

Susie Wind LMHC, Art Therapist
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Clinician Disclosure Statement

Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy, methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice, here is some basic information about me and my practice.

I have been practicing since 1996, post-graduate since 1998. I have a Masters Degree in Mental Health Counseling and Art Therapy from the College of Notre Dame in Belmont, California. I use techniques from a variety of theoretical orientations including family systems, cognitive-behavioral, psychodynamic, and art therapy. My experience includes work with adolescents and adults in individual and group settings.

Counseling has both benefits and risks. You may experience uncomfortable levels of feelings like sadness, guilt, anxiety, anger, loneliness and helplessness. Your therapy may also involve recalling unpleasant aspects of your history. Psychotherapy has been shown to have benefits for those who participate in it. It can often lead to resolution of certain problems and better relationships. However, I can make no guarantees about how the therapy process will be for you specifically.

If you have any concerns or complaints about any aspect of your treatment, please discuss them with me. If you feel that I have been unethical or unprofessional, you may contact the Counselor Program at the Department of Health's Health Professions Quality Assurance Division.

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 of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. The purpose of the law regulating counselors is to provide protection for the public and to empower the citizens of the state of Washington by providing a complaint process against those counselors who engage in unethical conduct [WAC 246.810.031].

Your appointment is held exclusively for you. If you are unable to keep your appointment, please give at least 24 hours advance notice to cancel without fee.

Fee Agreement:
50 minute session: \$100.00

- I understand and agree to the fee amount above and understand that payment is due at the time of service. I understand that having insurance does not guarantee payment of benefits and that I am responsible for the unpaid portion of the fee.
- I understand that I will be charged for missed appointments or appointments that are not cancelled with 24 hours notice.
- I agree to pay all fees for which I am responsible and understand that failure to do so may result in a break of service.

Client: _____ Date: _____

Therapist: _____ Date: _____