Cathryn McRuer-Wong, MA, LMHC

Client Informed Consent and Therapist Disclosure

The following information is provided as required by Washington State law.

Personal Disclosure Statement – I am a licensed mental health counselor in an independent private practice in the State of Washington: LH60089692. I have a Master's degree in Counseling Psychology from the accredited Adler School of Professional Psychology, Chicago, IL. I have approximately 30 years of counseling experience in hospital and community settings.

Therapy Approach – I use Adlerian (the psychology of Alfred Adler) psychology, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Solution-Focused Therapy. My approach will be collaborative with you as the ultimate expert on "you" and will move you towards healthy choices and to your potential in life. I am certified in Eye Movement, Desensitization and Reprocessing (EMDR) therapy, stress management, hypnotherapy and other mind-body techniques in order to help you to overcome past or present trauma, and to develop ways to cope effectively and find a sense of balance and peace in the mist of life's daily stressor and challenges. Please be aware that therapy is a process of which may take weeks or months to resolve. During therapy, as thoughts and feelings are uncovered, you may feel worse before feeling better. I will provide you with a safe and nurturing environment to deal with your issues.

Fees – Individual sessions are $120.00 per hour. Couples and family sessions are $150.00 per hour. Payments options include cash, check, and all major credit cards. Insurance clients: a claim will be submitted to your insurance. You will be responsible for any co-pay or deductible. Private pay clients: a receipt will be provided for your records or to submit to your insurance for reimbursement. Outstanding payments will be sent to a collection agency after 60 days.

Therapist/Client Agreement

1. You have the right to request a change of therapy, referral to another therapist, or to discontinue therapy. It is always encouraged that you ask questions and discuss any concerns or difficulties at any time. There are no guarantees for any therapy received.
2. This relationship is subject to confidentiality. Please read the attached sheet, which explains the exceptions that are required by law.
3. I, as your therapist, may seek consultation with other therapists and will do so with confidentiality by withholding your name and any other information that can identify you.
4. I, as your therapist, shall adhere to the WMHCA Professional Code of Ethics for LMHCs in the State of Washington.
5. I, as your therapist, will keep a concise written record of your sessions with information pertaining to your treatment and progress.

I have read and understood the content of this document,

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Client or Parent/Guardian Signature Today's Date