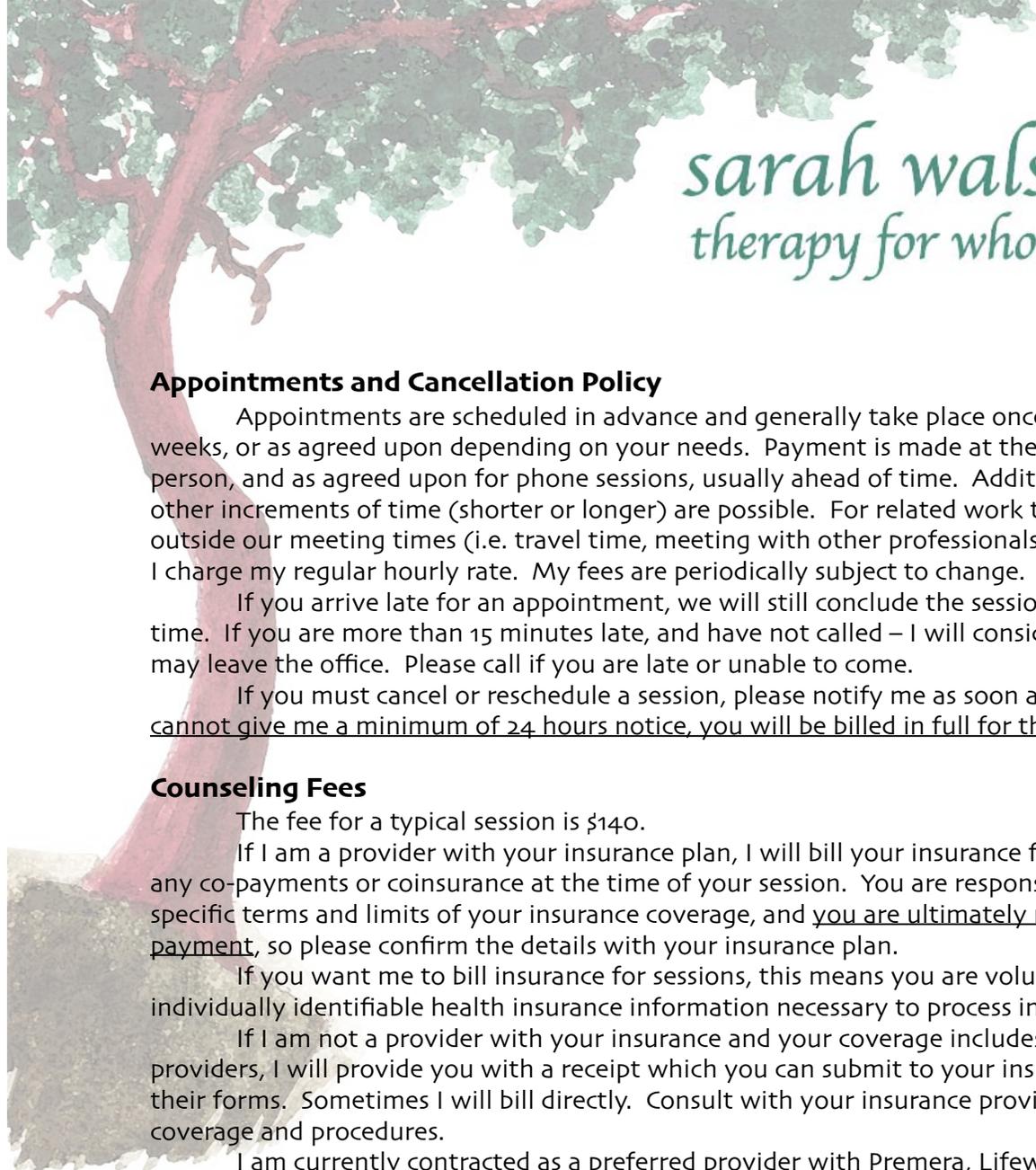
## **Exceptions to Confidentiality**

Exceptions to confidentiality are meant to protect your interests and the interests of others. For example, If you are seeing me in couples, family or group therapy, information shared with me individually may be shared by me in joint, family, or group sessions if I believe it to be in the best interest of our work together. I will always act to protect your privacy even when you authorize the disclosure information (such as with your physician, etc.).

Only in the following circumstances would I be obligated by law to release confidential information:

- If I become aware of physical or sexual abuse/neglect of a child or dependent adult.
- If you give strong indications that you are likely to seriously harm yourself or another.
- If I am served with a court order to share information with a judge or lawyer. If desired, you can fill out a Protection Order within 14 days of a subpoena to stop the release of records.
- If you were to bring a complaint against me with the state Department of Health.
- In the case of a medical emergency, death or disability, necessary information may be shared.

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



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## **Appointments and Cancellation Policy**

Appointments are scheduled in advance and generally take place once every one to two weeks, or as agreed upon depending on your needs. Payment is made at the time of the session in person, and as agreed upon for phone sessions, usually ahead of time. Additional arrangements for other increments of time (shorter or longer) are possible. For related work that you request outside our meeting times (i.e. travel time, meeting with other professionals, writing reports, etc.), I charge my regular hourly rate. My fees are periodically subject to change.

If you arrive late for an appointment, we will still conclude the session at the scheduled time. If you are more than 15 minutes late, and have not called – I will consider it a “no-show” and may leave the office. Please call if you are late or unable to come.

If you must cancel or reschedule a session, please notify me as soon as possible. If you cannot give me a minimum of 24 hours notice, you will be billed in full for the missed session.

## **Counseling Fees**

The fee for a typical session is \$140.

If I am a provider with your insurance plan, I will bill your insurance for you. You will pay any co-payments or coinsurance at the time of your session. You are responsible for knowing the specific terms and limits of your insurance coverage, and you are ultimately responsible for full payment, so please confirm the details with your insurance plan.

If you want me to bill insurance for sessions, this means you are voluntarily releasing your individually identifiable health insurance information necessary to process insurance claims.

If I am not a provider with your insurance and your coverage includes “out-of-network” providers, I will provide you with a receipt which you can submit to your insurance company with their forms. Sometimes I will bill directly. Consult with your insurance provider for details of your coverage and procedures.

I am currently contracted as a preferred provider with Premera, Lifewise, Regence, First Choice Health, Coordinated Care, and Kaiser (GH Options PPO and Access PPO plans only).

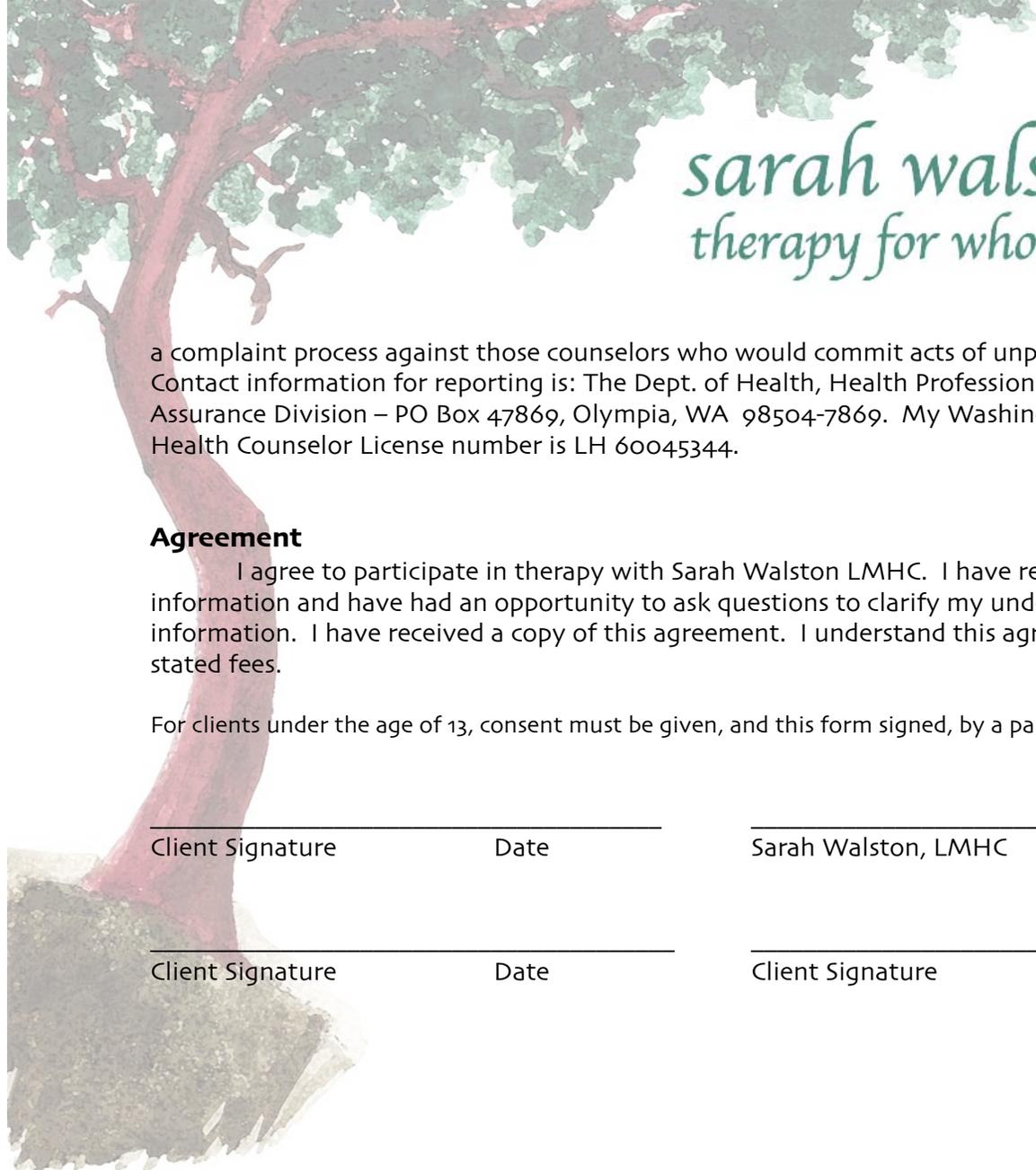
## **Contact Information**

My voice mail number is 206 933-8696. I check it periodically and will return your call as soon as possible, usually within 24 hours. Texting this number for information exchanges is OK (appointment scheduling, etc.), but not for confidential/personal content.

In an emergency, call the Seattle Crisis Clinic at 206 461-3222 or call 911 for immediate help.

## **Professional Standards**

I am accountable for my work with you. If you have any concerns about my work or background, please discuss them with me. Counselors practicing counseling for a fee must be registered or certified by the Department of Health for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The Counselor Credentialing Act is in place to provide protection for public health and safety and to empower you by providing



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a complaint process against those counselors who would commit acts of unprofessional conduct. Contact information for reporting is: The Dept. of Health, Health Professions Quality and Assurance Division – PO Box 47869, Olympia, WA 98504-7869. My Washington State Mental Health Counselor License number is LH 60045344.

**Agreement**

I agree to participate in therapy with Sarah Walston LMHC. I have read the above information and have had an opportunity to ask questions to clarify my understanding of the information. I have received a copy of this agreement. I understand this agreement, and will pay stated fees.

For clients under the age of 13, consent must be given, and this form signed, by a parent or legal guardian.

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

\_\_\_\_\_  
Sarah Walston, LMHC                      Date

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

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