

**Cathryn McRuer-Wong, MA, LMHC**

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**Client Informed Consent and Therapist Disclosure**

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

**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 20 years of counseling experience in hospital and community settings.

**Therapy Approach** - I use Adlerian (the psychology of Alfred Adler) psychology, Cognitive Therapy, 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 trained in Eye Movement Desensitization Reprocessing (EMDR), stress management, hypnotherapy and other mind-body techniques in order to help you to overcome past or daily trauma, and to develop ways to cope effectively and find a sense of balance and peace in the mist of life's daily stressors and challenges. Please be aware that therapy is a process which may take weeks or even 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 \$100.00/50 min. Couples and family sessions are \$130.00/80 min. I accept cash, checks, and all major credit cards. Insurance clients: a claim will be submitted to your insurance company. You will be responsible for any co-pay or deductible. Private pay clients: I will provide you with a receipt for you to submit to your insurance company for potential reimbursement. Outstanding payments will be sent to a collection agency after 90 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 but will do so with confidentiality. I will not use your name or any information that can identify you.
4. I, as your therapist, shall adhere to the Professional Code of Ethics in the State of Washington.
5. I, as your therapist, will be keeping a concise written record of our 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

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Today's Date