HOLISTIC NORTHWEST DISCLOSURE STATEMENT 2026

Holistic Northwest

1. PROVIDER INFORMATION

Name	Chrystal Nelthropp, LMHC, LPC
Business Name	Holistic Portland, LLC dba Holistic Northwest
Business Address	298 Laneda Ave, Suite 4, Manzanita, OR 97130
Mailing Address	PO Box 579, Manzanita, OR 97130
Telephone	(206) 390-6249
Website	https://holisticnw.com
WA License Number	LH61416228	Licensed Mental Health Counselor (LMHC)
OR License Number	C4615	Licensed Professional Counselor (LPC)
NPI	1619386356
Tax ID	991548484
In Person Sessions	298 Laneda Ave, Suite 4, Manzanita, OR 97130
Telehealth Platform	HIPAA-compliant video sessions conducted via SimplePractice
Service Area	Washington and Oregon residents
Population Served	Adults 18 years plus to Elders
Session Hours	9:00am – 5:00pm Pacific Time Monday - Thursday by appointment

2. EDUCATION, TRAINING, AND EXPERIENCE

I hold a Master's of Arts degree in Transpersonal Counseling Psychology from Naropa University, and a Bachelors of Arts degree Health Psychology at Bastyr University. I am a seasoned psychotherapist with over 19 years of experience in the mental health field, beginning as a volunteer at King County Crisis Line in 2007.

I am licensed as a Licensed Mental Health Counselor (LMHC) in Washington State and, Licensed Professional Counselor (LPC) in Oregon State. I maintain a clean professional record: no disciplinary actions, sanctions, malpractice claims, criminal charges, or ethical issues.

3. THERAPEUTIC ORIENTATION & COUNSELING METHODS

I provide individual holistic, depth, and mindfulness focus counseling for women in midlife and beyond. My approach honors the whole person, mind, body, emotions, lifestyle, and cultural context. Blending evidence-based and depth-oriented approaches.

Modalities and frameworks I use include:

- Acceptance and Commitment Therapy (ACT) - building psychological flexibility and values-aligned action
- Dialectical Behavior Therapy (DBT) - building emotional/physical resilience and distress tolerance skills
- Mindfulness-Based approaches - cultivating present-moment awareness and somatic attunement
- Person-Centered Therapy - unconditional positive regard, empathy, and collaborative goal-setting
- Internal Family Systems (IFS) - exploring protective and wounded parts, integrating inner wisdom
- Polyvagal-informed and trauma-sensitive therapy - nervous system awareness and regulation

- Attachment-based and narrative approaches - understanding relational patterns and schemas
- Expressive/creative modalities - symbolic, somatic, and imaginative elements as appropriate

Areas of specialization include:

- Perimenopause & Menopause
- Complex Chronic Health Conditions
- Autoimmune Disorders
- Anxiety, stress, and depression
- Trauma and grief - drawing on somatic and depth-psychological frameworks
- Chronic illness, and life transition concerns
- Mindfulness integration and contemplative practices

4. SERVICES AND PROPOSED COURSE OF TREATMENT

Services are offered in-person in Manzanita Oregon, and via telehealth (video) through HIPAA-compliant platforms Simple Practice and Doxy. Sessions are 55 minutes in length. Session frequency and the proposed course of treatment will be collaboratively determined based on a patient's needs, goals, and diagnosis of medical necessity. Treatment is an evolving process and will be reviewed and updated regularly with patient participation.

If at any point I believe a patients needs fall outside my scope of practice, I will discuss them promptly and provide referrals to appropriate resources. I do not provide crisis intervention, medication management, or forensic/legal evaluation services.

5. FINANCIAL REQUIREMENTS AND BILLING PRACTICES

Fee Structure:

- Standard Individual Session: $180 per 55-minute session
- Initial Diagnosis Evaluation: $250 per 55-minute session
- Cancelation Policy Fee: $180 per 55-minute session

Insurance and Payment:

I am paneled with select insurance plans in Oregon and Washington, including United Healthcare, PacificSource, MODA Health, and Regence Blue Shield/Blue Cross. I will bill insurance directly where possible. For plans with which I am not paneled, or for self-pay clients, payment is due at the time of service. A Superbill (itemized receipt) can be provided for clients seeking out-of-network reimbursement from their insurer.

No Surprises Act, effective Jan. 1, 2022. I protect patients from unexpected "balance bills" for emergency services and certain non-emergency care by stating rates specifically and upfront. All rates including those of the cancelation policy are addressed in writing and verbally in the initial session.

Cancellation Policy:

Full session fees apply to appointments cancelled with less than 48 hours' notice, or for no-shows. Cancelation Policy Fees of $180 per 55-minute session are paid by the patient out of pocket. If a pattern of late cancellations arises, there will be a discuss continuation of services.

Refunds:

No refunds are issued beyond the session fee. Fees will not be pursued for sessions cancelled in accordance with the Cancelation Policy.

6. CONFIDENTIALITY AND ITS LIMITS

Privacy is of the utmost importance. All sessions and all records are confidential in accordance with Washington and Oregon State law and applicable federal regulations. However, confidentiality has limits. I may be required or permitted to disclose information without written consent in the following circumstances:

1. Death or disability: Disclosure to a personal representative in the event of your death or incapacity (except where prohibited by written directive).
2. Duty to warn / protect: If a patient communicates a credible, imminent threat of serious harm to an identifiable third party, I am required under Washington law to take reasonable protective action, which may include notifying the intended victim and/or law enforcement.
3. Child, elder, or vulnerable adult abuse/neglect: I am a mandatory reporter and required by law to report known or reasonably suspected abuse or neglect.
4. Court orders and legal proceedings: If you bring your mental health into question in legal proceedings or if a valid court order is issued, the privilege may be waived or overridden with a signed Release of Information (ROI).
5. Subpoena or legal process: In response to a valid subpoena or order from the Secretary of Health or licensing authorities under this chapter.
6. Consultation: I may consult with a qualified colleague to provide the best care. Identifying information will be protected to the full extent possible.

Diagnostic information: I am required to establish current diagnoses of medical necessity using criteria in WAC 246-810-010 for Health Insurance billing purposes. Patients have the right to discuss any diagnosis with me.

7. YOUR RIGHTS AS A CLIENT

As a client, you have the following rights:

- The right to choose your provider and treatment modality that best suits your needs
- The right to refuse treatment at any time, without penalty
- The right to seek a second opinion from another qualified professional
- The right to be informed about the proposed treatment, its goals, methods, and expected outcomes
- The right to review your records and request corrections (subject to applicable law)
- The right to terminate the counseling relationship at any time
- The right to a referral if services are discontinued, if available
- The right to be treated with dignity, respect, and without discrimination
- The right to file a complaint with the Washington State Department of Health (see Section 9)

8. EMERGENCY PROCEDURES

I am not available for any crisis response or emergency. If patients are experiencing a mental health emergency or physical health emergency:

- Call or text 988 (Suicide & Crisis Lifeline) - available 24/7
- Call 911 or go to the nearest emergency room
- Contact a local crisis line in their area

Patients are requested to let me know at the start of our work together if they have a safety plan or support contacts so we can coordinate care effectively. For urgent non-emergency matters, patients may contact me by secure message through their SimplePractice portal and I will respond within two business days Monday to Friday.

9. TERMINATION OF THE THERAPEUTIC RELATIONSHIP

Either the patient or I may end the therapeutic relationship at any time. If patients wish to discontinue, I ask that they let me know in advance, so we can plan an appropriate ending. I will provide a referral to another provider if requested and available.

I may initiate termination if: services are not clinically appropriate or outside my scope of practice; there is a pattern of non-payment or no-shows; a patients needs require a higher level of care; or a dual relationship conflict arises. In such cases, I will provide reasonable notice and referrals as appropriate and available.

10. CREDENTIAL DISCLAIMER

I am credentialed by the Washington and Oregon State Departments of Health for the purpose of public protection. Licensure by the Department of Health does not guarantee the effectiveness of any particular treatment, service, or outcome.

Purposes of Credentialing (per RCW 18.225.100): (i) to protect the public health and safety; and (ii) to empower citizens to protect themselves by ensuring access to important information.

11. RIGHT TO FILE A COMPLAINT

If a patient believes a counselor has acted improperly or unprofessionally, they have the right to contact the Washington State Department of Health:

Mailing Address	Health Systems Quality Assurance (HSQA), PO Box 47857, Olympia, WA 98504-7857
Phone	1 (360) 236-4700
Email	HSQAIntake@doh.wa.gov
Online	www.doh.wa.gov (file a complaint online)
Mailing Address	Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) 3218 Pringle Road SE, Ste. 120 Salem, OR 97302
Phone	503-378-5499
Email	lpct.board@mhra.oregon.gov
Online	https://www.oregon.gov/mhra/pages/complaint.aspx