

Amyko "Amy" P. Yamamoto

(206)456-4352

3500 SW Alaska St. Seattle, WA 98126

## PROFESSIONAL DISCLOSURE STATEMENT AND INFORMED CONSENT

Thank you for considering my counseling services. In order to help you make an informed decision, I have prepared this statement for you to read. Please review this statement in its entirety and sign it in the space provided. If you have any questions or concerns, I would be pleased to discuss them with you.

### Qualifications and Experience

I am a Washington State Licensed Independent Clinical Social Worker (LICSW) with over 20 years of experience. My license number is LW60614304. I earned my Bachelors of Science degree in Psychology at the University of Idaho and my Masters of Social Work degree from Boston College. I am also licensed in the state of Hawaii as an LCSW #3315.

I began my career in adult outpatient mental health and adolescent inpatient psychiatry. I have worked as a therapist and assistant clinical director for a day treatment program for adolescents through the Department of Education. I was then certified as a Functional Family Therapy Supervisor and worked at a non-profit agency that provided in-home therapy services. For eight years I worked at a psychiatry emergency department where I assessed and provided services to male and female Veterans in crisis. I have received training in Prolonged Exposure, Acceptance and Commitment Therapy, Functional Family Therapy, and Cognitive Behavioral Therapy. During my career, I have provided supervision to several graduate students and Masters level therapists and received over 100 hours of supervision training.

My couples therapy training has been in Gestalt Therapy which is a process oriented therapy. I participate in four weekends a year with other Gestalt therapists and trainers to practice and receive feedback on my therapeutic skills.

### Therapeutic Approach

I provide individual therapy to adolescents and adults and couples therapy. I have worked in Boston, Honolulu, and Seattle with individuals of a wide range of age, cultures, socioeconomic backgrounds, and identified struggles. I believe that my diversity of experiences has provided me with a range of skills and an ability to flexibly approach each client's unique circumstances. My approach to counseling is interactive in style and based on a strong therapeutic alliance. A client needs to feel safe, validated, and respected to truly self-examine their feelings and emotions. My philosophy of therapy is based on the belief that the client possesses the power and knowledge to heal and it is my role to help the client become aware of how to understand and utilize that power. I use our time to encourage psychological flexibility, consider different

perspectives and increase awareness of their processes. This includes exercises and questions that are often about your present moment experience. You can then use this information to make decisions and experiment vs. historical beliefs and thoughts.

We will spend some time at the beginning completing an assessment and clarifying treatment goals, what you would like to see change. We will discuss significant relationships, emotions and behaviors as well as events from your past that may be impacting your functioning and relationships. I will ask you questions, reflect what I am hearing, challenge you at times, and highlight/build on your strengths. It may not always be easy or comfortable, but therapy should feel non-judgemental and safe. At times I will ask you to participate in in-session exercises as an intervention. It is also important for me that you walk away from our sessions with a new tool, piece of knowledge, reading, or strategy that you can reflect on during the week and can be revisited in future sessions.

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## Emergencies

If you need to speak with me prior to our scheduled session, you may leave a voicemail with your name, nature of emergency, and best reached number at my appointment line, 206-456-4352. I will get back to you within 24 hours. In case of an urgent mental health emergency, call 911 or go to your nearest emergency department. You can also call the King County crisis line at 866-4CRISIS (427-4747) or 206-461-3222. If you are a LYRA client, you can also call 877-505-7147 for mental health support.

## Fees

Individual sessions are 50 minutes. If you arrive late, sessions cannot be extended. Payment is due at the time of the session. My fee is \$200.00 per 50min individual session or \$215 per 50 min couples therapy session. I also provide 90min couples therapy sessions, for \$325 per session. Therapy may be discontinued for non-payment. We will determine together the frequency of sessions, typically weekly.

I ask that a credit card be kept on file through my secure portal. These payments are managed by Stripe.

I currently take Lyra and Modern Health benefits. These benefit are often limited to a specific number of sessions. Please inquire about your session number and reset date. It is your responsibility to inquire about out-of-network insurance benefits. I will provide a detailed "superbill" for your submission to insurance. Please note that insurance companies do not reimburse for couples therapy. There is no guarantee that your insurance company will pay for your sessions and you are responsible for your bill whether or not your insurance company reimburses.

Confidentiality Issues-It is important to be informed of the effect of changes in the health care industry on you. If you choose to use a third-party payer who "manages" benefits, your treatment here will be subject to utilization review by a managed care or

insurance company. This usually requires disclosure of confidential information such as symptoms, diagnosis, treatment plan, and relevant history. For the purpose of audits, third party payers also have access to clients' treatment records once identifying information has been removed.

“Medical necessity” is the criteria most often used to determine authorization for treatment. To be considered medically necessary, treatment must be for a mental disorder, directed toward alleviating the signs and symptoms of that disorder and expect to improve the level of functioning. While treatment intended for self-improvement or personal growth is valuable, it will not be covered by most managed care health plans. If you disagree with an insurance company's authorization decision, you have the right to appeal that decision.

#### Cancellation Policy

Please call my voicemail line at 206-456-4352 to cancel any appointments. If you fail to cancel a scheduled appointment, you will be billed for the entire cost of your missed appointment. Please allow at least 24-hour notice for any cancelled appointments. Please remember that insurance does not reimburse for missed appointments, making you responsible for the entire fee. \_\_\_\_\_ initial

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#### Confidentiality

Your participation in therapy, the content of our sessions, and any information you provide to me during our sessions is protected by legal confidentiality. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client. Noted exceptions are as follows:

#### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the mental health professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

#### **Abuse or Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

## **Prenatal Exposure to Controlled Substances**

Mental health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

### **Insurance Providers** (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes types of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

### **Release of Information**

If you make a written request for the release of information, I will release specified information.

### **Mental Health Emergencies**

If you are having a mental health emergency, information may be provided to the professional treating you in an emergency. These professionals are also obligated to maintain confidentiality.

*I agree to the above limits of confidentiality and understand their meanings and ramifications.*

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Client Signature Date

### **Disclosures**

The State of Washington requires that I provide you with the following information:

You have the right to receive appropriate care and treatment and to refuse any treatment that you do not want. You have the right to choose a provider who best suits your needs and purposes. Credentialing of an individual with the Department of Health does not include recognition of any practice standard, nor necessarily imply the effectiveness of any treatment. If a therapist is practicing for a fee, they must be registered or licensed with the department of licensing for the protection of public health and safety.

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A copy of the acts of unprofessional conduct can be found in RCW 18.130.180 Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake Post Office Box 47857  
Olympia, WA 98504-7857  
Phone: 360-236-4700

Email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

### Ethics and Competency

As a licensed and credentialed clinical social worker, I am obligated by the ethical codes and laws to my profession. Part of my ethical obligation is to only provide services to clients who I am competent to serve. If I determine that your needs are outside of my expertise or scope of practice, or at your request, I can make referrals to other mental health providers. All counseling comes to an end at some time, which is called termination. We will work together to determine that time and an appropriate follow-up or maintenance plan. We will also work together to find appropriate services to meet your needs as necessary.

If you should have questions or concerns, please do not hesitate to bring them up. My goal is to have counseling be a positive, productive part of my clients' lives. I will give my utmost effort to help accomplish this goal.

I have read this disclosure statement and understand its content. I also acknowledge receiving a copy of this statement. I have been provided with a fee agreement stating the agreed cost of counseling sessions and policies regarding payments.

Signature: \_\_\_\_\_

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

Printed name: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_

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

Amyko Yamamoto LICSW