

**Josh Sandoz, MA, LMHC**

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**Disclosure Statement**

**Training and Degree:** I began volunteering with Interaction International in the summer of 1998, working under Dr. David Pollock to provide Transition Seminars for Third Culture Kids adjusting to life in North America. In 2000, I received my Bachelors in Psychology from Taylor University in Upland, Indiana. I graduated in 2008 with my Master of Arts in Counseling Psychology from The Seattle School of Theology and Psychology. As part of my degree program, I completed a one-year internship at Catholic Community Services of Western Washington, with special focus given to engaging young children in play therapy. In October 2008, I joined the staff of Interaction International in a formal capacity and served as the Director of Child and Family Support Services for approximately two years. I have worked as a therapist with children, adolescents, and adults in both outpatient agency and inpatient hospital settings. I have also facilitated counseling education for therapists and clergy in training at The Seattle School of Theology and Psychology. I am a Licensed Mental Health Counselor in the State of Washington (LH 60200350).

**Counseling Orientation:** I view therapy as a reparative process in which we can listen together to the nature of your struggles and your joys. Although we will spend much time dealing with the specific issues that brought you in to counseling, we will also look at the nature of your relationships with the significant people in your life, including your relationship with yourself. According to my theoretical orientation, many of the forces and dynamics that have influenced the complexity and intensity of your struggles are rooted in relational issues. Major life events, adjustments, and cultural influences can have profound impact as well. Often, throughout the counseling process, a whole variety of feelings may be experienced. These can be shared in our work together. I also believe that some issues can have a physical component; in such cases, medical consultation will be advised.

Note: I work with children, adolescents, and adults who have a wide range of problems. When meeting for therapy with young children, I offer a modality of non-directive play therapy. If you are a parent or guardian, seeking treatment for your child, and would like more information on this style of therapy, please ask.

**Billing and Insurance Information:** The fee for counseling will be \$140.00 per 50-minute session. Payments, by check or by cash, are to be made at the beginning of each session. (Checks are to be made out to Josh Sandoz.) You will be charged for a missed appointment if you do not notify me before 48 hours of our scheduled time (illness and emergencies excepted). Fees may increase periodically, and thus the

fees are subject to change with two weeks prior notification. If at any time legal services are requested, I bill my standard rate for time spent fulfilling the requests.

I do not bill insurance directly, but some clients submit billing statements to their health plans to seek reimbursement. I am happy to provide these billing statements by request. You will need to check with your insurance company to determine your coverage. Some insurance companies will reimburse for therapy, and some will not.

I also offer a limited number of sliding-scale fee openings for those with significant financial hardship. If you are seeking a reduced fee, please bring that to my attention when you contact me and we can agree on a price for the first session. In that first session we can then determine your ongoing rate.

**Choosing a Counselor:** You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

**Confidentiality:** Whatever we discuss in our sessions is confidential and generally cannot be disclosed without your written permission. This means I will need an information release form signed by you (any client 13 years or older) before I would communicate with anyone about your case. However, you should know that there are a few legal exceptions. Examples of exceptions, as provided by law, are:

- If there is a suspicion of abuse or neglect of a child, developmentally disabled adult, or a dependent or vulnerable adult, I must report it to the Department of Social and Health Services.
- If you or your dependent child appears to be at risk for harming yourself or someone else, I must take appropriate action.
- In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony.
- The law permits me to disclose information about your care to other health care providers if they are treating you and have reasonable need for that information. I believe this insures continuity of care. By signing this policy statement you are giving me permission to communicate basic information about your treatment in writing or by phone to your primary care physician. You have the right to see this communication and discuss it with me.
- In cases where payments for services become past due, I retain the right to enlist the services of an outside collection agency to ensure proper payment.

**Consultations:** I regularly consult with other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

**Scheduling Appointments:** Appointments are generally made on a regular basis; weekly or sometimes multiple sessions a week are recommended. You may choose to arrange with me standing appointments that are reserved for you, or you may choose to schedule as we go. In the case of the latter, appointment times are not automatically held open, and it is your responsibility to reschedule a next session.

**State Information:** Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

**Unprofessional Conduct:** The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number:

Department of Health, Counselor Programs  
P.O. Box 47869  
Olympia, WA 98504-7869  
(360) 664-9098

**Contacting Me by Phone:** If you need to contact me, please call (206) 914-7115. If I do not take the call personally, please leave a detailed message in my voice mailbox. Please be assured that my voice mail is confidential and is only accessed by me. I check messages on a regular basis, but if you are having an emergency and cannot wait for a response from me, call one of the emergency numbers listed below or the emergency room of the hospital nearest you. Please limit your phone conversation needs to appointment scheduling and emergencies.

**Emergencies:** If you are in an emergency and cannot reach me, please call one of the following numbers for help:

General Emergencies	911
Crisis Clinic	(800) 244-5767 or (206) 461-3222

I have read and understand the information presented in this form.

\_\_\_\_\_  
Client Signature (for those 13 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (of those younger than 13)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date