

Professional Disclosure Statement

This document contains important information about the professional services and business policy of **Tina L. Michalski, LSWAIC**. I am a **Licensed Social Work Associate Independent Clinical, Washington State License #SC 60258478**. Please read carefully and note any questions you may have so that you can discuss them with me during our session.

Therapy usually begins with an evaluation. It is my practice to conduct an evaluation that lasts up to 3 sessions. This evaluation begins with an interview during which several decisions have to be made. I will decide if I can provide the services needed to treat your presenting problem(s). You as a client must decide if you are comfortable with me, and then both of us must decide on your goals for therapy and how best to achieve them.

By the end of this evaluation, I will offer you an initial impression of what therapy will involve, should you decide to continue. Therapy generally involves a commitment of time, energy and money, so it is your right to be careful about the therapist you select. If you have questions about any of the procedures that I recommend, feel free to discuss these openly with me. I will be happy to help you find another mental health professional, should this be your wish.

Approach : My approach to therapy is from a strengths-based, mindfulness perspective, believing that each individual has unique strengths and abilities that can be uncovered through a mindful and compassionate therapeutic inquiry. Some methods that I may utilize are Cognitive-Behavioral, Family Systems, and Reality therapy.

I have a deep interest in Integrative Mental Health, as well as applying Transpersonal psychology to my work, which is an understanding that spiritual well-being is an essential part of the health of each individual.

Education and Experience: I earned a Master's degree in Social Work (MSW) from the State University of New York at Buffalo and hold a Licensed Master Social Worker (LMSW) license in New York State and a Licensed Social Work Associate Independent Clinical license (LSWAIC) in Washington State. As a Social Work Associate, I am permitted to provide therapy under the supervision of a Licensed Independent Clinical Social Worker. My supervisor is Catherine Follett, LICSW, license # LW00005628. I can provide you with her contact information, should you wish to consult with her for any reason.

I have worked in a variety of health care and educational settings including in-patient hospital-based counseling and case management in adult and adolescent psychiatric, chemical dependency rehabilitation, dialysis social work and medical case management, as well as outpatient clinical counseling, and counseling and career development in a college setting. I work with individuals facing many kinds of challenges including depression and anxiety, life transitions including death, divorce, grief and loss, relationship and parenting issues and personal growth and vocational direction.

Confidentiality: Generally speaking, the law protects the confidentiality of all communications between a client and a therapist, and I can release information to others about your therapy only with your written permission, in the form of a Consent to Release of Information. However, there are exceptions to the law that must be mentioned:

- Client is a danger to self or others
- A minor child is abused or neglected
- An elderly person is abused or neglected
- Client is under 18 years of age-parents have rights to therapeutic information
- Client requests a release of information
- Court orders a release of information
- Clerical assistants who process client information and paperwork
- Therapist is engaged in a supervision process

Fees, Scheduling, and Cancellation Policy: Fees for individual 60-minute therapy sessions are \$75 and fees are due at each session. Payment may be made in cash, check or credit card. Because I set aside this time for your appointment, no-shows and last minute cancellations will be charged a \$35 fee, which may be waived in the event of an emergency you may have. Sliding fee is available on a case-by-case basis. At this time, I do not accept any insurance.

Name _____

Date _____

Signature _____

Guardian _____