



Anjelika Layco, MS, LMFT  
Licensed Marriage and Family Therapist  
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(360) 518-2964

## **Professional Disclosure Statement and Informed Consent Agreement**

**Client Consent and Disclosure Form.** As a Licensed Marriage and Family Therapist in the State of Washington (LF60469590), I am providing the following disclosure of information, policies, and procedures so you are able to be fully informed about me and offer your consent to treatment.

**Education, Training, and Experience.** At Angels Counseling, I provide professional marriage, individual, child, adolescent and family counseling services in Vancouver, Washington and surrounding areas.

I am a Licensed Marriage and Family Therapist with over 10 years of experience providing marriage counseling to couples who struggle with marital distress, infidelity and history of trauma.

I also provide individual counseling to men and women, helping them address a variety of issues, such as relationship problems, depression, anxiety, grief, trauma, anger, drug, alcohol addiction and other challenges.

I had been working with children and teens who experienced trauma and struggled with drug and alcohol addiction for 8 years.

I completed my Bachelor' Degree of Art in World Literature, English Language, French Languages and Teaching at St. Petersburg University in Russia in 1985 and my Master of Science Degree in Marriage and Family Therapy and Counseling at California State University in 2009.

Yearly, I participate in continuing education in specialized areas to be able to provide quality treatment for my clients and as a condition of my licensure in the state of Washington.

**Therapeutic Orientation.** I have received training in Emotionally Focused Couples Therapy from Dr. Sue Johnson, the founder of Emotionally Focused Therapy, Dr. Brent Bradley and James Furrow. I am also a member of the International Center for Excellence in Emotionally Focused Therapy (ICEEFT).

I understand that every person is unique. That's why I take an individualized therapeutic approach and strive to understand your fears, hopes and longings to help you move forward toward a brighter future.

I am dedicated to my clients' well-being and passionate about helping them move toward a happier, healthier life and more fulfilling and loving relationships.

I utilize standard methods of counseling associated with client-centered, solution-focused, Emotionally-Focused, cognitive-behavioral, dialectical behavioral, and Trauma-Focused Cognitive Behavioral treatment modalities.

**Confidentiality.** All information you disclose in treatment is confidential unless you specifically request a release of this information in writing. It is important however, that you are aware that the law provides certain exclusions from confidentiality that include, but are not limited to: reported child, elder and dependent adult abuse; when a client makes a serious threat of violence towards a reasonably identifiable victim; when a client is dangerous to him/herself or the person or property of another; or when there is a court order.

#### **Fee Information and Cancellation Policy**

Credit cards, cash and personal checks made payable to "Angel's Counseling LLC" are accepted. When we schedule an appointment, I set aside that time exclusively for you. Please provide a 24-hour advance notice if you must cancel or reschedule any appointment. It is my policy to charge a full fee for any missed appointments or one that is canceled with less than 24-hour notice.

**Insurance Reimbursement.** I work with clients who have Regence BlueCross BlueShield, Premera Blue Cross of Washington and other insurance carriers as an OUT-OF-NETWORK provider. Upon request, I will provide you with a receipt of payment for you to submit to your insurance company for reimbursement.

Depending on your insurance provider, out-of-network counseling sessions maybe covered in full or in part. Please call the 1-800 number on the back of your insurance card to find out your out-of-network insurance coverage. Please ask how much out-of-network mental health coverage is and if you have a deductible that you need to meet before your insurance covers your sessions.

Most insurance plans do not pay benefits for couples counseling. Your health insurance policy will often offer full or partial coverage for in-network and out-of-network individual mental health treatment, which requires a mental health diagnosis. Please call your insurance company to find out your coverage.

You should be aware that submitting claims to your insurance company requires a mental health diagnosis and carries a certain amount of risk to confidentiality, privacy, and to future capability to obtain health or life insurance. The risk stems from the fact that mental health information is likely to be entered into insurance companies' computers and is likely to be reported to the National Medical Data Bank.

**Emergencies.** I attempt to respond to my messages within 24 hours. If you need help sooner or if there is a life-threatening emergency, call Clark County Crisis Line (360-696-9560), call 911, or go to the nearest hospital emergency room.

**Laws and Client Rights.** WAC 308-109-040: (WA Registration #RC 39893) Counselor practicing for a fee must be registered or certified within the department of health for protection of public health and safety. Registration of an individual with the department

does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. Health Insurance Portability and Accountability Act (HIPAA): My Notice of Privacy Practices provided at intake informs you of HIPAA, a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. This notice carries more detailed information regarding your rights. Washington State Department of Health's brochure for counseling clients is provided at intake. It contains information about client and counselor rights and responsibilities, confidentiality, and an assurance of professional conduct. If you wish to complain about any improper conduct you can call the state Department of Health, Health Professions Quality Assurance Division, PO Box 47869, Olympia, WA 98504.

**Consent.**

I have read and understand all the information provided in this disclosure statement. I have read Angel's Counseling Notice of Privacy Practices and Washington State Department of Health's brochure for counseling clients. I hereby give my consent for treatment.

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Client's Signature	Printed Name	Date
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Client's Signature	Printed Name	Date
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If a child is under 13 year of age:

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Child's Name	Date of Birth
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Parent/Legal Guardian's Printed Name	Signature	Date
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