



DISCLOSURE STATEMENT

Client Name: _____ DOB: _____

DISCLOSURE OF INFORMATION, POLICIES AND CLIENT AGREEMENT, PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGMENT OF ITS RECEIPT ARE REQUIRED BY WASHINGTON STATE LAW. PLEASE READ IT CAREFULLY. I WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.

Requirements for Mental Health Professionals: Mental Health Professionals (Psychologists and Counselors) at minimum must have a Masters in Clinical Psychology, Counseling, or Social Work. Mental Health Professionals are required to register with the Department of Health for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

Counselor Registration or Certificate Number: SC 60407000

Counselor's Name: Diana Mena, LICSW

Type of Counseling Provided: Individual, Couples, Family, Group Therapy; Forensic Evaluations for Immigration

Counseling Techniques: I incorporate aspects of Cognitive Behavioral Therapy CBT, Liberation and Critical Psychology, Mindfulness, Self-Compassion, Cultural Somatics and other traditional healing methods including Curanderismo and Reiki.

Counselor Education: Bachelor of Arts in Sociology, Seattle University; Masters in Social Work, University of Washington

Counselor Experience: I am a Bilingual and Bicultural therapist that can offer services in either Spanish or English. I have worked with individuals, couples, families, and groups of all ages including children, youth, adults and elders. I have experience treating a wide variety of mental health issues; primarily Post Traumatic Stress Disorder, depression, and anxiety. I specialize in serving trauma survivors in the area of childhood sexual abuse, sexual assault, and domestic violence; cross cultural issues of identity formation, assimilation, and acculturation for immigrants and first generation individuals; individuals who are navigating experiences of racism, sexism, homophobia and other forms of oppression; social justice workers and activists.

Therapeutic Orientation: I view mental health through a decolonial lens. I practice a trauma-focused intersectional approach rooted in anti-racism and anti-oppression. I also incorporate an analysis of cultural and social structures including colonization, sexism, patriarchy, classism, ableism, racism and anti-blackness and their impact on individuals, communities, and most importantly on our mental health and overall wellbeing. I incorporate a holistic focus to therapy and honor the mind, body, and spirit connection. Self-care, self-love, and self-compassion are



Esperanza Counseling and Consulting, PLLC
Diana Mena, LICSW

Therapy
Client Initials _____

emphasized. Collective healing and resilience are also promoted. Intergenerational healing is highly valued.

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. 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: You may email me at esperanzapllc@gmail.com. You may call and/or leave me a message at 425.336.7565. I will check these messages on a regular basis. In case of emergency, please contact 911 or the crisis clinic at 1800.244.5767 or 206.461.3222.

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

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____