

## **Khristina A. Williams, LMHC, LPC, PLLC**

### **Licensed Mental Health Counselor**

750 Officers Row

Vancouver, Washington 98661

Professional Disclosure Form (WAC 246-810)

#### Formal Education and Training:

I hold a Masters Degree in Counseling Psychology from Pacific University located in Forest Grove, Oregon. Major coursework included: Human Growth and Development, Assessment, Professional Orientation and Ethics, Interviewing and Counseling Skills, Social and Cultural Foundations, Counseling Theory, Research Methods, Career and Lifestyle Development, Group Dynamics, and a major emphasis in Behavioral Therapy. As a licensed professional counselor with the state of Washington and Oregon, every two years I am required to take part in at least 40 hours of continuing education related to the mental health field. I am also take part in regular peer consultation groups for ongoing supervision and support needs. My Washington State Department of Health license number is LH 60140406 and my Oregon Board license number is C1974.

#### Philosophy and Approach:

As a child and family therapist, I work with children and their caregivers to create relationships and environments which foster healthy growth and development for children. Typical goals and objectives in my work with children and families are to assist families in developing nurturing and enriching environments for all family members. I see myself as a facilitator in helping clients make positive lifestyle choices and develop healthy life routines. I strive to respect the individual choices for each of my clients and remain sensitive to the ways in which my clients and I differ, as these differences influence my work with clients. I employ a cognitive-behavioral focus in my work with clients. At times my work focuses on educating parents and caregivers about appropriate play strategies and interaction techniques with their children. Alternatively, my work may also focus on working directly with children and assisting them to develop new behaviors to better cope with daily life stressors. In all settings, my major focus is on developing and reinforcing skills which research has shown to foster healthy child development, self-esteem, and relationships with others; therefore, I utilize various intervention techniques such as observation, child-directed play, role playing, problem solving, and many more. I encourage open communication between myself and my clients and strive to fit appropriate techniques to appropriate individuals and families. Additionally, as a licensed professional with the Washington State Department of Health as a Licensed Mental Health Counselor and Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT), I abide by its code of ethics.

#### Risks and Benefits:

Research has shown that the therapy methods I use are effective with some but not all clients. I cannot guarantee positive results. External factors, such as events in the client's life or irregular attendance, can interfere with progress. In addition, at times therapy can also lead clients to experience distress for a time as they are dealing with painful feelings. In this sense, things at times can appear to get worse before they get better. Please feel free to come to me at any time with any questions or concerns you may have about the treatment I am providing.

#### Fees:

As a licensed professional counselor, I am qualified to work with insurance companies for reimbursement and my services may be covered in part or in full by your health insurance or employee benefit plan. My rate is \$90 for a 50 minute session and \$120 for a 90 minute initial intake appointment.

#### Appointments:

My preference is to have a regularly scheduled appointment which both of us will try not to cancel due to other appointments or scheduling issues. In life, however, unpredictable events occur. Clients are asked to give 24 hours advance notice if canceling appointments and will not be charged for such canceled sessions. If less than 24 hours notice is given, the fee of \$90 will be charged. My voicemail is available 24 hours per day, seven days per week (360-771-2258) and will record the time of your call.

Limits to Confidentiality:

The information that you share with me about your life will usually be kept private. According to the Oregon Revised Statute 419B.010 and WAC 308-109-040 there are some instances related to safety in which I am legally required to contact other agencies for assistance. Such instances include:

- Knowledge that a child is a victim of physical or sexual abuse or neglect
- Knowledge that a child is under threat of harm (e.g., exposed to violence in the home)

A report is not a justified fact, but it is considered an obligatory request for further exploration into the safety of the child. Once a report is made, I may be instructed to limit any discussions of the disclosure until decisions are made about the disposition of the report. Other instances in which I am obligated to contact outside authorities include:

- Knowledge that one intends to harm self or others
- Court ordered subpoena

As a client of a Washington and Oregon Licensee, you have the following rights:

- To refuse treatment
- To choose the best provider that suits your needs
- To know your therapist’s education, training, clinical orientation, and theoretical perspective
- To expect that your therapist has met the minimal qualifications of training and experience as required by state law
- To examine public records maintained by the OBLPCT and have the OBLPCT confirm credentials of a licensee
- To obtain a copy of the OBLPCT Code of Ethics
- To report complaints to the OBLPCT
- To be informed of the cost of professional services before receiving the service
- To be assured of the privacy and confidentiality while receiving services (see limits listed above)
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services
- To collaboratively take part in creating a treatment plan as well as have access to knowledge regarding suspected prognosis of treatment

Consent for treatment:

By signing below, I authorize Khristina Williams, LMHC, LPC to provide therapy using protected health information for \_\_\_\_\_ . I understand that I am also assuming ultimate financial responsibility for the cost of treatment. I also agree that I have had the opportunity to discuss the potential risks and benefits of therapy with Khristina Williams, LMHC, LPC. This consent can be revoked at any time in writing.

\_\_\_\_\_  
Signature of Client (or Guardian’s if clients is under 13)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Khristina Williams, LMHC, LPC, PLLC

\_\_\_\_\_  
Date

**In Case of Emergency:**

Contact my work cell phone @ (360) 771-2258

During non office hours please call the Clark County Crisis Line @ (360) 696-9560 or call 911

You may contact the Board of Licensed Professional Counselors and Therapists at:

3218 Pringle Road SE #250, Salem, OR 97302-6312 Telephone: (503)378-5499

You may contact the Washington State Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869 or call (360) 236-4902