



ilsa spreiter  
psychotherapist, MA, LMHCA  
RETURN TO YOUR SOUL

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## DISCLOSURE STATEMENT

*WAC 308-190-040 requires the disclosure of the following information in written form by psychotherapists to their clients.*

**DISCLOSURE STATEMENT:** The RCW 18.19.060 and WAC 246-810-031 require psychotherapists to provide written disclosure of the following information to clients before therapy begins. Please read this statement thoroughly and sign the Consent for Treatment at the bottom. If you have any questions or concerns, please tell me and I will be happy to discuss them with you.

**EDUCATION AND EXPERIENCE:** I received my BA in English Literature from Willamette University and my MA in Psychology from Seattle University. I also have a Master's in Cultural Studies with an emphasis in Film from University of Oregon. For the past twelve years, I've worked in a variety of mental health and social service organizations, including YWCA Pathways Counseling, Portland Women's Crisis Line, Central City Concern, CASA of WA and Navos Psychiatric Hospital. I am a Licensed Mental Health Counselor Associate (license # MC60238470).

**THERAPEUTIC STYLE:** As a psychotherapist, I strive to offer the best of myself, which includes not only the sum of my training and expertise, but also my heart, mind, spirit, soul and life experience. I use my training in existential psychology, my degree in cultural studies and my background in the arts to help you get in touch with yourself – as an individual, as a person in relationship and as a member of a society with its own unwritten rules. My statement "Return to Your Soul" is a call to revisit the places inside that have been lost to you, those parts that have been silenced and have gone into hiding.

My work with you will center on creating a collaborative and committed therapeutic relationship as the necessary "container" for this journey. In this equation, I will be one part witness (observing and supporting) and one part "seer" ("speaking into" your life and guiding you along the way). Although I draw upon various psychological traditions (e.g., existential, psychodynamic and transpersonal), I largely work intuitively as I attune to you and to what is called for in the moment. I believe in the body, mind, heart, soul, spirit connection and will work to address the wholeness of your being as we "tap into" what meanings may be held in thoughts, feelings, beliefs, physical sensations, dreams, etc.

Therapy can be a wonderful process through which you experience a greater sense of wellbeing and wholeness; improved relationships and life circumstances; renewed energy; higher self-esteem; and enhanced resiliency and problem-solving. However, because we will discuss difficult aspects of your life, you may also experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness and helplessness. An important part of our work together will be learning to "sit with" these feelings as a means of connecting more deeply with yourself and reaching your goals. It is my hope to help you do this in bringing you my honesty, humanity and creativity as the cornerstones of a healing relationship.

**CLIENT'S RIGHTS, PRIVACY AND CONFIDENTIALITY:** You have the right to choose a therapist who best suits your needs. You have a right to respectful treatment, and you may terminate therapy at any time. In our work

together, I encourage you to voice concerns so that we may discuss and attempt to remedy any issues that arise. Everything discussed during the course of therapy is strictly confidential, including the fact that you are or ever have been a therapy client. I keep records relating to dates of service, fees both paid and unpaid and session notes to assist me in our work together; these are also strictly confidential, and you have the right to request and review your records at any time. Exceptions to confidentiality are as follows: (1) when there is a reasonable suspicion of child, dependent or elder abuse or neglect; (2) when a client presents a danger to self, others or property, or is gravely disabled; (3) when a client is involved in legal action and the court requires I provide evidence relating to our sessions; (4) when the Department of Health issues a subpoena associated with regulatory complaints; (5) when a client specifically requests in writing to release certain information to a third party (e.g., your primary care physician, teachers, family members, etc. This permission may be revoked at any time); (6) and when a client seeks insurance reimbursement, and I am required to release relevant information about the service I am providing.

In addition to the above situations, in order to comply with Washington State regulations, I receive regular supervision from a licensed and State-credentialed supervisor, with whom I discuss my cases. My supervisor's name is Dawn Dickson, MSW, LICSW, OSW-C (license # LW60074539), and she can be reached at (206) 777-5283 or [dawndickson1@comcast.net](mailto:dawndickson1@comcast.net) if you have any questions or concerns you do not feel comfortable discussing with me. I also consult with colleagues regarding my work to receive feedback and suggestions. This helps me ensure that I provide you with optimal care. During these consultations, neither your last name nor other unique identifying information will be used.

**UNPROFESSIONAL CONDUCT:** If you feel your privacy rights have been violated, you may obtain a copy of the acts of unprofessional conduct listed under RCW 18.130.180 and/or file a complaint with the Secretary of the Department of Health and Human Services (please see the contact information below):

HSQA Complaint Intake  
PO Box 47857  
Olympia, WA 98504-7857  
Email: [HSQUComplaintIntake@doh.wa.gov](mailto:HSQUComplaintIntake@doh.wa.gov)  
Phone: 360.236.4700  
Fax: 360.236.2626

**FEES AND SCHEDULING:** I charge \$125 for individuals and \$150 for couples per 50-minute hour unless otherwise agreed upon. Payments are to be made each session, either by check, cash or online via Paypal; I cannot accept credit cards and do not offer refunds. You will not be charged for brief phonecalls; however, any phone conversation over 10 minutes will be billed at a rate of \$20 per 10-minute block. If you need to cancel or reschedule your appointment, please contact me as soon as possible. I will do my best to offer an alternative time, with the understanding that frequent schedule changes are disruptive to our work together and are therefore discouraged. Clients are financially responsible for sessions cancelled less than 48 hours in advance. If you are late, our time together will not be extended. A \$25 fee will be applied for any returned checks. I take vacation a few times a year and observe major holidays. I will inform you in advance of my time away from the office and provide you contact information for another trusted colleague if requested.

***A Note About Insurance:*** I am currently not on an insurance panel, so I cannot bill your insurance directly. However, if your insurance covers costs for Out-Of-Network or Non-Preferred Providers, you may be reimbursed for a portion (or the full amount) of your session fee, depending upon the type of insurance you carry and your insurance provider; in this case, I will provide you with a receipt you can submit to your insurance company for reimbursement. Health insurance will not pay for "no shows" or telephone calls. Clients are responsible for verifying coverage and for all fees not covered by insurance.

**CONTACT INFORMATION AND RESOURCES:** You may contact me via email at [ilsa@ilsaspreiter.com](mailto:ilsa@ilsaspreiter.com) or leave a message at (206) 446-2538. I will check my messages on a regular basis and get back to you within 24 hours. Please note these forms of communication are not fully protected, and if you do communicate via email or phone, you do so at your own risk to your confidentiality. Because of this, please do not use these avenues to communicate important therapeutic information; our sessions are the best place to discuss personal issues. I do not accept phonecalls or emails while on vacation, and I do not accept texts. **In case of emergencies, call 911; the 24-hour King County Crisis Clinic at 206.461.3222 or 1.866.427-4747; or visit the nearest emergency room.**

**CONSENT TO TREATMENT:** Disclaimer by the State of Washington: "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. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

By signing below, I acknowledge I am of sound body and mind and participate in therapy voluntarily; I have read and agree to the terms of the Disclosure Statement and the accompanying information sheets. I acknowledge that I have been given a copy of this document for my records. I acknowledge that I have had the opportunity to clarify the conditions under my consent to treatment. I understand that by signing below I am consenting to treatment with Ilsa Spreiter, MA, LMHCA, according to the terms described in this document. I understand that payment is due at the time of service. If I am seeking reimbursement from insurance, I authorize the release of any information necessary to process any claims.

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Client Signature

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Therapist Signature

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Date

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Date

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Address

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Home Phone

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Work/Other Phone