



Lauren Earle, LMHCA  
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### **Professional Disclosure Statement for Lauren Earle, LMHCA**

This statement is supplied for your information and protection. It provides information regarding my approach to counseling, education, training and credentials, your rights as a client, and my fees.

Approach to Counseling: I believe that each individual has a unique set of strengths and abilities. At times it is difficult to recognize these within ourselves. My role as a counselor is to assist individuals, couples, families, and groups to change aspects of their lives that they want to change by strengthening their innate abilities. I use a mixed approach when working with clients, incorporating each individual's strengths, helping individuals tell their story in a new way, and accepting aspects of life that are unchangeable while changing what is within the client's control to change. Each person is unique, and therefore I will use various approaches and techniques that best suit the needs of the individual. Solely focusing on problems can lead to dead-ends, and I believe that often the change that can have the most impact on a client's life has more to do with where each person wants their future to go. It is important for the client and the counselor to agree upon and mutually commit to a general course of action and goals, regardless of the particular approach or technique.

Although therapy will look slightly different for each individual, there are general "phases" that therapy consists of. Phase one will primarily consist of listening to and understanding the client's (or clients') current situation, problem, pain, crisis, or dilemma. Phase two focuses upon the isolation and further exploration of a particular issue (or two) that is most troubling to the client. Phase three involves defining and implementing new, or improved, patterns and ways of thinking, feeling, and/or behaving regarding that issue. Phase four is the maintenance and adjustment of those new patterns as the client works through and overcomes the potential difficulties and setbacks of living out such patterns.

Sessions between a counselor and client may be very intimate emotionally and psychologically. Client and counselor understand that the relationship will remain on a professional level rather than a personal one. Contact will be limited to the paid sessions in the office or over the phone. The client and counselor shall not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the stated counseling relationship. Counseling sessions focus exclusively on client concerns and all interactions will be solely for the client's benefit.

I practice under the code of ethics established by the American Counseling Association and by the American Association of Christian Counselors.

Client Rights: As a client, you are rightfully entitled

- To expect that the staff has met the minimal qualifications of training and experience required by state law
- To examine public records maintained by the State and to have the State confirm credentials of staff
- To obtain a copy of the Code of Ethics, or Washington Administrative Code (WAC)
- To report complaints to the proper authorities (i.e. WA State Department of Health; American Counseling Association; American Association of Christian Counselors, etc.)
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving these services
- To obtain permission to view your file, by way of written request stating reason(s) to the therapist
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the exceptions to confidentiality of information obtained in the course of services that include the following:

- Reporting suspected abuse of a child, developmentally disabled person, or a dependent adult
- Reporting imminent danger to client or others, including (but not limited to) suicidal behavior or when a client is HIV positive and is unwilling to inform individuals with whom they are intimately involved
- Reporting information required in court proceedings, or by client's insurance company, or other relevant agencies
- Supervision
- Defending claims brought by client against therapist
- Client has signed a release of information authorizing said disclosure

Therapy is understood to be a choice made by the client, among available options. Options include other centers, therapies, support groups, self-help resources, and other modes of treatment. Medical treatment may also be another viable option. The client may choose not to seek treatment at this time. If therapy is chosen, client's symptoms may worsen before improving, fail to improve, or continue to worsen. Some clients need only a few sessions to achieve their goals, while others may require months or even years of counseling. The client has the right to terminate at any time; however, it is understood that premature termination may result in the return or worsening of the initial symptoms or problems.

Clients are encouraged to talk with the counselor directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments.

Education: My education includes a Master of Arts degree in Counseling from Western Seminary, as well as a Bachelor of Arts Degree in Psychology and Anthropology from Indiana University of Pennsylvania.

I am a Licensed Mental Health Counselor Associate by Washington State Department of Health (MC61155692).

In accordance with Washington State Law, I participate in continuing education and training in order to further enhance the effectiveness of my counseling and facilitator skills, as well as comply with Washington Department of Health standards. As part of my personal and professional growth, as well as ongoing commitment to improvement and integrity, I maintain regular consultation with other professionals in the counseling field.

Fees: My fees for individual therapy are on a sliding scale based on your household income, at a rate of \$65 to \$100 per session. Individual sessions are typically 50 minutes long, except the initial intake session which can be 90 minutes long and would be billed at 1.5 times the session amount. Rates and payment arrangements will be determined at the time of scheduling. At this time, I do have a limited amount of sliding scale slots available; please ask if you are in need of a reduced rate.

Cancellation Policy: Clients are expected to contact the counselor at least 24 hours in advance to cancel or reschedule an appointment. Full fees will be charged for sessions that are not cancelled 24 hours in advance.

Emergency Services: If in need of emergency services, please call 911. If experiencing a mental health crisis, clients should call a mental health crisis line. The Clark County Crisis Line is 360-696-9560, and The National Suicide Prevention Lifeline is 1-800-273-TALK.

Acknowledgement of Receipt: I/We, \_\_\_\_\_, have read and fully understand the information provided to me by Lauren Earle, LMHCA in her Professional Disclosure Statement.

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lauren Earle, LMHCA

\_\_\_\_\_  
Date

# Intake Form

Today's Date: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Okay to leave a message? (Yes or No)

Cell Phone: \_\_\_\_\_ Okay to leave a message? (Yes or No)

Email Address: \_\_\_\_\_ Okay to leave a message? (Yes or No)

Relationship Status: Single Dating Engaged Married Cohabiting Separated Divorced Widowed

Current Partner's Name: \_\_\_\_\_ Years Together: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## PERSONAL EXPERIENCE

Where were you born? \_\_\_\_\_ Where did you grow up? \_\_\_\_\_

Were there any unusual circumstances regarding your conception or birth? \_\_\_\_\_

Were your parents married when you were born? Yes No

Are your parents currently married? Yes No

If your parents divorced, how old were you and why did it occur? \_\_\_\_\_

What is/are your parents like and how did they treat you as a child? \_\_\_\_\_

How did your parent(s) typically discipline you? \_\_\_\_\_

What were your favorite things to do as a child? \_\_\_\_\_

List your siblings, and their ages in order (please indicate if they are full, half, or step siblings):

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What was your birth order? \_\_\_\_\_

How many different places did you live before you finished high school? \_\_\_\_\_

Circle any of the following that describes your family and home atmosphere as a child:

- |              |                |                    |                  |
|--------------|----------------|--------------------|------------------|
| Democratic   | Rigid          | Close              | Physical Illness |
| Neglectful   | Cold           | Frightening        | Supporting       |
| Prejudice    | Angry          | Physical Abuse     | Safe             |
| Stable       | Fighting       | Mental Illness     | Alcohol/Drug Use |
| Affectionate | Overprotective | Trusting           | Competitive      |
| Distant      | Sexual Abuse   | Moving Excessively | No Fun           |

Did anyone in your family die before you were 18?      Yes    No    Who: \_\_\_\_\_

How old were you? \_\_\_\_\_

Did anyone in your family attempt or commit suicide?      Yes    No    Who: \_\_\_\_\_

How old were you? \_\_\_\_\_

### **SOCIAL EXPERIENCE**

Describe your current social life and indicate how satisfied you are with it:

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Describe your relationship with your best friend and how often you get together:

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When did you first begin dating? How were your early dating experiences?

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## EDUCATION & EMPLOYMENT EXPERIENCE

Highest grade in school or degree(s) completed: \_\_\_\_\_

Briefly explain the number of times, what grades, and the reason you had to change schools while growing up: \_\_\_\_\_  
\_\_\_\_\_

Are you currently employed?      Yes      No      Position/Type of Work: \_\_\_\_\_

Time in current job: \_\_\_\_\_

## SPIRITUAL EXPERIENCE

Please describe your family's spiritual or religious atmosphere while you were growing up: \_\_\_\_\_  
\_\_\_\_\_

When did you develop your current beliefs? \_\_\_\_\_  
\_\_\_\_\_

List a few words to describe your personal beliefs: \_\_\_\_\_  
\_\_\_\_\_

Do your family and friends share your current beliefs? \_\_\_\_\_  
\_\_\_\_\_

Describe any religious or spiritual problems that concern you: \_\_\_\_\_  
\_\_\_\_\_

## MEDICAL HISTORY

When was your last physical examination? \_\_\_\_\_

Name of your physician? \_\_\_\_\_

List any injuries, accidents, or surgeries: \_\_\_\_\_  
\_\_\_\_\_

List any head injuries, seizures, or loss of consciousness you have had: \_\_\_\_\_  
\_\_\_\_\_

List any medications (prescription and non-prescription that you are taking: \_\_\_\_\_

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Do you or your family members currently have or have ever had any of the following:

	Self	Family
Heart Problems	_____	_____
Cancer	_____	_____
Nervous Breakdown	_____	_____
Stroke	_____	_____
Chronic Illness	_____	_____
Alcohol or Drug Use	_____	_____
Legal Problems	_____	_____
Learning Disability	_____	_____
Depression	_____	_____
Other: _____	_____	_____

Please describe your sleep on a typical night and any concerns you may have: \_\_\_\_\_

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### CHEMICAL/SUBSTANCE HISTORY

Does/did anyone in your family use alcohol or drugs (either prescription or street drugs?      Yes      No

What alcoholic beverages did/do you use? \_\_\_\_\_

How much? \_\_\_\_\_      How often? \_\_\_\_\_

When did you have your last drink? \_\_\_\_\_

What street drugs did/do you use? \_\_\_\_\_

When did you last use? \_\_\_\_\_

Do you use nicotine? \_\_\_\_\_      How much daily? \_\_\_\_\_

Caffeine? \_\_\_\_\_      How much daily? \_\_\_\_\_

## MENTAL HEALTH HISTORY

Have you ever been in counseling or therapy before?    Yes    No

In a few words describe your counseling experience: \_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized for an emotional/mental health disturbance?    Yes    No

If so, describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever tried to end your own life?    Yes    No

If yes, please provide date(s): \_\_\_\_\_

\_\_\_\_\_

## PERSONALITY INFORMATION

As you see yourself, what kind of person are you? Describe yourself: \_\_\_\_\_

\_\_\_\_\_

If I were to ask other people to describe you, what five words would come up most frequently?

\_\_\_\_\_

What are your greatest fears? \_\_\_\_\_

\_\_\_\_\_

Identify any irrational, negative, or "horrible" thoughts that bother you: \_\_\_\_\_

\_\_\_\_\_

Identify any habits, practices, or behaviors that you would like to change: \_\_\_\_\_

\_\_\_\_\_

State in your own words what you would consider to be the nature of your main problem(s):

\_\_\_\_\_

\_\_\_\_\_

Describe when and how your problem(s) began: \_\_\_\_\_

\_\_\_\_\_

What have you done about it? \_\_\_\_\_

List three goals you have for self-improvement:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List three major abilities or strengths you have:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please circle any of the following which concern you:

- |                 |             |            |              |                 |                   |
|-----------------|-------------|------------|--------------|-----------------|-------------------|
| Anger           | Divorce     | Headaches  | Loneliness   | Nightmares      | Physical Abuse    |
| Depression      | Finances    | Tiredness  | Inferiority  | Children        | Sexual Problems   |
| Fears           | Friends     | Memory     | Education    | Eating Problems | Body Image        |
| Shyness         | Nervousness | Ambition   | Career       | Problems        | Relationships     |
| Thoughts        | Sleep       | Energy     | Dreams       | Concentration   | Alcohol Use       |
| Spirituality    | Insomnia    | Temper     | Marriage     | Work/School     | Spiritual Abuse   |
| Stress          | Parenting   | Gambling   | Self-control | Legal Matters   | Suicidal Thoughts |
| Health          | Separation  | Relaxation | Pornography  | Unhappiness     | Sexual Abuse      |
| Decision Making |             |            |              |                 |                   |



## **"FIRST IMPRESSIONS"**

It has been said that, "*a picture is worth a thousand words*". Please draw and/or briefly describe what you hope to ultimately gain from your counseling experience with us. The purpose of this exercise is to gain a clearer understanding of your desires & goals, not assess your artistic abilities, so please be encouraged to express yourself regardless of your level of talent.

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### Lauren Earle's Reduced Fee Schedule

I am able to provide services affordably, according to the following policy:

1. Fees are based on a sliding scale, according to client's household income (see chart below for the schedule of fees).
2. Fees are paid at the time of each session, unless client billing has been previously arranged.
3. Cash, credit/debit, or checks (made payable to "Lauren Earle") are acceptable forms of payment.
4. Sessions are typically 50 minutes long, with the exception of the initial intake, which may run 90 minutes and would be billed at 1.5 times the session amount.
5. A 24-hour notice must be given if you are not able to make your session. Otherwise, you will be charged for the complete session.

Look over the Fee Schedule and circle the amount that corresponds to your household's monthly net (take home) income. Fees may be reviewed every 3 months, at your request only.

Net Income Per Month	Session Fee
Below \$1700	\$65
\$1701-\$2100	\$75
\$2101-\$2500	\$80
\$2501-\$2900	\$85
\$2901-\$3300	\$90
\$3301-\$3700	\$95
\$3701 and Over	\$100

Your hourly fee for counseling is \$ \_\_\_\_\_ per session and you will be expected to pay this at the time of each session. (Session fee x 1.5 \_\_\_\_\_, if applicable).

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lauren Earle, LMHCA

\_\_\_\_\_  
Date



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**Consent to Receive Christian Counseling**

Your signature following the statements below constitutes your agreement and consent to receive Christian counseling from your counselor, Lauren Earle and an acknowledgement that you have read and understand this agreement. This also means that you have discussed any questions regarding this contract with your counselor. You are under no obligation to sign this consent form. If you do wish for spiritual conversations to be a part of your counseling process, please continue reading and sign below.

I request as part of the professional services provided by Lauren Earle, that she makes available to me ministry oriented services. These include, but are not limited to, personal prayer, Scripture reading from the Bible, Christian books, other Christian resources and any Christian practices that could be meaningful to me or are requested by me. The above named counselor is released to use Christian terms and language in counseling me, and to utilize Christian spiritual practices such as inner healing prayer and addressing issues concerning Spiritual distress.

**I/we, \_\_\_\_\_ have read, understood, and received a copy of this agreement.**

\_\_\_\_\_  
**Client/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Lauren Earle, LMHCA**

\_\_\_\_\_  
**Date**



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### **Email/Text Messaging Consent Form**

If you would like to communicate with me via email and/or text messaging, please read this important information.

This fact sheet and consent form will inform you of the risks in communicating via email and/or text messaging. Be advised: I will not discuss information related to counseling via email or text messaging. Information not related to discussions in the counseling room between client and counselor, such as the desire to cancel or schedule an appointment will be answered within 24 hours of the receipt of the email/text message, provided this consent form has been signed by the client.

#### **IN AN EMERGENCY PLEASE CALL 911**

Email and/or text communications are two-way communications. However, responses and replies to email and/or text messages sent to or received by either you or me may be hours or days apart. This means that there could be a delay in receiving a response; therefore, if you have an urgent or emergency situation, DO NOT contact me via email or text. CALL 911.

#### **BE AWARE OF WHAT YOU COMMUNICATE**

Although all information email and/or texted to me will be kept confidential, email and/or text messages on your phone have inherent privacy risks – especially when your cell phone and/or computer is provided through your employer, family member, or when access to your messages are not password protected.

#### **I understand and agree to the following:**

- I certify that the email address and/or cell phone number provided on this request is accurate, and that I accept full responsibility for messages sent to and from this email address and/or cell number.
- I have read and understood the information provided above.
- I agree to hold Lauren Earle, LMHCA harmless from any and all claims and liabilities arising from or related to this request to communicate via email and/or text messages.

\_\_\_\_\_  
Printed name of Client

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lauren Earle, LMHCA

\_\_\_\_\_  
Date