

Counselor Disclosure Statement

Anam Cara Counseling, PLLC

Aileen MacLaren Loranger, MSN, PhD, MAPC, LMHC
1207 N. 200th Street, Suite 110
Shoreline, WA 98133
(206) 795-2168

This is a statement of our rights and responsibilities within our therapeutic relationship. The RCW 18.19.060 and WAC 246-810-031 require counselors to provide written disclosure of the following information to clients before counseling begins. Please read this statement thoroughly and then sign the consent for treatment. If you have any questions or concerns, please tell me and I will be happy to discuss them with you.

Professional Profile: With a Master of Arts in Pastoral Counseling from Seattle University, I bring professional experience in both community mental health and the private sector, working with individuals and/or families across the lifespan. My background includes nearly 40 years in nursing coupled with twenty years in behavioral sciences and health education. My work in chaplaincy and lay ministry further equip me to provide a compassionate, pastoral approach to counseling, especially for those coping with grief and loss.

Therapist's Qualifications/Education

Active Washington State Licensed Mental Health Counselor # LH60387704
Post Graduate Certificate in Clinical Theory and Practice, Wellspring Family Services, 2013
Master of Arts in Pastoral Counseling, Seattle University, 2011
Clinical Pastoral Education, Veteran's Administration, Puget Sound HCS, 2006-2007
Doctor of Philosophy, Public Health/Behavioral Sciences, Johns Hopkins University, 1998
Master of Science in Nursing, University of Miami, 1982

Counseling Approach: In counseling, I will be actively involved in collaborating with you, providing information, guidance and support.

My holistic approach integrates a variety of therapeutic styles and techniques depending on what best fits the client and the situation. Client-centered, cognitive behavioral, family systems and psychodynamic psychotherapy are some of these modalities. I focus on client strengths to help individuals restore mind/body/spirit balance within themselves and their relationships in order for them to heal and grow towards more productive lives, better able to respond to life's crises and transitions.

Counseling may involve helping you identify, develop and implement more effective strategies for problem solving and how to make healthier decisions. At times I may ask you to do some specific activities outside our sessions, such as reading a book that I think may be helpful.

The length of time you would be in treatment cannot be known early in the course of counseling.

Risks and benefits: Counseling has risks and benefits. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness, or helplessness. On the other hand, counseling has been shown to have many benefits. It often leads to better relationships; it can provide solutions to specific problems; there is often a significant reduction in feelings of emotional distress.

Some clients need only a few sessions to achieve their goals while others may benefit from long term therapy.

Client's Rights: Clients have the right to choose a counselor who best suits their needs and purposes. As a client receiving services, you have a right to:

- 1) Have full knowledge of your therapist's qualifications and training.
- 2) Be fully informed regarding the financial terms of service.
- 3) Discuss your treatment with anyone you choose, including another therapist.
- 4) Have a detailed explanation of any therapeutic approach prior to its initiation
- 5) Have direct access to your treatment records.
- 6) Have pertinent information shared with another therapist, or any other party, provided you sign a release of information, and/or specify in writing that information not be released to certain individuals.
- 7) Question the practice and competence of your therapist, and if you desire, to file a formal complaint with appropriate professional or legal bodies.
- 8) Request a copy of the ethics code that governs your therapist's practice.
- 9) Terminate treatment at any time for any reason without penalty.

If you are concerned about my professional conduct, you may file a complaint with the Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. Their telephone number is 360-236-4700.

Client Responsibility: Your responsibility is to be willing to work on your issues and demonstrate some commitment to the counseling process. It is your right and responsibility to decide if you want to participate in the counseling relationship and you can end therapy at any time. If you have concerns, dissatisfactions and/or want to terminate treatment, I encourage you to discuss these with me so that we can attempt to resolve them and/or bring our professional relationship to a positive close.

You are also responsible for all financial obligations. If there is an unpaid balance that needs to be sent to collection, an additional charge will be added to account for the late payment and charges.

Maintaining Confidentiality: Clients can rely on me to maintain confidentiality regarding our work together with these few exceptions:

- 1) I may consult with other professional therapists, who are required to keep client information confidential, for case consultation or case management purposes.
- 2) Washington State Law requires that suspected abuse or neglect of a child, dependent adult, or developmentally disabled person be reported.
- 3) Washington State Law also requires that others be informed if a client threatens to harm herself/himself or others. If that threat is perceived to be serious, the proper individuals must be contacted: this may include the individual against whom the threat is made.
- 4) In the event of a court order, counselors may be required to disclose information in the presence of a judge.
- 5) Information which may jeopardize my safety will not be kept confidential.
- 6) In the event of a medical emergency, emergency personnel may be given necessary information.
- 7) If you bring a complaint against me with the State of Washington, Department of Health, information will be released.

- 8) In the event of the client's death or disability, the information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.

Counseling Fees, Office Procedures and Financial Agreement for Counseling Services will be provided in a separate document for review and signature. You are encouraged to ask questions or discuss your concerns prior to signing these contracts.

A treatment plan will be developed with your agreement and signature.

I can be reached by voicemail at (206) 795-2168. I check my messages frequently and will return your call as soon as possible. If you are experiencing an emergency situation, please call 911, or the Crisis Line at King County (206) 461-3222, or go to the nearest hospital emergency room.

Consent for Treatment

Disclaimer by the State of Washington: "Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of public health and safety. Registration does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment."

With my signature, I acknowledge that I have read and understand this disclosure and the accompanying sliding scale fee schedule. I consent to therapy with Aileen MacLaren Loranger, PhD, MAPC, LMHC, Therapist/Mental Health Counselor, according to the terms described here.

Client Name(s)

Therapist Signature Date

Client Signature Date

Client Signature Date