

## Professional Disclosure Statement

Layne A. Prest, MA, PhD  
Individual/Couple Therapist & Behavioral Health (BH) Provider  
Buoy10 Psychotherapy

### Qualifications & Experience

I earned my masters degree (M.A.) in Couples and Family Therapy at Pacific Lutheran University in 1986. After working several years, I enrolled in Virginia Polytechnic & State University's PhD program in Family & Child Development, with a specialization in Marriage & Family Therapy, earning my doctorate in 1991. I worked for 33 years as a faculty member in Family Medicine (FM) residency training in both Nebraska and Washington. In these positions I trained FM residents and BH interns in collaborative and holistic models of care for the whole person in the context of their family, culture, and society. I also provided individual, couple, and family therapy in primary care clinics. Currently, I provide virtual psychotherapy services. I am licensed as a marital and family therapist (LMFT) under the auspices of Washington State Department of Health.

### Telemental Health Services

I offer professional services through use of telemental health technology (videoconferencing through the Simple Practice website). Telemental health technology includes both benefits and risks. The benefit in this particular situation is to be able to provide professional services to anyone throughout the state of WA. Teletherapy allows for the establishment and maintenance of a therapeutic relationship and therapeutic work without the limitations of space and transportation. The risks are primarily related to security and technical issues (phone not charged, computer or software not working, etc.). As part of our contract, you will develop an individualized plan for how best to address technical issues that may arise and will take steps to facilitate the security of interactions with your therapist.

In order to protect your confidentiality and to facilitate the security of your information:

- Engage in sessions in a private location where you cannot be heard by others.
- Use a private phone.
- Do not record sessions.
- Password protect the technology you are using.
- Always log out or hang up once sessions are complete.
- Delete the call record after having completed the call.

**Bill of Rights:** As a client seeking mental health services you have the right to:

- To obtain a copy of the Code of Ethics
- To report complaints: <https://doh.wa.gov/licenses-permits-and-certificates/complaint-and-disciplinary-process/health-professions-complaint-process>
- To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions:
  - Reporting suspected child abuse;
  - Reporting imminent danger to you or others;
  - Reporting information required in court proceedings or other relevant agencies;
  - Providing information concerning case consultation or supervision; and
  - Defending claims brought by you against me;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

If at any time there are questions, concerns, or complaints about the bill of rights with regard to my services, I am available for discussion.

- **Code of Ethics**

I am required by law to adhere to the Washington Code of Ethics for Licensed Marriage and Family Therapists (Washington Administrative Code: Chapter 246-809 WACs) and the Code of Ethics set forth by the American Association for MFT (AAMFT).

**What to Expect from Therapy, and What I Expect from Clients**

I work from a systemic perspective in my work with individuals and couples. I consider the inter-relationships among biological, psychological, family, social, cultural, and spiritual factors. This aids in my understanding of the context in which challenges arise and identifying resources that may help in finding solutions or ways of coping. I believe that therapy is a collaborative process in which the therapist, the client and/or the family work together to identify and reach goals of therapy. If at any time you have questions concerning the therapy process or my therapeutic stance, please ask, as this will contribute positively to the overall therapy process. I am committed to providing honest and informed responses.

Thank you,

\_\_\_\_\_  
Layne A. Prest, MA, PhD  
Couple & Family Therapist; Behavioral Health Provider

\_\_\_\_\_  
Date

*By signing this form, you have acknowledged the following: receiving a description and having an understanding of the treatment you will receive, authorizing the treatment, and understanding of how your private information will be shared.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_