

Lanae Ayers, MA, LMHC # LH60146921

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Client Information & Disclosure Statement

This is intended to provide you with information regarding my qualifications, therapeutic orientation and approach to service. It is your right and responsibility to choose the provider and treatment which best suits your needs.

Qualifications

I received both my undergraduate and graduate degrees at Bastyr University and the Leadership Institute of Seattle. My undergraduate degree in Applied Behavioral Science combines many disciplines including psychology, sociology and cultural anthropology. I hold a Master of Arts in Applied Behavioral Science with an emphasis on Systems Counseling. I am a member of the American Association of Marriage and Family Therapy and am registered through the State of Washington Department of Health #RC00040097.

Orientation

I work from a variety of therapeutic approaches including Solution Focused Therapy, Narrative Therapy, Family of Origin and Family Systems Theory. These approaches affirm the strengths of the client and of the client's family system while motivating the client to see the clinical issues in a different way. My focus is to assist the client in developing new skills while acknowledging existing strengths, resources and past solutions. I work in a way that asks us to look into our lives, habits, patterns, choices, desires and ourselves. This practice takes shape through our therapeutic relationship and through careful listening and responding to language, dreams, behaviors, ideas and goals. The specific choice of approach depends upon the issues to be resolved and the needs of the client. This is established through a relationship emphasizing personal authority and responsibility, mutual respect and honesty. First and foremost I believe in the healing

power of relationship. Once this has been established between client and therapist the work can begin.

Fees & Appointments

My base fee for therapy is based on income and ability to pay for clients without insurance coverage. A standard session is 50

minutes. Your fee will be determined prior to your first appointment. (_____ per

session). My **full fee** will be charged for missed appointments and cancellations not

made at least 24 hours prior to the scheduled appointment time. . I will assume that you have cancelled without notice if you are more than 10

minutes late without notifying me. Payment is due at the end of each session unless different arrangements have been made. Please determine **prior to your appointment** if you have met your deductible. If not, you will be charged at each appointment until your deductible is met. **You are responsible for paying my fee even if you believe that a third party (insurance) should pay and then do not.**

Phone Contact

You may reach me by calling 253-355-6160. I check my voicemail regularly and will

return your call as soon as possible. My email address is lanae@ayerscounseling.com I

check my email at the beginning and end of each work day. . If you need assistance before I can be reached you may call the Pierce County

Crisis Line at 800 576 7754

Confidentiality

All issues discussed in the course of therapy are strictly confidential and will not be disclosed without your written consent except for consultation with other clinicians. You may request that no records be kept. This does not apply to session notes that I may keep for myself in the interest of consistency and congruency of therapy. Washington State law requires me to inform you that "counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of the 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.

The exception to the confidentiality agreement is if you report abuse of a minor or elderly

person OR suicidal ideation. I am required by law to report any such information to the authorities.

Your signature indicates that you have read and understand this Disclosure Statement It further indicates that you are agreeable to the information presented, including the negotiated fee for services and the manner of payment.

By signing this disclosure you agree with the terms stated.

Client Signature _____ Date _____

Client Signature _____ Date _____

Lanae Ayers, MA, LMHC _____ Date _____