



Training and Degrees: Since graduating with a Bachelor of Science from the University of Washington I have worked in corporate America, taught English overseas, and owned my own business. I have spent 17 years volunteering in nonprofit settings providing individual counseling, leading support groups, and giving trainings on depression, intimacy-avoidance, codependency, control, conflict resolution, and understanding how our past impacts our present. In 2013 I graduated with my Master of Arts in Counseling Psychology from The Seattle School of Theology & Psychology and completed a one-year internship with Seattle Therapy Alliance where I worked with women's issues. In May of 2015 I completed a one-year certificate program in Clinical Theory and Practice through Wellspring Counseling and in 2016 I became a Licensed Mental Health Counselor in the State of Washington (#LH60685657).

Counseling Orientation: My approach to counseling is built upon the perspective that it is through understanding our relational patterns that we change. Our time together will be primarily conversational as we explore the presenting problems(s) that led you to counseling, as well as the dynamics of your primary relationships. I believe it is the deepest of human desires to be understood, and my work will be to help you understand current patterns and link past patterns to present. I believe that as you do this work you will experience freedom from self-limiting beliefs that rob you of joy and create needless suffering, and unlock energy that can then be used to pursue your true potential. Since it is also my conviction that that some issues can have a physical component, I may also recommend medical consultation.

Billing and Insurance Information: The fee for counseling is \$115.00 per session and sessions last 53 minutes. The full fee or your co-pay (if you are using insurance) is collected at the time of service. You will be charged for a missed appointment unless you notify me within 48 hours of our scheduled time. Fees may be adjusted periodically and I will notify you in advance of any fee increase. *You are responsible for all charges incurred regardless of whether or not your insurer ultimately pays for these services.* If I bill your insurance, you authorize Laura Pucher Counseling PLLC ("LPC") to request on your behalf, and to collect directly, all insurance coverage benefits due for services supplied by LPC.

Choosing a Counselor: You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

Confidentiality: There is a legal privilege in this state protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality. There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others.

- 1) If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
 - 2) If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
 - 3) If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team.
 - 4) If you reveal information about the sexual misconduct or unlawful action of another psychotherapist licensed in the State of Washington, I am required by law to report that conduct to the Dept. of Health.
 - 5) In response to a subpoena, I may be required to submit my notes or information regarding your case, in which case I will do everything in my power to protect you as a client.
- When it is possible, I will discuss any exceptions to confidentiality as they arise.

Consultations/Affiliations: I periodically seek consultation from a mental health supervisor about my clients. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

I am in business as a sole proprietor, operating my practice independently from others in the office suite.

Ethics and Professional Standards: Counselors practicing counseling for a fee must be registered or certified with the Department of Health 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 purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (a) To provide protection for public health and safety, and (b) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. The Department of Health's website lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please discuss the situation with me so we can come to a resolution. If you find that our negotiation has been unsatisfactory, please contact the Department of Health at the following address and phone number: Department of Health, Counselor Programs, P.O. Box 47869, Olympia, WA 98504-7869, 360.664.9098.

HIPPA: I keep a record of the services I provide to you. You may ask to see and copy that record. You may also ask to correct that record. I will not disclose your record to others unless you direct me to do so. If you are requesting reimbursement by insurance, your provider may request information from your record so they may understand your medical condition and needs.

Online Therapy: Regarding online therapy and consultations, I will be responsible to protect your confidential information and minimize risks to your privacy. As with any communication over the Internet, some risks are present due to the transmission of information and potential improper access to the information.

Limitations and Duration of Counseling Relationship: My role is to provide therapeutic counseling and I will not be able to provide testimony for a court of law or letters to the court.

If we have not had a session for 30 days I will close your case and our therapeutic relationship will be considered terminated.

Contacting Me: You may leave me a message at 425.301.8683. I will check these messages on a regular basis. Please note that if you contact me by email or text, messages can be addressed to the wrong person or accessed improperly while in storage or during transmission over the Internet and therefore aren't a completely secure means of communication. For these reasons I prefer text or email be limited to scheduling and billing.

Emergencies: If you are in an emergency and cannot reach me, please call one of the following numbers for help:

General Emergencies	911
Crisis Clinic	206.461.3222 or 1.866.427.4747

I have read and understand the information presented in this form and all questions have been answered to my satisfaction.

Client Signature

Date

Therapist

Date