

SOLOMON CHAN, MA, LMHC

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971-277-5283

DISCLOSURE STATEMENT

Training and Degrees

I received my Bachelors in Sociology in 2005 from the University of Washington. I graduated with my Master of Arts in Counseling from the Seattle School of Theology & Psychology in 2011. In May of 2014, I became a Licensed Mental Health Counselor in the State of Washington (LH60469468).

Counseling Orientation

We become who we are, form our identities, and live out the story of our lives as we stand in relationships. We all try to work, play, and love well – to various degrees. And most often, the quality of our relationships (with ourselves in our internal world and also with others) is proportional to the joy we have in life. The nuances of our relationships reveal information about our core struggles; and the relationship that occurs in therapy is a way to live out, encounter, understand, and make changes in these parts of our lives. We are formed in relationships and healing occurs in relationships. However, therapy is not an end in itself. Our therapy will be an invitation to explore and live out the unlive parts of our life in order that we may embrace a freer, fuller, and more integrated experience of work, play, and love. My theoretical specialties include, but are not limited to Relational Psychotherapy, Object Relations, Interpersonal Dynamic, Intercultural/Cross-cultural Counseling, Attachment Theory, and Narrative Therapy.

Choosing a Counselor

You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

Confidentiality

There is a legal privilege in this state protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others.

1. The client gives written permission to share confidential information.
2. Anything that suggests a crime or harmful act.
3. If the client is a minor, and there is indication that she/he was the victim or subject of a crime.
4. The client brings charges against the counselor.
5. In response to a subpoena.
6. As required under chapter 26.44 RCW.

When working with adolescents I may communicate with parents and caregivers regarding transportation, appointment times and their concerns. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. Client/therapist confidentiality will be maintained unless one of the legal exceptions above apply.

When it is possible, we will discuss any exceptions to confidentiality as they arise.

The client understands and agrees that the therapist's working notes are not considered part of the clinical record and will not be released to the client or to any other persons, agencies, or organizations

under any circumstances. The client understands and agrees that any records obtained from other therapists, agencies, or institutions also will not be released by the therapist under any circumstances. The therapist will respond to any court order for records by providing only the dates of treatment or contacts with the client and a general summary of psychotherapy/counseling activity. The therapist will have broad discretion to release any information he deems relevant in situations where he believes the client or others to be at risk of physical harm, physical or sexual abuse, molestation, or severe neglect.

Each client has the right to refuse treatment at any time.

Fees and Payment

The fee for counseling will be \$150.00 per 50-minute session. Payments are to be made at the beginning of each session, including: private pay amounts, copays, and deductibles. I accept cash, checks, debit, and credit cards. A \$25 fee applies to returned checks. You will be charged for a missed appointment if you have failed to notify me within 24 hours of our scheduled time (illness and emergencies excepted). Fees may increase periodically, and thus the fees are subject to change with two weeks prior notification.

Billing and Insurance Information

Insurance billing is managed through Shelterwood Collective's group panel. We are currently in-network with: Premera, Lifewise, Kaiser PPO, First Choice, and Regence.

If your insurance policy provides you with out-of-network reimbursement for therapy, a monthly bill of services (a "superbill") is available upon request. You will be responsible to submit this paperwork and other appropriate documents indicated by your health insurance to your insurance if I am not considered in-network under your insurance plan.

Please provide full insurance information and your insurance card upon your initial visit to determine eligibility of benefits, and obtain authorization from your insurance provider when necessary prior to your first visit. If you have a change in insurance, please let me know as soon as possible, so we can help you determine if your provider is covered by the new plan.

Any claims returned due to lapse in insurance coverage will be transferred to client responsibility. If your insurance plan requires pre-authorization for services, it is ultimately the responsibility of the patient to obtain this authorization prior to being seen. If you fail to obtain authorization, any and all charges incurred and not reimbursed, will be your financial responsibility. Since you cost-share with your insurance company, we do our best to estimate your portion at the time that you check in.

Despite our best efforts it is possible that once we get the claim back (usually 3-6 weeks after it is submitted) your cost-share may be higher than originally anticipated. You will notify about any balance due with a monthly statement. If the cost-shared was overestimated, the credit will be applied towards your future visits unless you specify otherwise. At the start of each new calendar year in January, with new insurance plans taking effect along with new deductibles to be met, benefits will be re-verifying and collecting your full visit fee that will be applied to your deductible, at the time of service.

Consultations

I regularly consult with other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

Scheduling Appointments

Appointments are generally made on a *regular, weekly basis*. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of a session.

Contacting Me by Phone

You may leave me a message at 971-277-5283. I will check these messages on a regular basis. Please limit your phone conversation needs to appointment scheduling and emergencies.

Emergencies

If you are in an emergency and cannot reach me, please call one of the following numbers for help:

General Emergencies: 911

Crisis Clinic: 866-4CRISIS (427-4747) or 206-461-3222

Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

I have read and understand the information presented in this form.

Client Signature

Date

Parent Signature

Date

Solomon Chan, MA, LMHC

Date

The following statement is required by law per WAC 246-810-031:

Counselors practicing counseling for a fee must be registered or licensed with the department of health for the protection of the public health and safety. Registration or licensure of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The purpose of the Counselor Credentialing Act, chapter 18.19 RCW, the law regulating counselors is: (1) To provide protection for public health and safety; and (2) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

Clients have the right to choose counselors who best suit their needs and purposes.

We want you to know that there are acts that would be considered unprofessional conduct if engaged in by any counselor. If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number at the end of this document to find out how to file a complaint against the offending counselor. The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling services. The conduct, acts, or conditions listed below give you a general idea of the kinds of behavior that could be considered a violation of law as defined in RCW 18.130.180.

1. The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
2. Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
3. All advertising which is false, fraudulent, or misleading;
4. Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
5. Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
6. The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
7. Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
8. Failure to cooperate with the disciplining authority by:
 - a. Not furnishing any papers or documents;
 - b. Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;
 - c. Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceedings; or
 - d. Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
9. Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
10. Aiding or abetting an unlicensed person to practice when a license is required;
11. Violations of rules established by any health agency;
12. Practice beyond the scope of practice as defined by law or rule;
13. Misrepresentation or fraud in any aspect of the conduct of the business or profession;
14. Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
15. Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
16. Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
17. Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction;
18. The procuring, or aiding or abetting in procuring, a criminal abortion;

19. The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
20. The willful betrayal of a practitioner-patient privilege as recognized by law;
21. Violation of chapter 19.68 RCW;
22. Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
23. Current misuse of:
 - a. Alcohol;
 - b. Controlled substances; or
 - c. Legend drugs
24. Abuse of a client or patient or sexual contact with a client or patient;
25. Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

If you want more information about the law regulating counselors or want to file a complaint, please write to:
Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, Washington, 98504 or call
(360) 236-4700.