



**People Bloom Counseling, PLLC**  
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## **DISCLOSURE STATEMENT**

Welcome to my practice. The following information is provided to introduce myself, my professional services and my business practices. Please do not hesitate to bring up any concerns or questions you may have about this information. Remember that it is your responsibility to choose a therapist that will be helpful to you.

### **Education, Credentials and Specialties**

I am licensed with the Department of Health as a Marriage and Family Therapist, License No. LF60034558.

In 2001, I received my Bachelor of Arts degree in Family Studies and Psychology from the University of British Columbia. In 2005, I graduated with my Master of Science degree in Marriage and Family Therapy with a speciality certificate in Medical Family Therapy from Seattle Pacific University.

I have practiced psychotherapy for 10 years in community mental health and outpatient medical settings. In my private practice I work with individuals, couples and families. I also teach psycho-educational information and skills classes. My focus is on treating depression, anxiety, mood disorders, trauma, and relationship difficulties.

### **Counseling Style**

I am trained to understand the struggles people have in their relationships with people, their work, and their living style. The therapeutic approaches I often use include Acceptance Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), Meta-Cognitive Therapy (MCT), Emotionally Focused Therapy (EFT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Processing Therapy (CPT) and Cognitive Behavioral Therapy for the treatment of insomnia (CBT-I). I draw upon these therapeutic approaches to help people think, feel and behave differently regarding their circumstances, or to otherwise learn ways to still live a vital life in light of them. In my work with couples, I help the partners understand the pattern of relating that keeps them stuck in their relationship dance, and to learn new ways to talk about their emotions and connect with their partner. Please let me know if you would like more information about these approaches to therapy. I will strive to balance validation of where you have been and are, with a desire for change and growth. Your willingness for change will play a vital role in accomplishing any therapeutic success. Therapy is a collaborative effort. I will help you engage in skills practice, and I may also request that you complete assignments between sessions.

### **What to Expect**

Before we meet face-to-face, I will call and we will briefly discuss your reasons for seeking treatment. There will be no fee for this initial discussion. Should we decide to meet, I will direct you to my website for forms to complete and bring with you to our first session.

Our first session will be about 60 minutes long and will focus on obtaining background information, assessing your needs, and discussing potential areas of strength and growth. We will discuss confidentiality, payments for services, and appointment making. During the next sessions, we will come up with a treatment plan and discuss tangible ways to reach your goals. Throughout our time together, we will continually revisit how you are doing and whether counseling is helping, and evaluate whether we need to add or change goals.

It is vital we continue to communicate. If you are concerned about how therapy is going, I need you to tell me. You may stop therapy at any time for any reason.

Disclosure Statement, cont.

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for preparation of litigation or other legal action, I can help you find a referral to a forensic expert. I do not normally serve as an expert witness, however, for those case I do chose to participate in, my fee for appearing as an expert witness at trial is \$165 per hour. My actual travel and preparation time will also be billed at \$165 per hour.

### **Fees, Payment and Insurance Information**

You are responsible for all fees and costs related to your therapy. Insurance may cover all or some of those costs; nonetheless, if you participate in therapy you are acknowledging your obligation to pay for those services.

My fee for individual therapy is \$135 (approximately 50 minutes.) Couples and family therapy will be slightly longer (about 60 minutes), and will cost \$165. I charge \$165 for our first session (about 60 minutes.) Unless it is a very brief conversation, you will be charged in a tenth of an hour increments for telephone discussions, letter writing, and other communications outside of the therapy session. You may pay using a credit card, check, or cash. There is a \$35 charge for checks that do not clear the bank.

If your insurance company agrees to cover the costs of your therapy, you are expected to pay any deductible or co-pay by the end of each session. I encourage you to contact your insurance company to find out what benefits are available to you and discuss with them what they will need from me to receive those benefits. Please do this before we meet or shortly after our first session. If you have no insurance benefits and/or cannot pay my full fee at the time of service, please discuss that fact with me and we will explore options.

I cannot carry a balance on your therapy costs beyond two sessions. I will suspend therapy if your account is not paid in full after that.

Please contact me as soon as possible if you are going to miss a scheduled appointment. If you do so less than 24-hours before your appointment or you do not show for a scheduled appointment, you will be charged the full amount of an appointment. Insurance companies generally do not reimburse clients for such costs.

### **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. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give me written consent to have the information released to another party;
- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- In response to a valid court order or subpoena from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;
- If I have any other legal duty, obligation, or right to report.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

Please discuss with me any concerns you have now or in the future about the privacy of our discussions. Note that if you pay by check or credit card, the banks know the nature of my business and will see your name. Further, if you receive benefits from an insurance company, the insurance company may know some information about your treatment.

Disclosure Statement, cont.

### **Benefits and Risks of Treatment**

Therapy has the potential to help people grow by becoming more self-aware and by learning new life skills; all of which can provide a more satisfying life. However, nearly all clients experience times of being uncomfortable in therapy. This is usually temporary. We may cover subjects that bring negative or upsetting emotions. I encourage you to discuss with me if you are uncomfortable or having difficulty.

### **State Information**

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

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

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  
E-mail: HSQAComplaintIntake@doh.wa.gov

### **Communication**

If you wish to contact me between our appointments, please do so by calling me on the phone. If you reach my voicemail, please leave your phone number with area code and the best times to reach you. My voicemail is protected by a password and I will be the only one listening to your message. Please understand messages sent either by text messaging or email are not considered private and confidential.

I will arrange for you to receive automated reminders about upcoming appointments by phone, email or text. Please let me know how you would like such reminders or if you would prefer not to get them.

Professional and ethical standards do not allow me communicate with clients via personal social media. For this reason I ask that you not communicate with me via social media. If you have feedback about my services, I would welcome you to give that feedback to me directly rather than posting them on online platforms or social media.

### **Emergencies**

**If you are experiencing an emergency of any kind, please dial 911.**

The following contact information may also be helpful:

Crisis Clinic	(800) 244-5767 or (206) 461-3222
National Suicide Prevention Hotline	(800) 273-TALK (8255)
Teen Hotline	(866) TEENLINK (833-6546)

Disclosure Statement, cont.

**Consent for Treatment**

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you have received a copy of your HIPAA and Washington State Notice of Rights and Privacy Practices, have read and fully understand these rights, and have been given the opportunity to ask questions.

By signing this document, you are attesting to your consent to participation in counseling services provided by Ada K. Pang, MS, LMFT.

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Client's Name (printed)

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Date

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Patient or Legal Guardian's Signature

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Relationship to Patient

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Minor's Signature (ages 13-17)

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Date

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Additional Client Signature

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Date

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Additional Client Signature

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Date

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Additional Client Signature

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Date

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Provider's Signature

\_\_\_\_\_  
Date