**Lori Mudge, MA**

**Licensed Mental Health Counselor Associate #MC60418002**

**600 First Avenue, Suite 625**

**Seattle, WA 98104**

**(206) 218-5905**

Professional Credentials:

Washington State License #MC60418002

Member: American Counseling Association

Member: Seattle Counselors Association

Therapist’s Statement:

I am a Mental Health Counselor with a Master’s degree in Clinical Mental Health Counseling from Antioch University. I am also a licensed Mental Health Counseling Associate (MC60418002) in Washington State. Prior to beginning my private practice, I worked as a therapist at Sound Mental Health and at the Antioch Community Counseling Clinic.

I am grounded in a humanistic/existential approach to therapy. My belief is that each person is the expert in his/her own life and has the capacity for self-awareness (thus the ability to change). Acknowledging that every individual is unique, I employ techniques that respond to your needs. I create a supportive, and challenging therapeutic environment to help you explore your feelings and recognize what is getting in the way of living an authentic and fulfilling life. In our work together, you will find a safe space to help you process and heal. I bring a skillful, warm, and open approach to the therapeutic relationship. I feel the most important part of therapy to be the connection between counselor and client. I am honored and privileged to be able to support and guide clients on their journey toward self discovery and healing.

Professional Ethics and Scope of Practice:

The standards of practice to which I adhere are outlined in the ethical standards of the American Counseling Association and the Washington State Counselors Licensing Law (RCW 18.225). The law requires me to inform you that Licensed Mental Health Counselors must

“provide clients at the commencement of any program of treatment with accurate disclosure information concerning the practice, in accordance with rules adopted by the department, including the right of clients to refuse treatment, the responsibility of clients to choose the provider and treatment modality which best suits their needs, and the extent of confidentiality provided by this chapter. The disclosure information must also include the license holder’s professional education and training, the therapeutic orientation of the practice, the proposed course of treatment where known, financial requirements, and such other information as required by rule. The disclosure must be acknowledged in writing by the client and license holder.”

Confidentiality:

**All information discussed between counselor and client is strictly confidential**. By law, information pertaining to our professional relationship can be released only with your prior written consent. Notable exceptions to confidentiality according to Washington State Law include the following:

* Specific information subpoenaed from a court of law.
* If the client is a minor, any information pertaining to the client having been the victim or subject of a crime, may be shared in the course of inquiry about that crime.
* In the cases of suspected child abuse or neglect, I am required by law to report information to Child Protective Services. This also holds true for any suspected abuse of an elderly adult or developmentally disabled person.
* If the client is potentially at risk for harm to self (suicide) or to others (violence and/or homicide), I am required to intervene which may include asking for assistance from other Mental Health Professionals or the police.
* For our mutual benefit, I participate in professional consultation and supervision. However, I will not disclose any identifying information about you.

Appointments and Fees:

**Individual counseling sessions last 50 minutes from the time they are scheduled, and cannot be extended if you arrive late**. Longer sessions can be arranged at a pro-rated fee. Extra sessions in times of crisis may also be arranged. My fee for individual counseling is **$100** per session. I offered a reduced fee of $80 to $95 for those in need. I do not bill insurance companies, but can provide you necessary paperwork for you to submit. Payment is due at the end of the appointment. On occasion, I may raise my fees in relation to the current market for counseling/psychotherapeutic services. If I do so you will be given advanced notice of no less than two months in order to prepare. Please feel free to ask me any questions regarding appointment scheduling and fees as they arise.

Cancellations and Missed Appointments:

Your appointment time is reserved specifically for you. **There is no charge for appointments that are cancelled at least 24 hours in advance. Except for emergencies, your regular fee will be charged for missed or cancelled appointments unless a 24-hour notice is given.**

Emergencies:

In the event of an emergency, you are free to call my number (206-218-5905) at any time. This a a voice-mail system that I check regularly between 9:00 a.m. and 7:00 p.m. Monday-Friday. I also check my voice-mail at least once daily on weekends. When I am out of town or will be unavailable for an extended period of time, I will provide you with a back-up clinician. **If you need immediate attention, or are in crisis, please call the Crisis Clinic at 206-461-3222 (available 24 hours a day).**

**I have read, understood, and have been provided with a copy of the above disclosure statement.**

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Client Signature Date

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Counselor Signature Date

I agree to the appointment fee of $\_\_\_\_\_\_ per 50 minute session as per the conditions noted in the afore-mentioned disclosure statement.

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Client Signature Date

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Counselor Signature Date