DISCLOSURE STATEMENT

Curt Williams, MS, NCC, LMHCA
LifeTrek Counseling Services, PLLC
100 N Howard St, Suite W—Spokane, WA 99201

Independent Practice

I am an independently contracted provider participating in the Mindful Therapy Group Organized Health Care Arrangement (OHCA). While I have engaged Mindful Therapy Group, P.C., a Washington Professional Services Corporation (Mindful Therapy Group), to provide business administrative services to my behavioral healthcare business, all services you receive from me reflect my own health care license, independent business, and practice style. Mindful Therapy Group subcontracts with an affiliate company, Mindful Support Services, LLC (Mindful Support Services), to provide a portion of the administrative services.

My License(s), Education and Training

I hold the following license in the State of Washington:

- Licensed Mental Health Counselor Associate (LMHCA) – License Number MC61570886

I earned my Master of Clinical Mental Health Counseling from Walden University, a CACREP-accredited institution. This education has equipped me with the legal, ethical, and professional foundation necessary to practice mental health counseling. I adhere to the legal and ethical standards set forth by the State of Washington and federal regulations. Additionally, I follow the code of ethics established by the American Counseling Association (ACA). As part of my commitment to professional development, I complete at least 36 hours of approved continuing education in the mental health field each year.

In my role as an Associate Counselor, I am supervised by a state-approved supervisor. My supervisor and their licensing information is:

Susie Winston, LICSW (LW00005688)

For more information about my licensure, please visit: Washington State Department of Health.

Patient Mix

I offer therapy services for individuals, couples, and families. I work with clients aged 13 years and older. I am willing to provide case management services, which may include assistance with paperwork related to disability, unemployment, custody, adoption, foster care, car accidents, and other legal issues, provided this is discussed and arranged in advance. Additionally, I am able to work with clients who are court-mandated for treatment, but only if their needs fall within the scope of my specialties and practice. If disclosure of appointments to an outside entity is required, this will be addressed as part of the treatment planning process.

Treatment Modality and Therapeutic Orientation

Therapy has both benefits and risks. As we explore challenging aspects of your life, you might experience changes in your symptoms, problems, and functioning. While therapy can lead to improvements over time, you may also encounter heightened sensitivity to issues as we delve deeper into them. I cannot guarantee specific

outcomes, but commitment to working through these vulnerable areas and building on your strengths can lead to meaningful progress.

In my practice, I employ a relational approach, integrating techniques from attachment, developmental, relational, and family systems theories. My therapeutic style is adapted to meet the needs of each client, including those with sensory sensitivities or neurodivergent difficulties. For adults, I utilize methods from narrative therapy, Acceptance and Commitment Therapy (ACT), mindfulness, person-centered therapy, and Cognitive Behavioral Therapy (CBT). When working with younger individuals, I may incorporate techniques such as Trauma-Based Relational Intervention (TBRI) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

New Patients

Our initial meetings will consist of 1-2 visits, each lasting 53 minutes. These sessions are designed for a comprehensive assessment and evaluation, during which we will work together to understand your needs, educate you about the process, and establish a mental health diagnosis.

I may suggest weekly appointments initially to address your symptoms and work towards stabilization. As we progress, we will collaboratively decide on the frequency of sessions based on your health, treatment goals, and progress.

My goal is to support you in advancing your mental health journey. If it becomes clear that our work together isn't the best fit, I will either adjust my approach within my expertise or assist you in finding a counselor better suited to your needs. I am committed to providing a warm hand-off to ensure you receive the most appropriate support.

Requests for Consultation

If you need a consultation outside of a scheduled appointment, please direct your request to me via the email or phone number listed. Mindful Therapy Group administrative staff are not clinically trained and cannot respond to consultation requests.

My office hours are Monday, Tuesday, Wednesday, and Friday from 1:00 PM to 6:00 PM. Please be aware that I may not be able to respond to consultation requests outside of these hours.

Emergencies

I am not available on an emergency basis. If you are experiencing an emergency or are concerned you may be a threat to yourself or others, please dial 911, 988 (an emergency line specific to suicide and mental health crises) or go to the nearest hospital emergency room.

Contact for Administrative/Scheduling Questions

If you have questions about scheduling, billing or technology, please contact Mindful Therapy Group at:

frontdesk.wa@mindfulsupportservices.com
intake@mindfulsupportservices.com

425-640-7009
7:00am-7:30pm Monday-Friday
8:00am-4:00pm Saturday-Sunday

Rescheduling Appointments

Mindful Therapy Group and/or I will make every effort to provide you with adequate notice if I will be unavailable for a scheduled appointment.

If you need to reschedule an appointment, the rescheduling request should be made with Mindful Therapy Group, not me. If you need to reschedule an appointment, I ask that you give Mindful Therapy Group at least 48 hours' notice in advance of the originally scheduled appointment. Rescheduling requests made without 48 hours' advance notice will incur late cancellation fees (see Financial Responsibility section below).

Cancelling Appointments

In order to provide you with optimal care, your appointment time is reserved specifically for you. I do not double book clients. In return, I ask that you provide our front office with a minimum of 48 hours' notice if you are unable to make it to your appointment. Please call our front office staff for all scheduling needs at (425)-640-7009 to ensure prompt attention.

I work with all my clients on a reoccurring, weekly basis. If you cancel several appointments, I will ask that you be removed from your recurring appointment slot and be placed on my on-call list, as repeated cancellations present a barrier to the therapeutic process. If you are on the on-call list, I will reach out to you as appointments become available. If you have repeated no-show appointments, upcoming scheduled appointments may be cancelled.

Confidentiality

All information disclosed within appointments is confidential. I keep brief notes of our appointments, but such notes and other information related to these appointments will not be disclosed to anyone except as permitted or required by law.

Notice of Privacy Practices

The Mindful Therapy Group Organized Health Care Arrangement Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. An electronic copy of the Notice of Privacy Practices can be found here.

Your Rights

You have the following rights:

- To refuse treatment;

- To choose a practitioner and treatment modality which best suits your needs;

- To expect that I have met the qualifications of training and experience required by state law;

- To examine public records maintained by the state authority that licenses me and to have such authority confirm my credentials;

- To obtain a copy of the code of ethics to which I am bound;

  To report complaints to the Washington State Department of Health, which licenses me. Complaints can be made via email (hsqa.csc@doh.wa.gov), phone (360-236-4700), or web (https://doh.wa.gov/).

- To be informed of the cost of my services before receiving the services;

- To be assured of privacy and confidentiality while receiving services from me (note - the law sometimes permits or requires disclosures of private/confidential information); and

- To be free from free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Patient/Parent/Guardian Acknowledgment and Consent to Mental Health Treatment

I (the patient or the patient's parent legal guardian) have been provided a copy of my (or my child's) provider's disclosure statement. I have read and understand the information provided. I consent (or consent on my child's behalf) to receive mental health services from the provider named in this Disclosure Statement.

Patient Name:

Patient Date of Birth:

If patient is under the age of 13, the patient's parent or legal guardian must sign below

Signed:

Name:

Relationship to Patient (e.g., self, parent):

Provider Acknowledgment

Signed:

Name:

Date: