



Disclosure Statement and Client Agreement

The Washington Administrative Code requires that I, Laura Halford CDP, LMHC, inform you of the form of treatment I provide my fee, and educational background, including experience.

I am a registered counselor with the State of Washington, Department of Health as required by law. I hold a Masters Degree in Applied Behavioral Science/Systems Counseling from Bastyr University and a Certificate in Chemical Dependency Counseling from Edmonds Community College. I meet all the Washington State requirements for Chemical Dependency Counseling and for Licensed Mental Health Counseling.

I have education and training in marriage and family therapy and I am currently completing my supervision hours in order to sit for the exam for a Licensed Marriage and Family Therapist. I have extensive training in the area of various addictions with adults, teens and families as well as with relapse prevention. I also have experience in grief and loss counseling. I have been in the field of counseling since 1991.

Between 1991 and 2005, I held positions with the following agencies:

Ryther Child Center
Central Youth and Family Services
Betty Ford Center
Central Seattle Recovery Center
Therapeutic Health Services
Catholic Community Services
Pioneer Human Services
Lake Washington School District

I hold membership in the following:

Seattle Counselor's Association
Washington Mental Health Counselors Association
National Association for Addiction Professionals

I am a cognitive behaviorist in therapeutic orientation. My intent is to listen, validate, and empower your internal abilities while challenging the self-defeating thoughts and behaviors that continue to create emotional, mental and physical distress. In therapy I believe in looking for when effective behavior in your life takes place and helping you to note the same. Therapy also consists of defining problems, understanding relevant history, and designing interventions to alter behaviors, feelings, attitudes and thought patterns. The length of time you spend in therapy is solely up to you. I will give you input in this regard. As a consumer, you have the right to ask questions and be responsible for your therapy.

Conversations between us will not be disclosed without your written consent unless: (1) a court orders such disclosure, (2) there are mandatory reportable instances involving suspected abuse, neglect or exploitation, (3) the disclosure is necessary to protect against an existing threat to human life or serious bodily harm of another human being.



In scheduling appointments, I ask that you provide 48 hours notice if the need arises to cancel a session and to be responsible for missed session fees should they occur.

X _____ Please initial that you understand this policy.

I have read Laura Halford's disclosure statement and client agreement:

Client Signature

Date

Parent or Guardian

Date