



Katherine Latter Counseling, PC —*seeing you through the seasons of your life*
11818 SE Mill Plain Blvd. Ste 311A, Vancouver, WA 98684 | 360-524-4748 | katherinelatter@gmail.com |
www.seasons-of-change.com

PROFESSIONAL DISCLOSURE STATEMENT

I welcome you and am pleased that you have chosen me as your counselor. I look forward to getting to know you, and I will do my best to be of help to you through the circumstances you are facing. This document will serve to inform you about my education, insure that you understand about our professional relationship, allow you to recognize what you can expect during our counseling sessions, and to know what your rights are, as a client. Please carefully read this document, and once you have done so, sign it. Your signature indicates that you have read and understood this document.

Philosophy and Approach

My goal is to provide a safe environment, where you feel valued, important, and have the potential to experience growth and healing. Life is not always simple, and we can all experience challenges and difficulties. With this said, my hope is that as we work together, you are able to feel empowered and strengthened to make personal decisions and to gain tools to cope with life's circumstances.

Your journey and experience are important! Our time together in counseling will be helpful in exploring past and present situations, which have affected you, personally. Many times this will involve places of wounding, perhaps trauma, or childhood and current issues, which have been challenging to let go of. We will work at recognizing your personal strengths and gleaning tools, which will help you to better cope in the present. We will also look at thought processes, which can affect attitudes, actions, and behavior, through a therapy called Cognitive-Behavioral Therapy (CBT). In addition, we will use Emotionally Focused therapy to explore relationships and automatic dialogues, underlying thoughts, which can be triggered by conversation. Recognizing and replacing negative thoughts and beliefs will be a key part of therapy. We will also collaborate in the therapeutic process, by brainstorming together, as you land on possible tactics to explore, through Solution-Focused Therapy (SFBT). I use Eye-Movement Desensitization and Reprocessing (EMDR), which is bilateral stimulation through eye-movement, tapping, or pulsars, and is used to help people process negative patterns of thoughts and traumatic incidences. Trauma can be stored in maladaptive/dysfunctional memory networks, which need to be accessed and reprocessed in order to link with existing positive, adaptive memory networks. This mode of therapy helps people desensitize emotional and physical distress, learn new integrated life-concepts, and experience personal growth and resilience (EMDR Institute, 2016). Lastly, I use Dialectical Behavioral Therapy (DBT) to give clients tools to enhance emotional regulation.

Education and Training

I have a Masters of Arts in Counseling from Multnomah University, in Portland, Oregon. I have taken courses in beginning and advanced counseling skills, human growth and development, spiritual integration, human sexuality, marriage and couples, understanding trauma, post-traumatic stress, and sexual abuse. I also have taken continuing education courses, including Eye-Movement Desensitization and Reprocessing (EMDR), and will continue with education, as required in accordance to holding my Mental Health Counselor License. I am prepared to help clients with anxiety, depression, post-traumatic stress, sexual abuse, relational conflicts, anger issues, and mental illness.

I am a member of the American Counseling Association (ACA) and will adhere to the legal and ethical codes, therein.

Nature and Purpose of Counseling

We will meet for an initial intake and this will give us the opportunity to decide if we would like to continue in therapy. After the intake, I will make an assessment of what brought you to therapy, and will begin to explore your thoughts about goals you would like to achieve. I will then write a treatment plan specified towards the goals you set. We can discuss how long we will meet and at any time, should you want to discontinue therapy, you may do . I would love the opportunity to part on good terms with you, so that you can experience a smooth transition. Please know that you are welcome to come back, should you need to, down the line.

Records and Confidentiality

What you share in my office is confidential. I keep notes, but those notes are locked, if they are in paper form, and encrypted, if they are on the computer. There are some instances where, as a mandated reporter, I must report what is said in my office:

1. I must comply with laws concerning child, elder, or dependent adult abuse or neglect.
2. If you are in danger of harming yourself or others.
3. If a judge orders me to disclose information in a court of law.

Furthermore, there may be times when your situation is discussed with a supervisor for consultation. This is done discreetly and for the purposes of giving you the best care possible.

Crisis and Safety

Your safety is of the utmost importance. I am in my office on Wednesdays, 10:00 am to 6:00 pm. and Fridays from 10:00 am to 6:00 pm. I am able to monitor my email and will check phone messages in between clients on week days, but not weekends. I will return phone calls or emails as soon as

possible. If you have an urgent emergency and cannot get ahold of me, please call the Clark County Crisis Line at 360-696-9560 or Multnomah County Crisis Line at 503-988-4888. You can also call 911 or go to the local emergency room.

Fees

My fee is \$100 for individuals, \$115 for couples, and \$140 for extended sessions. Your payment may be paid with cash, check, or credit card at the beginning of your session. I also offer a sliding scale fee upon request. Group therapy fees will vary.

I will also charge for any reports I write on your behalf for any legal proceedings, preparation for proceedings, and all phone calls over 15 minutes. These services will be rated by my hourly fee.

In addition, if I use inventories and assessments to enhance your progress in therapy, there may be an additional fee for their scoring and evaluation.

In signing this document, you are acknowledging that you are responsible for charges made to your account. If for any reason your account becomes delinquent, your signature on this consent allows for the release of information to a collection agency for the collection of funds.

1. If you are more than 20 minutes late, then your session can be rescheduled, but you will be charged for a full session fee.
2. As has been stated, you will pay your fee at the beginning of the session.
3. An NSF fee of \$35.00 will be charged for any check that is returned.

Cancelations, Missed, or Changed Appointments

Please let me know as soon as possible, if it is necessary for you to change or cancel your appointment. I will make every effort to be at our appointments, so I expect you to also attend. I do charge a full session fee for missed appointments that are canceled less than 24 hours in advance.

Your Rights as a Client:

- To expect that the intern/licensee has met minimal qualifications of training and experience required by state law.
- To examine public records maintained by the Board and to have the Board confirm credentials of a counselor.
- To obtain a copy of the Code of Ethics.
- To report complaints to the Board of Licensed Professional Counselors and Therapists.
- To be informed of the cost of professional services before receiving services.

- To be free from being the object of discrimination based on race, religion, gender or unlawful category while receiving service.
- To be assured of privacy and confidentiality, while receiving services as defined by rule and law, including the following exceptions:
 - Reporting suspected child abuse.
 - Reporting imminent danger to client or others.
 - Reporting information required in court proceedings or by client’s insurance company or other relevant agencies.
 - Providing information concerning licensee case consultation & supervision.
 - Defending claims brought by client against counselor.

Client Rights—Notification of Client

- 1) All agencies providing services under the act shall post a statement of client rights. Such statement shall inform the client of the client's right to:
 - a) Be treated with dignity;
 - b) Be protected from invasion of privacy;
 - c) Have information about him/her treated confidentially;
 - d) Actively participate in the development or modification of his/her treatment program;
 - e) Be provided treatment in accordance with accepted quality-of-care standards and which is responsive to his/her best interests and particular needs;
 - f) Review his/her treatment records with the therapist at least bimonthly: Provided, That information confidential to other individuals shall not be reviewed by the client;
 - g) Be fully informed regarding fees to be charged and methods for payment.
- 2) Clients shall be informed of their rights pursuant to WAC 388-865-0515 upon admission to inpatient service.

If you have any questions about the counseling process or this disclosure statement, please do not hesitate to ask. If at any time or for any reason, you are not satisfied with my services, please inform me. You may also contact the Washington State Department of Health at PO Box 1099 Olympia, WA 98507-1099 or by phone at 360-236-4700.

I or we, _____ have read and fully understand the information provided to me or us, by Katherine A. Latter, M.A., Credential Number LH 60813748, on her Professional Disclosure Statement. I have received the document and signed this acknowledgment.

<u>SIGNATURE</u> (in the case of minors, legal guardians, please sign)	<u>DATE</u>
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Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Ph: _____ Cell Ph: _____