

Professional Disclosure Statement & Consent for Mental Health Counseling Services

Teresa Lauer, MA, LMHC

Licensed Mental Health Counselor: #LH60167053
National Provider ID: #1477866192

As a Licensed Mental Health Counselor (LMHC) in the State of Washington, I must provide you at the commencement of any program of treatment with accurate disclosure information concerning my, in accordance with rules adopted by the department, including your right as a client to:

- Refuse treatment
- Choose the provider and treatment modality which best suits your needs; and
- The extent of confidentiality that you may expect.

I invite you to read this disclosure and content for services prior to selecting me as your therapist. You may learn about my professional credentials, training, background, therapeutic philosophy, treatment modalities, services offered and fee schedule.

Education & Training

M.A. Counseling Psychology, University of San Francisco, 1996
B.A. Psychology & English, Thomas Edison State College, 1993

Client Profile

Individuals, Couples, and Families
Family & Social Relationships
Work & School
Health & Wellness

Therapy Specialties

ADHD/ADD
Anxiety Disorders and Stress Management
Asperger's Syndrome
Attachment Disorder
Autism Spectrum Disorder
Mood Disorders (Depression)
Post Traumatic Stress Disorder
Seasonal Affective Disorder
Sexual Disorders
Somatization Disorder (Chronic Pain)
Substance Abuse

Therapeutic Philosophy

I use **Positive Psychology** in our work together to help you gain all this and more; positive emotions, strengths and virtues - identifying and optimizing those you already possess and gaining new. Positive psychology is a very unique and effective approach to helping you construct the life you feel you were meant to live.

When selecting me as your therapist, you can be assured of exemplary care, compassion, and empathy. I attend to your immediate needs and develop a customized, goal-oriented treatment plan, allowing us to move with purpose to a resolution of your issues. What you learn about yourself and your relationship can help you far beyond the end of our therapy relationship.

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Therapeutic Approach

My therapeutic approach depends on the issues that brings you to therapy and an assessment of your needs.

For personal growth and insight, **Cognitive Behavioral Therapy (CBT)** and a mind-body approach is often most effective allowing us to identify areas of concern and progress quickly while still providing insight useful when future issues arise. **Applied Behavior Analysis** has been shown most effective in behavioral learning and modification,

I utilize homework assignments outside of your therapy session including reading, journaling, art, photography, and other methods of self exploration.

I adhere to strict ethical guidelines as established by the Association Psychological Association and it is impossible to guarantee any specific therapeutic results as a result of our time today. We will work on achieving the best possible results, together.

Confidentiality

The information you share with me is handled in a respectful and professional manner and is shared, in most situations, after a release of information has been signed by you.

The limit to this confidentiality is when there is a concern that you will harm yourself or others, or court orders that request information. You will be asked to sign this disclosure prior to beginning treatment.

Length of Sessions

Sessions are 50-55 minutes in duration and are scheduled by mutual agreement. I kindly request that if you are unable to keep your appointment, that you please call within 24 hours to cancel or reschedule.

Billing, Fees and Payment

I agree to provide counseling services in return for a fee of \$100 per session or at my insurance provider contracted rate. Your payment or co-payment for each session is requested at the time of service.

You will be charged \$50.00 for missed appointments unless you cancel within 24 hour notice.

Cash or personal checks are acceptable methods of payment and I will provide a receipt for all fees paid. A fee of \$35.00 will be charged for bounced checks.

A sliding fee scale is available upon request and is based on household income level.

In Case of Emergency

If you have an urgent situation that you feel needs immediate attention, or if you feel like hurting yourself or someone else, and I am not available, please contact one of the following:

- Your primary care physician
- 911 or
- The nearest hospital emergency room

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Complaint Procedures

If you are unhappy with any aspect of your care, please bring it to my attention immediately so I can provide more effective treatment or referral to another provider.

Please discuss any questions or concerns with me prior to beginning your therapy services with a confidential, complimentary 30-minute session.

Please sign below if you agree with the above and would like to participate in therapy services and bring this form with you.

Client Signature

Therapist Signature

Date