

BRIEF CLIENT INFORMATION AND CONSENT - YOUTH

Client Name:		Date of Birth:
Parent or Guardian Name(s):		Relationship to Client
Address:		
Phone numbers:	Good time to call:	OK to leave message? Yes No

COUNSELOR DISCLOSURE

The choice of a counselor or therapist is an important one and you should try to find a treatment that suits your needs and your style and a therapist with whom you work well. In accordance with state law (WAC 246-809-710) this disclosure statement describes my practice and orientation. It is important that you ask me any questions you have about me or about our work together.

Education, Training and Experience

I received my master's degree in psychology from Seattle University. Since 2003, I have worked in private practice and community mental health with people of all ages and from many different cultures. I have used psychotherapy in the treatment of depression, anxiety, grief, trauma, suicidality, trauma recovery, feeling stuck or angry, and finding focus or peace in life. I have extensive prior experience in the small business community.

My Counseling Philosophy and Approach

I have training and experience in several frameworks of psychology which I use draw upon to help my clients:

- Existential (meaning, relationship, common human struggles)
- Jungian (dreams, myths and stories that resonate)
- Developmental (learning and growth, especially within one's culture)

It is important to stress to that my approach is client-centered. I listen more than I talk and I provide information and reactions to your words, rather than specific advice about what you should do. One of my goals is that you learn to listen to yourself, put your sense of things into words, and trust the direction you choose for yourself.

The length of treatment will depend on what you, as my client, are learning and experiencing and if you are benefitting.

Charge and Method of Payment

My charge for your regular therapy sessions will be \$ 90.00 per session, due at each session.

SIGNATURES INDICATING CONSENT TO TREAT

→ I have been provided with a copy of this required disclosure information and I have read and understand the information provided. → I have received a copy of the text of the state brochure Washington State Department of Health Counseling or Hypnotherapy Client and Counselor Responsibilities and Rights.

Client: _____ Date: _____

Parent or Guardian: _____ Date: _____

Therapist: _____ Date: _____