

LORI KIMMERLY THERAPY AND COACHING ,PLLC

LORI KIMMERLY MS LMFT

SPENCER WALLIS MS LMFTA *
ANNA BRUNNER MS LMFTA *
SAMANTHA BUCHANAN MA LMFTA*
LAURA UNSWORTH MA LMFTA *
SETH HUTCHINS MA LMHCA*
MAKENZIE KINLOCH, BA MFT INTERN

- **UNDER THE SUPERVISION OF LORI KIMMERLY, MS, LMFT**

33507 9TH AVE S
SUITE H-2
FEDERAL WAY, WA 98003
253-347-2579

STATE OF WASHINGTON REQUIRED DISCLOSURE

LORI KIMMERLY MS LMFT

State of Washington Licensed Marriage and Family Therapist, LF 60172540

This disclosure statement provides information about the treatment providers and the treatment offered, to assist you in choosing the treatment and the provider best suited to your needs.

Our Approach to Treatment

We are person centered therapists with a great respect for how you see yourself, relationships and the world. Our team helps you assess your strengths, growing edges and goals to help you meet them through individual, couples or family therapy. We enjoy working with individuals in all phases of life and are especially passionate about helping couples work through difficulty and find ways to connect in meaningful ways to strengthen their relationship and their families. Should you need a psychiatric evaluation, medication management, or nutritional therapy, you may receive a referral to see a medical doctor, a psychiatrist, and/or a registered dietician. In such cases, we strive to work collaboratively with your other providers in order to best support you.

Education, Training and Experience

We are graduates with Masters degrees in Marriage and Family Therapy or Masters of Counseling. We have experience working with individuals, couples and families in both community mental health and private practice. We have training in suicide assessment and treatment, ethics, and Prepare/Enrich for couples. Many of us have advanced training in Emotionally Focused Therapy or Gottman Couples Therapy.(please inquire with your individual therapist for more details) Members of my team are LMFTA's (licensed marriage and family therapy associates) under the supervision of Lori Kimmerly's license (LF 60172540).

Client's Course of Treatment

If you decide to continue treatment beyond an initial assessment, we will develop an individualized treatment plan with you. This plan will include what is known at the time about your course of treatment and will be amended as appropriate during our work together.

Emergencies

Our telephones are answered by a voice mail system which is confidential. We frequently check voice mail during business hours and will try to get back to you as soon as we can. In the event of an emergency, you may call us. If you cannot reach us in this manner, call the CRISIS LINE, call 911, or go to the emergency room of the nearest hospital. When I am unavailable for an extended period such as vacations, I will provide you with contact information of a colleague, whom you may contact in an emergency.

Confidentiality

Please see the Notice of Privacy Practices.

Billing, Fee and Financial Information

Your fee will be discussed and written down on the Service Agreement. Procedures regarding additional charges and charges for cancellation will be discussed during the first session as part of the Service Agreement.

Clinical Records:

We keep information about you in a *Clinical Record*. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. You may ask to see or even have a copy of this record by a written request. I do charge fees for copying your record. I am allowed to withhold your record until the fees are paid. Because these are professional notes it is quite easy for people not trained in the delivery of clinical services to misinterpret them. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional with whom you can discuss the contents.

Request for Minimum Record Keeping

We will only keep written records of session content when it is legally or ethically appropriate. Such circumstances will include documentation of at risk behavior (either to self or to others); when required by legal entities due to the client participating in court mandated treatment (under state or federal laws); or if documentation of certain issues or events is deemed clinically useful by this therapist as a way to track crucial details of the therapeutic process (as in for use in consultation in order to provide the best service to the client.”

We will abide by all other state requirements (*WAC 246-810-035*) for record keeping which requires us to keep, at the very least; the client name, fee arrangement and record of payment; dates counseling was received; signed disclosure form; and this record of an agreement to not keep other session records.

_____ I/we agree to this statement to not keep session records (outside of the above named required records)

_____ I/we ask that records be kept of all sessions

Notice to Clients

As required under Washington law, therapists practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration or licensure of an individual with the Department of Health does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. It is every client's right to refuse or discontinue treatment at any time. It is the responsibility of clients to choose the provider and treatment modality which best suits their needs and purposes.

In addition, licensed or registered therapists are required to inform clients of the purpose of the Counselor Credentialing Act (the law regulating counselors). The purpose of the Counselor Credentialing Act is (A) to provide protection for public health and safety; and (B) to empower the citizens of the state of Washington by providing a complaint process against those therapists who would commit acts of unprofessional conduct. Clients of licensed or registered therapists in the State of Washington may file a complaint with the Department of Health at any time they believe a therapist has demonstrated unprofessional conduct. To obtain a list of actions considered to be "unprofessional conduct," or to file a complaint, contact the Department of Health, Business and Professional Administration, P.O. Box 9012, Olympia, WA 98504-8001, (360) 236-4700.

By my signature below I acknowledge that I received a copy of the Notice of Privacy Practices and Required Disclosure for Lori Thompson MS LMFT and Lori Thompson Therapy and understand the information provided.

Signature of client (or personal representative)

Date

Signature of client (or personal representative)

Date

Signature of Therapist

Date

If a personal representative on behalf of the client signs this acknowledgment, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

This form will be retained in your medical record.