

## Disclosure of Information

Washington State law requires that all counselors and therapists provide their prospective clients with certain information. The purpose of this requirement is to assist clients in making informed decisions prior to, during and after the counseling process.

### Professional Qualifications and Experience:

- Washington State Licensed Mental Health Counselor #LH00007852
- Master of Science, Counseling Psychology, Central Washington University
- EMDR Part II certified
- Experience working with children, adolescents, adults, couples, families and groups
- Experience with individuals experiencing depression, anxiety, dependence, grief and loss, and distressed relationships

### Therapeutic Orientation:

As a therapist, I will work together with you in a variety of ways to resolve problems, conflicts and reduce or contain what bothers you. There are often many parts of your life that may be important in understanding you or where you are in your life, and we may discuss them. It is important that we have a working relationship and respect each other. We will work together on your feelings and your behaviors that are of concern. Sometimes we will focus on your feelings and other times your behavior. I realize there are different factors such as social, psychological or medical that may be contributing to what you are experiencing. I am willing to work with others in your life, especially your family, since they are often very important in helping you. How I work with you is partly dependent on what we work on and how you learn. What we do is to help you change, resolve problems or conflicts or "just to get better".

### THE FOLLOWING IS A REQUIRED STATEMENT UNDER RCW 18.19.060:

"Counselors providing counseling for a fee must be registered or certified with the Department of Licensing 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."

I must adhere to the ethical and professional standards of the Washington State Omnibus Credentialing Act for the Regulation of Health Professionals. If you feel that I have acted in an unprofessional or unethical manner, please bring this to my attention so we can attempt to clarify and resolve the problem. If this does not resolve the problem, you may contact the State of Washington, Department of Licensing, Counseling Division, P.O. Box 9012, Olympia, WA 98504. (360) 236-4901.

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Client Signature

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Date

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Clinician/Witness Signature

\_\_\_\_\_  
Date