



Allie Bulliman Counseling

34004 9th Avenue South, Suite A-11, Federal Way, WA 98003

COUNSELOR AND FEE DISCLOSURE STATEMENT

Counselors practicing counseling for a fee must be registered or certified/licensed with the Washington State Department of Licensing for the protection of public health and safety. Certification of a practitioner by the State is in no way recognition of practice standards or the effectiveness of any treatment.

ALLISON BULLIMAN, LMHCA, R-DMT

WA REG. MC60278021

Supervisor::

BERNICE IMEI HSU, RN, M.Div, MAC, LMHC, RYT

WA REG. LH00008891

Allison Bulliman is a Licensed Mental Health Counseling Associate in the State of Washington and a Registered Dance Movement Therapist. She holds a Bachelors of Arts in Psychology from Clark University and a Master of Arts in Expressive Therapies Counseling from Lesley University (Cambridge, MA). She provides treatment for a broad range of issues including social empathy, grief and loss, recovery from sexual abuse, and stress management. She utilizes elements of several treatment modalities, including the use of Dance Movement Therapy, Cognitive Therapy, and refers clients for treatment in integrative medicine. Allison holds certificates of education in Mindfulness and Meditation and Stress Management, is credentialed in Rainbowdance©, and is an active member and contributor to the American Dance Therapy Association.

I have read the information on Allison Bulliman, LMHCA, R-DMT and have had the opportunity to ask any questions about her and/or my counseling program. I understand that she is in independent practice, and will consult with her licensed supervisor in a confidential manner.

Signature _____ Date _____

The fee for a 50 minute session is \$100.00

I agree to pay \$100 per 50 minute session, effective through six (6) months of signature date. I understand that at the end of six months, an adjustment in my hourly rate may be necessary due to cost increases.

I understand that payment is due at the beginning of each counseling session. I also understand that if payment is not made, all remaining scheduled appointments may be cancelled until payment is made.

Signature Date

Allison Bulliman, LMHCA, R-DMT Date

Any cancellation requires a 24 –hour notice. A no show or late cancellation fee is charged at full fee, with exceptions for extreme hardship, illness, and weather.