



Healing Path COUNSELING

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Terms of Service-Disclosure Statement

Washington State law requires that anyone conducting counseling services provide clients with written information about their training and qualifications, counseling methods and therapeutic orientation, confidentiality, and policies. As the client, it is your right to choose the type of treatment and the counselor to best meet your needs and to refuse services at any time. The information in this document tells you about me and serves as the agreement for our professional relationship. Please read it carefully and discuss with me any questions you have. After all of your questions have been answered, and before we begin our first session, you will be asked to sign this document.

General information

My mission is to provide a safe place for you which will help to promote self discovery, growth and inspire you to become the best version of yourself. The therapeutic relationship is of utmost importance to me, and our work together will involve collaborating to find a path towards health and healing.

Areas of Interest and Focus

My areas of interest include:

- Depression
- General Anxiety
- Grief and loss
- Life transitions/adjustment issues
- Multicultural issues
- Personal self-exploration
- Women's Issues

Theoretical Orientation

My therapeutic approach is holistic and is largely informed by the following models: Family Systems, Logotherapy and the Biopsychosocial Model. What this means is, that I believe we are shaped by our relationships and our environment; we have unique gifts and abilities that provide us with a sense of meaning and purpose; and that biological, psychological, and social factors influence our overall well-being. I have also come to believe that we are all impacted by trauma and thus, utilize Lifespan Integration as a means of addressing it.

Education, Training & Affiliations

I am a licensed Mental Health Counselor in Washington State (#LH 61328617). I received a Master of Arts in Counseling Psychology from Trinity Western University in Langley, BC. I have worked in various helping capacities since 2005 and have been working in a counseling capacity since 2017. I am a Nationally Certified Counselor and have Level 2 training in Lifespan Integration.

Consultation

I receive group consultation from other experienced therapists to provide you the best possible care. Additionally, if I deem your circumstances to be above the level of care that I am best able to provide, we will determine together the best options available for supporting you in your healing journey.

Availability & Emergencies

I provide non-emergency counseling services by scheduled appointment. Currently I am available by appointment on Mondays and Wednesdays. If you need to contact me for scheduling or other matters, please contact me at the number listed above. If in crisis, please call the 24 hour crisis hotline at 1.800.584.3578, call 911, go to your nearest hospital emergency room, or text "HOME" to the Crisis Text Line at 741741.

Fees & Cancellations

Unless we have made other arrangements, the initial Intake Interview fee is \$150 and the fee for a standard 55-minute session is \$125 and is due at your appointment in the form of cash, check or credit card (a fee may be applied to credit card transactions). A sliding fee scale may be available with documentation of income. I do not bill insurance. However, some insurance plans will cover my work as an out-of-network provider. Please contact your insurance company directly for your coverage information. If you wish to seek reimbursement from your insurance company, please request a reimbursement invoice from me and I will be happy to provide you one. Please note that I cannot guarantee your insurance company will reimburse you and do not interact with insurance companies.

Cancellations: If you must cancel your appointment, please contact me **at least 24 hours** in advance. This ensures I can see other clients at that time and can plan accordingly. **You will be responsible for the full fee when cancellations are received without 24 hour notice, or if you do not show up for your scheduled appointment.** Fees are subject to increase and you will be notified 90 days in advance.

Washington State Law

I honor all regulations in the 18.225 RCW. The purpose of the law is to: (A) Provide protection of public health and safety; and (B) Empower the citizens of the State of Washington a complaint process against those counselors who would commit acts of unprofessional conduct.

Confidentiality

As a client receiving counseling services, you have privileged communications under state law. With the exceptions of situations listed in my Notice of Privacy Practices (if I am required or authorized by law to disclose), you have the right to have information shared in therapy sessions to be held in the strictest confidentiality, including the fact that you are seeing me for counseling. The privilege is yours, not mine, and cannot be waived without your written consent. I will always act to maximize your privacy, even when you waive your confidentiality.

Your Rights

As a client receiving therapeutic services, you have the right to refuse any treatment you do not want, and the responsibility to choose a mental health provider and treatment modality that best suits your needs. You also have the right to terminate your treatment at any time for any reason.

Complaints

If you have any questions or concerns about your treatment or these policies, please discuss them with me. I will work with you to address your concerns. If you feel I have been unethical or unprofessional, complaints may be directed to Washington State Department of Health, HSQA Complaint Intake, PO Box 47857, Olympia, WA 98504-7857. You may also call them directly at 360.236.4700 or access online forms and information at www.doh.wa.gov/hsqa.

Communication

I prefer not to discuss therapeutic matters over email or text messages, and ask that these means of communication be limited to logistical matters. I cannot make any guarantees related to your privacy if you choose communication with me by these means. You alone are responsible for deleting and guarding the privacy of such communications.

Professional Boundaries

It is my intention to maintain a relatively comfortable, safe, and professional environment where I consider your best interests my priority. Because I have the utmost respect for you and our therapeutic relationship, professional boundaries are essential so that no harm or damage is done. I uphold the following practices regarding professional relationship boundaries:

1. I will not, at any time, have a social relationship with you outside of my office, even after we have ended our therapeutic relationship. This is a professional boundary, not one of not caring. In this same vein, I will not accept social network "friend" requests.

2. I will not, at any time, have physical or sexual contact with you. This excludes handshakes and the like, but only when there is mutual consent.

3. If we encounter each other in public, I will not greet you unless you greet me first. This will afford you privacy, and allow you to choose to acknowledge me or not, depending on the setting and circumstances.

4. I will not, at any time, have a relationship with you beyond my range counseling, referrals, and the collection of fees for these professional services.

Legal Issues

Finally, it is my policy not to become involved in clients' legal matters (e.g. divorce, custody, immigration, etc.). For several important ethical and professional reasons I do not speak with clients' attorneys, provide reports, etc. that serve as an objective evaluation. If I am ever requested to testify as an expert witness in court, additional fees may apply. In short, I am not a forensic psychologist, do not have skill or expertise in dealing with the court and do not feel it would be to your benefit to use me in that way. At your request, and with a signed Release of Information, I will release your treatment record.

Counseling Informed Consent

I have read this document, had my questions about the information in this document answered, and understand what I have read. I have been provided with a copy of this **Terms of Service / Counselor Disclosure Statement** to keep.

Client Printed Name

Client Signature

Date

Malissa Reichert, MA, LMHC Signature

Date

Effective Date: July 5, 2017

Revised: March 20, 2026