

## Counselor Disclosure Statement

WAC 246-810-031 requires the disclosure of the following information in written form by counselors to their clients

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**Lauren I. Lowenthal, MS, LMHC**  
**Licensed Mental Health Counselor**  
**DBA Clarity Counseling Associates**  
631 Strander Blvd., Bldg. A, Suite G  
Tukwila, WA 98188  
(253) 258-3826

*I am pleased to be working with you as your counselor. This information is intended to inform you of my background as well as describe issues regarding our therapeutic relationship. Please read it carefully and when it is understood and agreed to, sign the consent for treatment on the last page. If you have any questions or concerns, please let me know and I will be happy to discuss them with you.*

**Qualifications/Experience:** I am a Licensed Mental Health Counselor in the State of Washington (LH60686032). I received a Master's degree in Counseling from Shippensburg University in Pennsylvania. I bring diverse experience from both college counseling and community mental health environments. I have dealt with broad ranging client issues including academic and career concerns and life transitions, mood and anxiety disorders, substance abuse, trauma, and personality disorders. In addition, I have worked with clients who have severe chronic mental illness.

**Emergencies:** I do not offer crisis coverage. If you are experiencing an emergency, including a threat to yourself or others, please call 911 or go to your nearest emergency room. You may also call King County Crisis Clinic at 206-461-3222 or the National Suicide Prevention Hotline at 800-273-8255.

**Counseling Process:** People seek counseling for a variety of reasons: they may want to change their personal or professional situation, solve a particular problem or simply bring greater balance and well-being to their lives. Counseling provides the opportunity for growth, self-discovery and insight in the context of a safe, supportive environment. While the counseling process can be fun and exhilarating, it can also, at times, be very challenging, difficult, and even painful. As a result, sometimes clients may feel worse before feeling better. In addition, there are no absolute guarantees that you, specifically, will benefit from counseling despite my best attempts.

In working with clients, I employ a client-centered, humanistic approach which I consider the foundation for my work. I use this approach because it resonates with my belief that individuals generally have the potential to actively choose and pursue their goals if they are determined and supported. However, because each client is unique and presents with his or her own specific needs and concerns, I may overlay different therapies and techniques, such as eye movement desensitization and reprocessing (EMDR), cognitive-behavioral therapy (CBT), and dialectical behavior therapy (DBT), based on client needs.

I work with clients on a weekly basis unless otherwise discussed and agreed upon.

**Counseling Relationship:** Although our sessions may be very intimate emotionally, ours is a professional relationship rather than a social one. As such, maintaining professional boundaries is a vital aspect in the therapeutic relationship and I will uphold those boundaries in order to ensure an appropriate

therapeutic relationship.

**Use of Diagnosis:** If you are using insurance it is typically necessary for a diagnosis to be given in order for treatment to occur. This information becomes part of your permanent record. Another scenario whereby diagnoses and other clinical information may be shared (upon your consent) is if you transfer to another therapist or collaboration is necessary with your physician or psychiatrist, for example.

**Client Rights and Responsibilities:** You have the right to choose a therapist who best suits your needs and purposes. You may ask questions about treatment at any time and may choose to terminate therapy at any time. Therapy may also be ended if I feel your needs will be better met by another provider and will try to make appropriate referrals.

**Confidentiality:** As a licensed mental health counselor, I adhere to the Code of Ethics approved by the Washington State Department of Health and the American Counseling Association. A primary provision of these is my responsibility to protect your right of privacy. As such, I must keep all details of our counseling relationship, including anything you share with me in strict confidence. I may consult with colleagues for supervision with the understanding that I will not disclose your name or other identifiable personal information. However, exceptions to confidentiality do exist; these exceptions include the following situations:

- If I determine that you may be in danger to yourself or others.
- If you provide information that leads me to believe that a child (under 18 years of age), elderly person or disabled adult is or has been abused or neglected.
- If a court order has been issued to release information about you and your clinical record.
- If you request in writing that I may release information about you.

**Appointment and Cancellation Policy:**

- **Session Length:** Sessions are 53 minutes in length. Regardless of what time you show up we will end the session 5 minutes before the end of the hour.
- **Tardiness:** If you are more than 15 minutes late to an appointment, I will cancel the appointment. You are welcome to reschedule the appointment if I have any openings. Any appointment rescheduled outside of the week in which it was to occur is subject to the missed appointment/late cancellation fee.
- **No-show/No-call:** If you no-call, no-show for your appointment, you will be immediately removed from my schedule until I hear from you. You will incur the missed appointment/late cancellation fee. This fee is to be paid before you can be added back to my schedule.
- **24 Hour Cancellation:** Your appointment is reserved specifically for you (I do not double book). Therefore, in the event you must cancel or reschedule an appointment, you must notify me a *minimum* of 24 hours in advance to avoid being charged for the missed appointment. If you are unable to provide this notice, you will incur a missed appointment/late cancellation fee. Insurance will *not* cover this fee.
- **\$100.00 fee for late cancellation/missed appointments.**
- **Emergencies/Sickness:** In the case of legitimate illness or emergency, and you are unable to

provide me the minimum 24 hour cancellation notice, I will **waive the fee one time over a 12 month period**. If there is a pattern noticed of cancelled appointments (whether providing 24 hours' notice or not), I may be unable to continue to provide services, and reserve the right to cancel future appointments in order to make room for clients committed to the therapeutic process. If you know you will be out of town or have another reason for missing sessions, please discuss with me as soon as possible.

**Financial Responsibilities:** My private pay rate is \$150.00 for the initial session and \$125.00 per 53 minute session thereafter. I also accept some insurance plans. You will be responsible for deductibles, co-payments and co-insurance according to your insurance plan at the time services are rendered.

It is your responsibility as the insurance holder to check your benefits to determine what the co-pay and/or co-insurance will be, if mental health services are covered, if you have met your deductible and how this will affect the cost of therapy. If you are unable to pay the fees at the time of service for more than one visit (and without developing a payment plan), it is recommended to not continue with new sessions until the financial piece is no longer an issues and payments are made.

**Complaint Procedures:** If you are dissatisfied with any aspect of our work, please inform me immediately. If you think that you have been treated unfairly or unethically and cannot resolve the problem with me, you may contact the Department of Health at the following address to lodge a complaint.

Washington State Department of Health  
Health Systems Quality Assurance  
PO Box 47857  
Olympia, WA 98504-7857  
(360) 236-4700

**Consent for Treatment:** By your signature below, you are indicating that you agree with the terms above and voluntarily give consent for evaluation and counseling services to be provided by me and that you may withdraw at any time from treatment and refuse any treatment offered.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date