

DISCLOSURE STATEMENT for COUNSELING & CONSULTATION SERVICES
Tamara Lynn Anderson, MEd, LMHC

Welcome. The following information is an aid to ensure that your needs as an informed client are met. Engaging in a therapeutic relationship is a significant step in one's life and I am glad you are here! Committed to counseling excellence, I strive to respect the wide range of spiritual values, beliefs, and cultural heritage of all persons and to create a safe and trusting environment. All clients have the right to refuse treatment, as well as a right to choose a practitioner and treatment modality that best suits one's needs.

Office Location: **2401 ½ - 10th Avenue E., Suite B, Seattle, WA 98102.** My office is located on north Capitol Hill and public street parking is available in the surrounding neighborhood. Please be mindful of signage to determine appropriate restrictions, as it varies from block to block.

Young Children: Please do not leave young children unattended in the waiting room or en route to and from my office. Outside of my office, or my view, my practice cannot be responsible for their safety.

Session Length: Typically 50 minutes in length, once a week, unless otherwise agreed.

Fee: \$130/session, due at the beginning of each session. Cash and checks are preferred. Credit and HSA card payments are accepted. I am also happy to work with you to help you obtain reimbursement from your insurance company, if you choose. Should the full session fee pose a financial hardship, a reduced rate is available for a limited number of clients. Fees are subject to increase periodically.

Cancelations: 48 hours notice prior to the counseling session is appreciated. Except for medical/family emergencies, **the client is responsible for the full fee if the counseling session is canceled less than 24 hours in advance, or if one fails to arrive for an appointment. Please note that insurance will not reimburse for missed sessions.**

Communication: Clients may call (206) 985-3892 or email tamara@tamaralynnanderson.com, 24 hours/day, 7 days/week, and leave a message. Messages will be returned within 24 hours. Calls or emails left on the weekend or holidays will be returned the following business day. Please note that email is not a secure form of communication. Additionally, you are invited and welcome to "like" my professional Facebook page, [facebook.com/tamaralynnandersonmedlmhc](https://www.facebook.com/tamaralynnandersonmedlmhc), as I enjoy sharing articles and memes, which may be of interest to the general population. Keep in mind, however, that this is a public forum and therefore dialogue is discouraged and your name cannot be kept confidential.

Emergencies: This practice is not equipped to handle emergency needs. In the event of a mental health crisis, please contact the crisis line at **(206) 461-3222**, www.crisisclinic.org, call **911** or **visit the nearest hospital emergency room**.

Confidentiality: The information shared within a counseling session is held with the deepest respect; therefore, all sessions are confidential. State law requires, however, that confidentiality be breached under the following circumstances:

- 1. Any form of suspected abuse of children, the elderly, or developmentally disabled adults.**
- 2. Threat or harm to oneself or others (or others' property).**
- 3. Subpoena by court order.**

Because I also live within the same general community in which I work, it is possible we may run into one another outside of counseling sessions. In order to respect your privacy, I will refrain from initiating contact should I see you out and about. If you should choose to greet me, I will graciously greet you in return ☺. However, I will save further interaction for our counseling sessions as the time and place to discuss anything in depth. This is in an effort to respect professional boundaries and contain the nature of our therapeutic relationship.

Records and Release of Information: Counseling records are considered health records and clients may ask for a summary of their care. Information will not be disclosed to others unless you direct the therapist to do so with written authorization.

Professional Back-Up: Should I ever be unexpectedly rendered incapacitated due to short or long-term disability or ultimate and untimely death, you will be contacted by or will have the opportunity to contact my colleague: *Carol Lee Smith, MSW, LICSW (425) 202-5199 or carolleetherapy@gmail.com*. She will be available to help you through the effects of sudden termination and/or provide referrals to continue your work.

Theoretical Orientation and Approach to Therapy: According to the differing needs, issues, and personality of each client, the approach to therapy will vary. I draw mainly from the theories of Existentialism, Adlerian and Jungian Psychology and Cognitive-Behavioral Therapy. While talk therapy works well with adults, I use expressive arts, such as Play and Art Therapy with children. Walking and talking with youth and adolescents is also sometimes helpful. Should therapy ever extend beyond the counseling office, parent permission will always be obtained. Parents/guardians will typically be seen separately from their child, in consultation with regards to the child's therapy progress and for parenting support.

Termination: Beginning and ending therapy is your choice. I will periodically check in with you to help determine your path and there may even be a time when a referral to another professional is in order; however, deciding when to finish is significantly up to the client. Some people set an end time from the beginning; others leave the process open-ended. The important thing is to be clear on saying good-bye, whenever the time is right. Therefore, plan on at least one session following your decision to terminate counseling for yourself or your child. This is a critical part of a healthy counseling experience.

Counselor Training and Professional Experience (in chronological order):

Bachelor of Arts, Psychology, Gonzaga University, Spokane, WA, 1991

Member of the Washington Counseling Association since 1992

Member of the Washington School Counseling Association 1992-2011

Master of Education, Counseling, Seattle University, Seattle, WA 1995

Continuing Staff Associate Certification, School Counselor Endorsement, State of WA, #3423349H (Initial 1995, Continuing 2003-2014)

Clinical and research work at the University of Washington, Department of Psychology, 1992-2002

Member of the Board of Trustees, The Little School, 1997-2000

School Counselor in both public and independent schools, 1998-2009

Member of the Puget Sound Adlerian Society since 2006 (Board Member 2007-2009)

In Private Practice since 2007

Certificate of Professional Studies in the Psychology of Alfred Adler, 2009

Board Member of LYONS (Lutheran Youth of North Seattle), 2009-2010

Adjunct Instructor at Seattle University, School of Education, Department of Counseling & School Psychology 2009-2011

Licensed Mental Health Counselor, State of WA, #LH60117778, 2010

Graduate of the Seattle Community Police Academy #29, 2010

Member of Seattle Counseling Association since 2011

Member of American Counseling Association since 2013

Graduate of the Seattle Police Department Victim Support Team Training Academy, 2014

Volunteer for the Victim Support Team, Seattle Police Department, 2014-2016

Volunteer for A Home Within, a national organization linking therapists and foster youth with weekly pro bono therapy, 2015-present

Volunteer for Amara, a not-for-profit serving children in foster care and the families who care for them, 2019-present

Please feel free to ask for clarification and/or elaboration of any of the above statements.