



Leland E. Shields, MS, MA  
Psychotherapy

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## Policies and Procedures

The policies and procedures included below are provided to describe the services I provide and to include the information that is required by Washington State for Licensed Mental Health Counselors (RCW 18.225). If you have any questions about this information at any time, please feel free to discuss it with me.

**Nature of services provided:** I provide psychotherapy for individuals and couples who are seeking counseling related to personal adjustment and growth, and problem intervention related to recent life events or long-standing issues. I see our work as a partnership in which we work together to explore the factors associated with your issues and concerns. As we understand the issues, we will also work together in exploring approaches to improving your quality of life.

In our work together I will draw on a broad range of ideas including cognitive behavioral and insight-oriented therapies. I have found approaches like those developed by Carl Jung particularly influential. As appropriate I may refer to stories from movies, books and myths to explore whether they help provide any additional understanding of the issues being discussed. I will also draw on my life experiences as a professional in the hard sciences and a long-time student of eastern and western spiritual traditions.

I see our psyches as complex and multi-faceted. Therefore I do not attempt to apply a standard approach to everyone. Instead, I strive to tailor the work to fit each client's individual situation and needs.

**Right to refusal of treatment:** The counseling services I provide are elective. You have the right to refuse treatment. I am also required by Washington state law to tell you that "it is the responsibility of clients for choosing the provider and treatment modality which best suits their needs." You also have the responsibility to set the goals for our work, determine how often you would like to attend counseling together, and to decide when your work is complete or complete for now. You can take breaks from the work and return again at a future time. I would suggest that, as possible, you schedule a final session before concluding your work so that we may have an opportunity to review and reflect on the work we've done together. If I find initially or in the future that you would be better served by seeking counseling through another service, I will provide one or more referrals for your consideration.

**Emergencies:** If at some point you have a psychological emergency, you may try to call my office phone number to schedule an extra appointment. Since I am frequently seeing other clients when I am in the office, I will not often answer the phone. If you do not reach me and your needs are immediate, you can 1) call 911 for life-threatening emergencies or 2) call the Crisis Clinic at (206) 461-3222.

**Fees:** Counseling services will be provided at a cost of \$180.00 per 50-minute individual session, \$\_\_\_\_\_ per one and a half hour group session, payable at the time of service. My rate will increase to \$200.00 per session starting 1/1/26. The standard session fee will be charged for any session missed without at least 24-hour notice of the cancellation. Notice by telephone or voice-mail will be sufficient.

**Insurance reimbursement:** If you have insurance and would like me to invoice your insurer for reimbursement for our work, please let me know and complete the additional insurance information and disclosure form. Alternatively, I will provide my invoices to you so that you may request reimbursement yourself.

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Telephone: (206) 568-0062 · Facsimile: (206) 325-0098  
Email: [Lee@LelandShields.com](mailto:Lee@LelandShields.com)  
[www.LelandShields.com](http://www.LelandShields.com)

**Confidentiality:** I will keep records of our work together that include dates of our meetings and my personal notes. I will not reveal information about you, even to disclose that we are working together, unless one or more of the following exceptions are met.

- 1) You provide a signed release indicating your agreement to share information and with whom it may be shared.
- 2) I am required by law to report knowledge of abuse, neglect and/or exploitation of children, developmentally disabled adults or elders.
- 3) If you become a danger to yourself or others I may be required to breach confidentiality. If you provide information about a threat to an identifiable victim, I may be required to report to an appropriate authority.
- 4) If mandated by a court of law, I will be required to provide the information requested.
- 5) As part of my own preparation for our work, I consult with colleagues. Your name and personal identification will not be disclosed within that context.

I ask that all participants in group or couples sessions maintain confidentiality of what you hear others say. Please understand that I cannot assure that all participants maintain such privacy outside of my office.

**Privacy:** A separate privacy notice, as required by law is attached. It explains how your protected health information (individually identifiable information such as your name) is handled, and your rights regarding this information. Your signature below signifies that you have received a copy of the Privacy Notice.

**Email:** If you choose, I will communicate with you by email for scheduling and logistic topics but not for therapeutic services. I may give concise responses to your email on non-logistic topics when appropriate. Given the limitations of current email technology, I cannot assure that our email communications will remain confidential. If you send email to me, I will understand that you have chosen to accept the risk to privacy of doing so and that you authorize me to send email to you as well.

**Credentials and Education:** I am a Licensed Mental Health Counselor in the state of Washington (Number LH00010200). I have a Masters of Arts degree in Clinical Psychology from the Washington School of Professional Psychology in Seattle. In addition to years of experience in my own dream work and professional life, I have Bachelors and Master's of Science degrees in Mechanical Engineering from University of Michigan.

**Complaints:** I encourage you to approach me directly with questions, complaints and any problems that relate to our work. If you do not feel comfortable in speaking to me about an issue or complaint, you may also contact the Health Professions Quality Assurance, Customer Service Center, PO Box 47865, Olympia WA 98504. Email: [hpga.csc@doh.wa.gov](mailto:hpga.csc@doh.wa.gov). Phone : (360) 236 - 4700 Department of Health, Health Professions Quality Assurance Division, PO Box 47869, Olympia, WA 98504-7869, or call (360) 236-4902.

**If you have any questions about these policies, please feel free to ask me at this time. If you do not have any questions, please sign below to indicate that you have read and understood the policies. Thank you.**

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Client Name (Please Print)

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Client Signature

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Date