

Disclosure Statement

Cate Lorenz, MA, LMHCA
Pathways To Healing, LLC
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Washington State Licensed Mental Health Counselor Associate #MC 60145992

My Approach

I believe each individual is an expert on their own life and strive to work collaboratively with clients on their therapeutic goals. I feel that each person has the ability to change, grow and heal within the therapeutic relationship. My approach to therapy is eclectic in that I incorporate evidence-based, experiential and holistic therapeutic practices best suited to each client's needs. Various therapeutic practices I utilize include: cognitive-behavioral, solution-focused, family of origin/attachment work, journaling, mindfulness, art/play, hypnosis, energy work.

Education

MA in Mental Health Counseling from Argosy University/Seattle
BA in Social Sciences (psychology focus) from the University of Alaska Southeast
Heart-Centered Hypnotherapy training from the Wellness Institute, Issaquah, WA
I am committed to furthering my own professional and personal growth through continual workshops and trainings.

Fee Information and Cancellation Policy

\$70 – 50 minute session (individuals, couples and families)

\$90 – 75 minute session (individuals, couples and families)

Negotiated Fee _____

I accept cash, check or Visa/Master Card for payment of services, payable prior to or at the time services are provided. **Returned Check Policy:** Any fees incurred by me due to a returned check will be the client's responsibility. **Insurance:** I do not accept insurance. I can supply you with a receipt for services if you are able to be reimbursed for my services. However, it is up to the client to check with their individual plan beforehand to confirm this possibility. **Cancellation Policy:** If you need to cancel or reschedule your appointment with me, please do so as soon as possible so I can readjust my schedule accordingly, and I will do the same. Less than 24 hour cancellation may result in the client being responsible for full payment of their scheduled visit.

Ethic and Professional Standards

Counselors practicing for a fee must be registered or licensed with the Washington Department of Health. Registration of a counselor with the department is not a guarantee of, nor does it imply, the effectiveness of any treatment.

As a client you have privileged communications under state law. With the exceptions listed below, you have the right to have information shared in the therapy sessions held in complete confidentiality, including the fact that you are seeing me for therapy. This privilege cannot be waived without your written consent. I will always act to maximize your privacy even when you waive your confidentiality.

The following are exceptions to your right to confidentiality:

- 1) If I feel that you are likely to do harm to yourself or someone else, I am required by law to take the necessary steps to protect you and/or the other person.
- 2) If I believe that you may be physically or sexually abusing or neglecting either a minor child or a vulnerable adult, or if you report information to me about the possible abuse of a minor (under the age of 18) or vulnerable adult (one who is dependent upon another adult for physical and emotional caretaking, unable to do so for themselves), I am required by law to report this to either Child Protective Services or Adult Protective Services, state agencies.
- 3) When you sign a release of information to have specific information shared or received.
- 4) Information necessary for case supervision or consultation.
- 5) When required by law/courts (then we will discuss how best to proceed).

Emergency Situation Protocol

If a situation arises for which the client or their guardian feels immediate attention is necessary, the client or guardian understands that they are to contact emergency services (911). I will then follow those services with standard counseling and support the client or client's family.

Office Space Disclaimer

When seeing clients at the office location of 2722 Colby Ave. Suite #725, Everett, WA it is understood that I, Cate Lorenz, have no affiliation with A New Beginning Counseling Services, owning and operating my own business from rented space at the above address.

Client Rights and Responsibilities

Ultimately, you are responsible for your own treatment and any change you would like to see occur. I cannot guarantee a particular outcome. However, I will devote my full attention to you during our time together. If you have questions or concerns about the progress of your therapy, please discuss this with me so I can make appropriate changes, or refer you to another professional if necessary.

Understanding and Consent for Participation

I have received and reviewed the Client Disclosure Information. I have had the opportunity to ask any questions regarding this material and understand the information provided. I am participating voluntarily and understand that I am personally responsible for my experience.

Client Signature

(Parent or Guardian, under 13)

Date

Name (Please Print) Phone