

Tanya Ruckstuhl-Valenti LICSW, MSW
2611 NE 125th St
Suite 205
Seattle WA 98125
206 375-7690
WA State License: LW00006671

Clinician Disclosure Statement:

I have been practicing since 1993, post graduate since 1994. I have a Masters Degree in Social Welfare from the School of Social Work at the University of Kansas in Lawrence, Kansas and am licensed in the state of Washington as an LICSW (Licensed Independent Clinical Social Worker).

I use techniques from a variety of theoretical orientations including solution-focused, family systems, Adlerian, cognitive-behavioral, narrative, EMDR and psychodynamic therapy. My experience includes work with children, teenagers, and adults in individual, group, and couples therapy.

Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. The purpose of the law regulating counselors is to provide protection for public health and safety and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct [WAC 246-810-031].

If you have any concerns of complaints about any aspect of your treatment, please attempt to discuss them with me first. If you feel that I have been unethical or unprofessional, you may contact the Counselor Program at the Department of Health's Health Professionals Quality Assurance Division.

Your appointment is held exclusively for you. If you are unable to keep your appointment, please give at least 24 hours advance notice to cancel without fee.

Fee Agreement:

Fee for 50 minute session: \$115.00

Fee for 80 minute session: \$165.00

- I understand and agree to the fee amount above and that payment is due at time of service. I understand that having insurance does not guarantee payment of benefits and that I am responsible to pay the unpaid portion of the fee. Some plans specify co-insurance or co-pay amounts as determined in a contract signed by Tanya Ruckstuhl-Valenti LICSW, MSW. I understand that Tanya Ruckstuhl-Valenti LICSW, MSW will abide by such contractual arrangements should they apply and that I can ask about this at any time. I agree to provide insurance information and to inform Tanya Ruckstuhl-Valenti LICSW, MSW if I plan to use my insurance.

- I understand that a telephone session is not covered by insurance and that I will be responsible for the full fee for a telephone session. **I understand that I will be charged for missed appointments or appointments that are not cancelled with 24 ours notice.**
- I agree to pay all fees for which I am responsible and understand that failure to do so may result in a break in service. If I decide to use my insurance plan: I hereby authorize my insurance benefits to be paid directly to Tanya Ruckstuhl-Valenti LICSW, MSW and to forward any insurance payments I might receive directly to Tanya Ruckstuhl-Valenti LICSW, MSW. I also authorize Tanya Ruckstuhl-Valenti LICSW, MSW to release any information required to process this claim or to obtain authorization for services. This consent, with respect to the conditions noted above, shall be effective only so long as is reasonably necessary to obtain reimbursement.

Client(s): _____ Date: _____

Therapist: _____ Date: _____