

Professional Disclosure Statement
Jerrica KF Ching, MA, LMHC, LPC, LMFT

LifeStance Health

7507 NE 51st St. Vancouver, WA 98662

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Philosophy

I strongly believe that all people possess individual strengths and resources that are incredibly valuable and beneficial to the counseling process. You know yourself best, and you have everything that you need. My job is to help you uncover what's already there, while walking alongside you on your journey. I incorporate several different therapeutic techniques to help you and your family reach your treatment goals. I provide treatment by using methods and techniques from Person-Centered Therapy, Dialectical Behavior Therapy (DBT), Solution-Focused Therapy (SFT), Cognitive Behavior (CBT) Therapy, Narrative Therapy, and Child Parent Relationship Therapy (CPRT). I often integrate expressive activities such as art, toys, books, writing, and games for clients of younger ages, as this promotes a welcoming and supportive environment for all. During our time together, we will focus on your experiences of the past and present so we can shape the goals and plans for your future. I will assist you with identifying treatment goals, exploring ways to achieve these goals, and maintaining the gains you make once these goals are accomplished.

Formal Education and Training

I am a licensed mental health counselor (LH60857196), and licensed marriage and family therapist (LF61023668) in the state of Washington, a licensed professional counselor (C5880) in the state of Oregon, and a licensed mental health counselor (MHC-837) in the state of Hawaii. I graduated from George Fox University in Portland, OR with a Master of Arts in Marriage, Couple and Family Counseling in 2015. Major coursework completed included play therapy, filial therapy, racial/ethnic trauma, human growth and development, and psychopathology. I am a certified child mental health specialist (CMHS) and Asian Pacific Islander mental health specialist (APIMHS). This means that I have completed additional training in the treatment of youth and their families, within the context of their relationships with others. As a licensee of the Oregon Board of Licensed Professional Counselors and Therapists, the Washington State Department of Health, and the State of Hawaii Department of Commerce and Consumer Affairs, I abide by each respective state's Code of Ethics. To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession. I have extensive experience working with children, adolescents, and families, treating anxiety, depression, trauma, behavior issues, and adjustment to unexpected life changes. In addition to working with clients, I am an AAMFT Approved Supervisor, and an Oregon Board Approved LPC and LMFT Supervisor, where I provide clinical supervision to post-graduate counseling associates.

Contact Information and Communication

You are highly encouraged to use the client portal to exchange confidential correspondence regarding you or your child's treatment. Please note that any information sent to me regarding you, or your child's mental health may be scanned into the mental health record. Email and text messaging is *not* a confidential form of communication and is to be used only for scheduling purposes. You also may schedule an additional session or 10-minute phone consult to discuss any concerns or share information. All providers at LifeStance have confidential voicemails. When calling the office, you may ask to be forwarded to my voicemail and leave me a message or call the voicemail number listed above. I will do my absolute best to return your call within 1 business day. Although my schedule is subject to change, I currently work from Tuesdays through Fridays. If you are calling on the weekend or on Monday, the earliest I will return your call is Tuesday.

Services Offered

I currently offer individual and family counseling for children, adolescents, young adults, and families. Our first appointment will be a 60-minute initial assessment to review why you are coming to therapy and identify a diagnosis as well as your treatment goals. Your intake packet will include a document regarding informed consent, rights and responsibilities, and notice of privacy practices of LifeStance Health. Follow-up appointments may range between 40-50 minutes. I am also a Child ADHD Specialist with LifeStance Health and provide these assessments to new and/or current clients.

Confidentiality

Counseling is intended to be a safe and secure environment. Anything discussed in session will be kept private and will not be discussed outside of the agency unless a Release of Information is signed. After each appointment, I document a brief note regarding what was discussed and what you are continuing to work on, to track your progress towards meeting your goals. These documents are kept in a secure electronic health record, and you have the right to request your record. **Please note the following exceptions to confidentiality:**

- It is mandated by law that I report suspected child or elderly abuse and neglect.
- It is mandated by law that I report to law enforcement and the intended victim when there is a clear and serious threat of homicide or intent to cause serious bodily damage to another person.
- Notifying a doctor or the hospital in the event of an emergency and/or to coordinate care regarding treatment.
- Notifying appropriate caretakers (parents/guardians) if there is imminent risk of suicidal behavior.
- Information about our work together may be shared with other providers at LifeStance during consultation and/or supervision to ensure that I am providing you with the best clinical care.
- Insurance may also have access to records if they are paying for services.
- Information required in court proceedings.
- Defending claims brought by you against me.

Cancellations and No-Shows

If you are unable to keep an appointment, please contact the front office (360-906-1190) at least 48-hours in advance. There is a fee for any late-cancel (less than 48-hours notice) or no-show appointment. If there is a consistent pattern of no-shows or cancellations, this may prevent you from reaching your treatment goals, and may also result in a conclusion of services.

Participation

It is important for everyone involved in treatment to have a voice. This means that there may be sessions where it is to the benefit of the client to meet one-on-one with me, and there are other times where it is appropriate to include family members. For clients under the age of mental health treatment consent (13+ for Washington, 14+ for Oregon and Hawaii), it is equally important to feel heard and understood, and for children to feel a sense of safety and trust. This may mean that your child may request to have a one-on-one session without a parent present. I will provide information to you regarding the themes of what was discussed and share any concerns that I may have when it is deemed appropriate. It may also be beneficial for parents to have parent-only appointments, if the content of what is being shared is inappropriate to discuss openly in front of your child, or if you have additional concerns or successes that you wish to share privately.

After Hours Support

If you are experiencing a mental health crisis (situations in which there is a risk of harm to yourself or others) you may contact the after-hours crisis line at 503-727-3764. The responder will have access to your treatment plan and will try to help you over the phone. If you contact the support phone I will also be notified and may attempt to contact you. For any medical emergencies, call 911.

Fees

LifeStance will bill your current health plan or EAP for treatment services. **You are responsible for the payment of fees (co-pays, co-insurance deductibles, or non-covered services).** Payments can be made through the client portal. Additional information on fees can be found in the LifeStance Patient Services Agreement, and State-Specific Addendum which is included in your intake packet. If you have questions about any fees or balances, please use the client portal to contact the Billing Team.

I encourage you to bring forth any concerns, questions, or comments throughout our time together for me to provide the most effective treatment. As a client of an Oregon licensee, you have the following rights:

- To expect that a licensee has met the qualifications of training and experience required by state law.
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee.
- To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100).
- To report complaints to the Board.
- To be informed of the cost of professional services before receiving the services.
- To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the exceptions outlined in the confidentiality section of this disclosure.
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Oregon Board of Licensed Professional Counselors and Therapists at
3218 Pringle Rd SE, #120, Salem, OR 97302-6312

Telephone: (503) 378-5499

Email: lpct.board@mhra.oregon.gov

Website: www.oregon.gov/OBLPCT

For additional information about this licensee, you may consult the Board's website.

You may contact the Washington State Department of Health at
111 Israel Road SE, Tumwater, WA 98501

Telephone: (360) 236-4501

Email: hsqa.csc@doh.wa.gov

Website: <https://fortress.wa.gov/doh/providercredentialsearch/>

For additional information about this licensee, you may consult the Department's website.

You may contact the Hawaii State Department of Commerce & Consumer Affairs at
335 Merchant Street, Room 301 Honolulu, Hawaii 96813

Telephone: (808) 586-3000

Email: pvl@dcca.hawaii.gov

Website: <https://mypvl.dcca.hawaii.gov/public-license-search/>

For additional information about this licensee, you may consult the Department's website.

Client Signature (14-years-old + for OR/HI, 13-years-old+ for WA)

Date

Parent/Guardian Signature

Date