



## Disclosure of Information, Policies & Client Agreement

Therapist: Mark Liu, MA, LMFT

Tender Rock Counseling (TRC) is a Christ-centered multi-disciplinary team-based counseling center that serves individuals, couples and families. Therapists and medical providers at TRC make constant efforts to integrate our counseling practices with research and training in order to provide clients with effective counseling/therapy services. TRC is a Washington State non-profit 501 (C) (3) organization.

All the therapists of TRC identify themselves as Christians. They respect the spiritual values, beliefs, and cultural heritage of all persons and provide services to people of all religious, ethnic, gender, age, and cultural backgrounds.

### **Policies and Requests**

#### 1. APPOINTMENTS

Consistency in keeping appointments is integral to the counseling process. If you are unable to keep an appointment, your counselor must have 24 hours (1 business day) notice or you will be charged \$100 for the missed session. The Late Cancellation/No Show fee must be paid upon arrival at your next scheduled session. Only true emergencies such as sudden illness, family emergencies and weather-related factors are exempt. All other situations will be considered as non-emergency situations. Please contact our Admin Office if you have any questions.

#### 2. FEES

Tender Rock Counseling offers counseling based on fee for services only. Please refer to "Fee Agreement" for details about fees.

#### 3. YOUNG CHILDREN

Please do not leave young children unattended in the waiting room. We cannot be responsible for their safety.

#### 4. PHONE CONTACT & EMERGENCIES

TRC's office telephone number is connected to a voice mail where you can leave messages. Therapists at TRC will answer calls during the day when they are available and return calls for messages left before 5:00pm that day and for messages left after 5:00pm that day before 12:00pm the next day. TRC does not offer a 24-hour service Crisis Counseling therefore please contact the 24 hour Crisis Line at (206) 461-3222 for emergencies.

It is not the TRC scheduling staff's responsibility to inquire and/or convey confidential information between client and provider due to confidentiality and other ethical-related reasons. Should there be any request from the client; the scheduling staff will direct the client to leave a message in the provider's voicemail.

### **Information**

#### 1. THE RIGHTS OF CLIENTS IN COUNSELING

It is appropriate for clients to raise questions about the counselor, the therapeutic approach, the progress of therapy and the cost. As informed consumers, it is the client's responsibility to choose the counselor and counseling approach, referral to another counselor or termination at any time.



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All therapists at TRC are bound by the ethical codes of their professional organizations, by the laws of the State of Washington, as well as by agency policy regarding the special nature of the therapist-client relationship. This agency expects all counselors continually to be aware of the influential position they hold in the relationship with clients, using this influence in a constructive way. If a client thinks his/her therapist is not meeting this ethical responsibility, he/she is strongly encouraged to address this with the therapist and/or bring it to the attention of the agency's clinical director.

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless that law authorizes or compels us to do so. To see your record or get more information about it contact your therapist.

### 2. CONFIDENTIALITY

Counseling sessions are held in strict confidence. It is the client, not the therapist, who determines whether information may be released to persons outside TRC, and then only with a release signed, by the client. Exceptions to this rule:

A. Duty to warn and protect: When a client discloses intentions or a plan to harm another person, the health care professional is required to warn the intended victim and report the information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

B. Abuse of children and vulnerable adults: If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities.

C. Prenatal exposure to controlled substances: Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

D. Court orders: Health care professionals are required to release records of clients when a court order has been placed.

E. Other provisions: When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, case notes, testing) is not disclosed, If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state that the amount owed, time frame, and the name of the clinic.

Insurance companies and other third party payers are given information that they request regarding services to clients. Information which may be requested includes type services, dates/time of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and the summaries.



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Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.

In some cases notes and reports are dictated/typed within the clinic or by outside sources specializing (and held accountable) for such procedures.

### 3. TRAINING AND PROFESSIONAL BACKGROUND OF YOUR THERAPIST

Mark Liu has a Master's degree in Child, Individual, Couple and Family therapy from Antioch University. Antioch's program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy.

In addition to the one year internship training with Asian Counseling and Referral Services (ACRS), he also completed the two year training programs in marital and family therapy at Samaritan Center of Puget Sound. He is licensed in the State of Washington as a Marriage and Family Therapist (LF60232702). He is a clinical Member of the American Associate of Marriage and Family Therapy (AAMFT) and an associate member of American Psychological Association (APA).

Mark was born and raised in Taiwan. He came to America thirty years ago to pursue graduate work in engineering and built a career in real estate business. His decision to pursue counseling came at perspective of life development and a different understanding of "Who I Am".

He sees life as a journey consisting of searching, meaning, and coping. However, people sometimes get stuck because of varying psychosocial, cognitive, biological and spiritual causes. Thus, whether we no longer see meanings clearly or our coping strategies are no longer effective, we can suffer distorted thoughts, self-defeating or destructive behaviors, psychologically-based physical symptoms, and problems in our daily functioning and interpersonal relationships.

Mark believes that humans are too sophisticated to be understood and helped by one model or one approach in therapy. He therefore draws upon an eclectic variety of techniques and theories. In order for counseling approaches to be effective, he believes they must be culturally adaptable, holistic and comprehensive, covering the family system, interpersonal, developmental, intrapsychic, and multicultural aspects of life. He sees his function as a conduit, with the client as the expert on his/her own life who has the capability to choose.

Finally, Mark believes that the effectiveness of counseling is based on mutual efforts, including the counselor's effort to gain the client's trust, as well as the client's willingness to be truthful. He looks forward to working with you if you are ready to make that commitment.



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### 4. THE USE OF AUDIO-VISUAL RECORDINGS

In order to help you most effectively, we may ask you to videotape counseling sessions. These tapes are used by your counselor to double-check their understandings of your concerns and among providers in the same team within TRC. All records, tapes, or other identifying materials are kept confidential. \_\_\_\_\_ (initial)

### 5. THE RISKS OF COUNSELING

We are committed to helping you make informed choices as we work with you to address your concerns. This participation includes determining how counseling might benefit you and what techniques to use to help with your concerns. At any time you may ask us to explain why we're gathering information or prescribing a new approach. We will be glad to explain the purpose behind our techniques.

The greatest risk of counseling is that it may not by itself resolve your problem or concern. Thus, we do our best to assess progress on a week-to-week basis. Chronic non-improvement is treated as a reason for immediate referral.

As a professional training facility, we keep close track of research on how to help families most efficiently with least risk. We have learned from research, for example, to minimize conflict and steer around loaded issues early in therapy. While the course of treatment is designed to be helpful, TRC and its providers make no guarantees about the outcome of the treatment. Should we fail to help you, we'll work with you to find someone who can.

### 6. APPLICABILITY TO OTHER PROVIDERS

The client agree(s) that in the event that other healthcare providers of Tender Rock Counseling, furnish services to the client, the "Consent for Treatment" below, the "Assignment of Benefit" and "Authorization to Release Medical Information as specified in the "Insurance Information" and agreed by the client shall apply to such other healthcare providers and services. The client recognizes that certain healthcare professionals furnishing services to the client, including but not limited to psychiatrists, psychologists, acupuncturists, social workers, etc. may be independent contractors and may not be employees or agents of Tender Rock Counseling. The client further recognizes that the client may be billed separately by those healthcare providers for their services provided.

### 7. YOUR CONSENT FOR TREATMENT

When you have read to this point and have asked for clarification if necessary, please read the paragraph below and sign on the lines underneath it.

I have read and understand the above Disclosure of Information, Policies, & Client Agreement. I have asked any questions that I had about it including fees and payment policies, my rights in counseling, confidentiality and its exceptions, training and professional background of the therapist, use of audio-visual recordings and the risks of counseling. (For clients under the age of 13, consent must be given and this form signed, by a legal guardian.) I consent to counseling under the terms described above. My signature below indicated that I hereby request and



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authorize the therapist, Tender Rock Counseling, to evaluate, treat and/or provide counseling services, tests and other treatments to myself and/or the individuals listed below for whom I am the parent or legal/guardian.

My signature below also indicated that I have received a copy of this Disclosure of Information, Policies & Client Agreement.

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Therapist Signature: Mark Liu, MA, LMFT Date

Office Address: 12826 SE 40<sup>th</sup> Lane, Ste 100, Bellevue, WA 98006 Office Phone: (425) 449-8851 Fax (425) 429-3211

By my signature below I, \_\_\_\_\_, acknowledge that I received a copy of the Notice of Privacy Practices for Tender Rock Counseling.

\_\_\_\_\_  
Signature of Client (or personal representative) Date

\_\_\_\_\_  
Signature of Client (or personal representative) Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**This form will be retained in your medical record.**