

# Conscious Completion, Inc.

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## **DISCLOSURE OF INFORMATION, POLICES AND CLIENT AGREEMENT**

Welcome to my practice. I look forward to working with you. If you have any questions or concerns about what you read/write in these pages or what you experience in therapy, please share them with me.

### **My training and approach to therapy ~**

My educational background includes a Bachelor of Arts in Psychology from the University of Montana and a Master of Arts in Applied Behavioral Science from the Leadership Institute of Seattle/Bastyr University. I have clinical training in Hypno-Behavioral Therapy, Thought Field Therapy, Eye Movement Desensitization & Reprocessing, Prenatal & Birth Trauma, Art Therapy, Yoga Therapy, Nutrition Therapy, Constellation Therapy, and Self-Regulation Therapy. I have also developed a method for healing generational trauma.

My professional experience includes nutritional counseling, family counseling, couple counseling, individual counseling, and organizational development. I have over twenty-eight years of experience. I have worked as a Continuing Care Counselor at the Rader Institute. I have spoken at schools, universities and companies and served as a board member for Eating Disorders Northwest. I was also a Clinical Member of the American Association for Marriage and Family Therapy. I have been in private practice since 1993.

My practice involves working with individuals, couples, and families. I facilitate the resolve of trauma and shock embedded in the body enabling stressful life patterns to be released. I support and trust your inner capacity for growth and development as I facilitate your unique process. In this journey, you are responsible for setting goals, defining your beliefs, communicating your experience, following through with homework and changing what you wish to change. My role is to educate, guide and facilitate your strength. In supporting your perception of reality, present and past, I will not attempt to determine in a legal sense whether the events you describe happened exactly as you remember them. I see you as the one who sets the course for your own life and as the one responsible for the decisions and life changes that you make. I may make suggestions, give opinions, and offer advice, you are in charge of what choices you make and how you implement them.

### **Please read and initial:**

\_\_\_\_\_ **Cancellation or Rescheduling Policy** ~ You are welcome to cancel or reschedule appointments to meet your needs. When canceling or rescheduling an appointment, you must provide 24 hours' notice, by phone (425-572-0224) or text, or you will be charged my hourly fee. I will confirm I received your cancellation.

\_\_\_\_\_ **Confidentiality** ~ Your identity, diagnosis and all issues discussed during treatment are strictly confidential, written or verbal, with the following exceptions:

- with the written authorization from you or, in the case of death or disability, your personal representative;
- in response to a subpoena (only records related to a complaint or report under a regulatory investigation);
- if you waive the privilege by bringing charges against this practice;
- instances where abuse of a child, elderly or disabled person is suspected;
- to any individual if I reasonably believe that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.

\_\_\_\_\_ **Competency** ~ I understand that if I have questions about my treatment, my financial responsibilities, or aspects of the therapeutic relationship, I am encouraged to ask my therapist. Clients, as individuals, have the right to refuse treatment and to choose the practitioner and treatment modality that best suits them. Counselors practicing for a fee must be registered or licensed with the department of health for the public health and safety and to empower citizens of the state of Washington by providing a complaint process against those counselors who commit acts of unprofessional conduct.

You may obtain a list or copy of the Acts of Unprofessional Conduct (RWC 18.130.180) by contacting: Health Professions Quality Assurance, Customer Service Center, PO Box 47865, Olympia, WA 98504  
Email: [hpqa.csc@doh.wa.gov](mailto:hpqa.csc@doh.wa.gov) Phone: 360-236-4700 Fax: 306-236-4818.

\_\_\_\_\_ **Appointments** ~ Sessions are booked for 60 minutes at \$225 unless we arrange otherwise. Payment reserves your session. Shorter or longer sessions are available at the same prorated rate. Additional session time is an option if available. Payment for additional time is made following the session. If you are late for a session, you will be seen for the remainder of your scheduled time and charged for the full session. If I am late, you will receive your full session even if I have to make it up later.

\_\_\_\_\_ **Insurance** ~ All charges incurred are your responsibility regardless of any insurance coverage you may have. All insurance reimbursement forms are available for download on [consciouscomple.com](http://consciouscomple.com). Please fill in all information, I will give you the codes and sign it. Keep a copy of your completed billing form so you have a backup in case your insurance misplaces it. You are responsible for getting necessary authorizations and understanding your insurance policy. If you ask me for a statement outlining payments, I will need to charge for the time creating a statement or looking up information on your behalf. Insurance does not usually cover phone sessions or Skype so please check with your insurance provider. If they cover phone or Skype it is best for you to have a letter of authorization on file and let me know how they want it billed (codes and any notations).

\_\_\_\_\_ **NSF** ~ Checks or credit card payments denied will be charged a \$25 processing fee.

\_\_\_\_\_ **Finance charges** ~ \$20.00 per month is added to any unpaid balance over one-month old.

\_\_\_\_\_ **Credit cards and direct bank deposits** ~ To use a credit card go to the Investment tab on my website and click on Paypal. **You are responsible for Paypal fees. Free easy payments can be made with Zelle** located on the same page. All payments go to: [landersonr@aol.com](mailto:landersonr@aol.com) (remember the “r” after anderson).

\_\_\_\_\_ **Additional Contacts and work outside the session** ~ If you should need to contact me outside of our scheduled time, you will be billed at my pro-rated hourly fee. **Exceptions to this policy include any contact required for scheduling, confirming or canceling appointments.** If I receive requests to release records to a physician, lawyer, or other professionals I charge my prorated hourly fee for my time. There is also a prorated hourly fee for phone calls, **emails**, written reports, letters or any other work outside the session on your behalf.

\_\_\_\_\_ **Quality of service** ~ If you feel I have behaved in an unprofessional or unethical manner, please advise me so that we can talk about it and clarify or resolve the situation. I am open to feedback and I appreciate it. Although you are free to terminate therapy at any time, it is my request that you discuss your decision and reasons for termination at the beginning of a regularly scheduled session.

\_\_\_\_\_ **Safety and Boundaries** ~ For issues that come up between sessions you can download a “Pre-Session Form” to fill out or write in a journal. If it is necessary to discuss details prior to our session, please contact me for a phone session rather than leaving details on voice mail, text or email. If you feel emotional or physical illness prior or post session this is due to material coming up to process prior to the session or continued processing/detox resulting from the session. Connect with support, implement guidance from our session and your physician and practice consistent self-care (drinking water, journaling, eating well, walking in nature,

resting). Emails are not checked regularly so it is best to call or text to set up appointments, especially urgent ones.

**Client consent to treatment and payment:**

If anything is unclear, please ask for clarification, before signing this form. By signing, I declare that I have read or have had satisfactorily explained to me Conscious Completion, Inc. Disclosure of Information, Policies and Client Agreement and I understand it. I have asked any questions that I had about this and about stated policies. (For clients under the age of 13, a parent or legal guardian must give consent). I understand and agree to the description of confidentiality and its exceptions as stated above. **I give my informed consent to services, agree to pay for services provided and for appointments canceled without 24 hours' notice.** I agree to the above stated policies. In the event, it should become necessary to place for collection any unpaid balance, I agree to pay collection fees, attorney fees, filling fees and any other costs determined proper.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Address: \_\_\_\_\_ Email: \_\_\_\_\_

Client Phone: hm \_\_\_\_\_ cell \_\_\_\_\_ wk \_\_\_\_\_ Do I have your permission to leave phone messages on your phone(s)? \_\_\_\_\_ If yes which ones: \_\_\_\_\_

Do I have permission to text you? \_\_\_\_\_ Do I have permission to email you? \_\_\_\_\_ Date of birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Do you like your work? \_\_\_\_\_

**Please list vitamins/herbs/supplements/medication that you are taking now:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you currently being treated by a physician?** \_\_\_\_\_ **If so, for what:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Outpatient procedures/hospitalizations, major illness/emotional or physical. Underline any experienced item:** Stitches \* Needles \* IVs \* Exploratory exams \* Other (Please **do not** list details only type and date)

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**Dental procedures. Underline any experienced item:** Wisdom teeth removal \* Fillings \* Root canal \* Other Dental procedures/dates: \_\_\_\_\_

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\_\_\_\_\_

What do you do for fun? ☺ \_\_\_\_\_

**Trauma/Accidents. Underline any experienced item:** Fall \* Sports Injury \* Near-drowning/suffocation \* life threatening illness/high fevers \* Poisoning \* Fetal Distress/birth complications \* Prolonged immobilization \* Bullying \* Animal attacks \* Family violence \* Witnessing violence(live/vicariously through video games/tv) \* physical and sexual abuse and neglect \* Threat of terrorist attack \* Kidnapping Divorce \* Death of loved one/pet \* separation \* Being lost \* Theft \* Disaster related to possessions \* Natural Disasters (fires, earthquakes, floods, tornadoes, hurricanes, volcanoes and tsunamis) \* Exposure to extremes of temperature. Other: \_\_\_\_\_

What is working well in your life? What do you like about your community, work, family and yourself?

How do you like to exercise and is there anything you want different in your relationship with exercise?

What are your sleep habits? \_\_\_\_\_  
How many hours per night? \_\_\_\_\_ Do you take naps? \_\_\_\_\_ Do you take breaks during the day? \_\_\_\_\_ What is your energy level like? \_\_\_\_\_ What is your stress level? \_\_\_\_\_

What are your diet habits and is there anything you want different in your relationship with food? Alcohol? Drugs? Work? Relationship? \_\_\_\_\_

What is your current significant relationship like? \_\_\_\_\_ Length \_\_\_\_\_  
Children? Ages? \_\_\_\_\_

**What goals do you have for our work together? Are there any areas of your life you wish to change or grow in? What do you want?** \_\_\_\_\_

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**Your wishes/wants/goals:** \_\_\_\_\_

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**Is there anything else that you think would be good for me to know about you?** \_\_\_\_\_

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**What are you grateful for:** \_\_\_\_\_

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**What do you believe about yourself:** \_\_\_\_\_

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**Please tell me about your father (pls list age, marital status, illness/addictions, living/cause of death, etc):**

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**Mother:** \_\_\_\_\_  
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**Siblings/friends:** \_\_\_\_\_  
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**Other/parent/grandparents:** \_\_\_\_\_  
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**Generational issues, illnesses and unresolved events:**  
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Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_ May I thank them? \_\_\_\_\_