

Tahni Higashiyama, LICSW, CFRC
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Please complete the following:

Client Name: _____

DOB: _____ GENDER: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Insurance Provider: _____

Member ID: _____ Group#: _____

Please provide a copy of your insurance card information. Your signature below authorizes billing of insurance.

Signature _____ Date: _____

Counselor Disclosure for Tahni Higashiyama, LICSW, CFRC

I completed a Bachelor of Science Degree in Psychology at University of Oregon in 1992 and a Master of Social Work Degree at Eastern Washington University in 2000. I have worked in the counseling field since 1994 in a variety of treatment settings providing services to children, adolescents, adults, couples and families. I have been in private practice since 2009. My practice currently focuses on working with adults and I specialize in working with first responders.

My counseling style is strength based and solution focused. My goal is to work with each client as an individual to determine what they need to improve their quality of life and more effectively manage life's challenges. I utilize a variety of treatment models to include cognitive behavioral therapy, dialectical behavior therapy, prolonged exposure therapy, trauma recovery and mindfulness-based therapy.

Counseling goals are generated together, and treatment may be short or long term, depending upon your needs and decisions you make as the counseling process develops. I may offer reading recommendations, workbooks or videos and ask you to practice new skills in and out of the office setting, to maximize the benefits of counseling.

STATEMENT REQUIRED BY STATE LAW

Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of 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 Counselor Credentialing Act is to: provide for public health and safety, and to empower the citizens of the State of Washington, by providing

a complaint process against those counselors who would commit acts of unprofessional conduct. If you have a complaint about the way I have handled your privacy rights, you may contact me or the Department of Health, PO Box 47869, Olympia WA 98504 or 360-236-4902.

CONFIDENTIALITY AND PRIVACY: As your counselor, I will keep confidential anything you say to me, with a few exceptions as required by law. Any unencrypted communication sent via text, email or social media cannot be guaranteed as secure. Please weigh this risk in choosing how to communicate outside of sessions.

PRIVACY PRACTICES: In the laminated pages below, there is more information about your privacy rights. Please indicate with your initials if you would like to receive or decline a copy. _____ Received the notice _____ Offered but declined personal copy

FEES AND PAYMENT: The fee for an individual or couple session is billed at a rate of \$185 for one hour. If you have insurance and your deductible has been met, the insurance company will pay me directly for the session fee at the contracted rate and you will be responsible for any co-pay. If you have not met your deductible, you may be responsible for full payment at the contracted rate.

Please note that as the recipient of services, you are responsible for all charges not paid by your insurance company. Payment will be due at the time the insurance company notifies me of any unpaid portion. I accept cash, check, debit or credit cards for payment.

CANCELLATIONS: If you are unable to keep your appointment, please contact me 24 hours in advance of your scheduled appointment, to avoid a late cancellation or no-show fee of \$50. Multiple no-shows may result in termination

of treatment. **Your insurance company will not pay for missed sessions.** If you need to reschedule you can text or call 509-952-3319 24 hours a day, 7 days a week.

EMERGENCIES: If there is an emergency between sessions and you are unable to reach me, please contact the local crisis line at 509-575-4200 or the suicide crisis line at 988. In the case of a life-threatening emergency, please call 911 or go to the emergency room.

By signing below, I attest that I have read, understood and agreed to these policies, and have received my own copy of this disclosure. I also give my counselor permission to release to my insurance company any medical or other information necessary for payment.

Client Signature: _____

Date:
