

# DISCLOSURE STATEMENT

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You have the right to choose a health care provider who best suits your needs and purposes. With that in mind, please read carefully the following disclosure information for counseling services. You have the right to refuse treatment.

## Credentials

I am a Licensed Mental Health Counselor in the State of Washington. My license number is 8901. I received my Master of Arts degree in Applied Behavioral Science emphasis on Systems Counseling from Bastyr University Seattle in 2000. My internship was at Seattle Counseling Services for Sexual Minorities (now called Seattle Counseling Services) in Seattle, and my externship was at Presbyterian Counseling Services.

My training is primarily in mindfulness based body-centered (somatic) psychotherapy and family systems therapy. I am a nationally certified Sex Therapist through the American Association of Sex Educators, Counselors and Therapists (AASECT) and a certified Hakomi Therapist through the Seattle Hakomi Educational Network (S.H.E.N.). I am a solo practitioner in private practice working with adult clients.

I am a member of the American Mental Health Counselors Association (AMHCA) and the Washington Mental Health Counselors Association (WMHCA), as well as a Clinical member and Supervisor in Training for the American Association of Sex Educators, Counselors and Therapists (AASECT) and assistant with the Seattle Hakomi Educational Network (S.H.E.N.) as a Teacher in Training.

## Counseling Approach

In counseling I will be actively involved in working with you, providing information, guidance, and support.

I primarily use mindfulness-based, body-centered (Somatic and Hakomi) psychotherapy, sex therapy, and Family of Origin exploration. This approach helps to heal past traumas, address current destructive habits, and ease life transitions. This approach often involves helping you change your attitudes and behaviors that are causing you emotional pain. Through the lens of relationship (with self and others) you develop appreciation and curiosity rather than shame and retreat. My practice of psychotherapy supports compassion toward oneself and others; as well as shifting from a constricted view of the world, with rigid expectations, to an expanded sense of our true essence as human beings, of joy and pleasure.

We may talk about how you've handled difficulties in recent situations and relationships. Counseling may involve helping you identify, develop, and implement more effective strategies for problem solving and how to make healthier decisions. At times I may ask you to do some specific activities outside our sessions, such as reading a book that I think would be helpful.

The length of time you would be in treatment cannot be known early-on.

Counseling is understood to be a choice you've made among available options. Other options include: Receiving therapy from another counselor, using other therapies, using support groups, seeking self-help resources, and other modes of treatment.

## Risks and Benefits

Counseling can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have many benefits. It often leads to better relationships, it can provide solutions to specific problems, and there is often a significant reduction in feelings of emotional distress.

Some patients need only a few sessions to achieve their goals, while others may benefit from long term counseling.

## Concerns about Treatment not working or Unprofessional behavior

*You have the right to terminate counseling at any time.* Stopping therapy early may result in the return or worsening of the initial problems and symptoms.

I encourage you to talk with me directly if you are dissatisfied with my services or if you want a second opinion or referral to another counselor. If you intend to discontinue therapy, please discuss it with me first.

If you are concerned about my professional conduct, you may file a complaint with: Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, WA 98504-7869. Their telephone number is (360) 236-4700.

## Confidentiality

In addition to this document, you received my Notice of Privacy Practices, which described how I might use and disclose your health information. Examples of when I may disclose information about you is: To report suspected abuse of a child, a developmentally disabled person, or a vulnerable adult; to interrupt potential suicidal behavior; to intervene against threatened harm to another, which may include knowledge that a patient is HIV positive but a patient is unwilling to inform others with whom he/she is intimately involved; and if required by court order or other compulsory process.

Disclosures may also be made if you sign a written authorization for me to release information to another person or agency, such as your physician.

If you file a complaint with the Department of Health, the minimally necessary disclosures will be made to present the Department with the full picture.

Payment by check permits bank employees to view names of my patients, because my name will appear on the check.

## Minors

If you are a patient under 18 years of age and not emancipated, your parents have the right to examine your treatment records.

Since privacy in counseling is often crucial to successful progress, particularly with teenagers, it is common that I request an agreement from the parents that they consent to give up access to their child's records. If they agree, I will provide them only with general information about your progress in treatment, and your attendance at scheduled sessions. Any other communication will require the your authorization, unless I feel that the you are in danger or is a danger to someone else, in which case I will notify your parents of my concern. Before giving parents any information, I will discuss the matter with you, if possible, and I will do my best to handle any objections you may have.

## Appointments/Payment

My counseling appointments are 50 minutes in length, and my fee per session is \$200 per hour session. While I do my best to minimize rate changes, from time to time I do find it necessary to increase my hourly rate. If you are continuing in therapy with me at that time, I will provide you with thirty days advance notice of any such increase. You are not responsible for any costs prior to you being given this notice.

Unless we have made other arrangements, full payment is due at the start of each session. You will be charged in quarter-hour increments for telephone calls to me to discuss issues or concerns between sessions. The same will be true for my telephone interactions with attorneys, physicians, and others on your behalf, and for reports and letters you request me to write on your behalf. You are expected to pay these extra costs at our next session.

Any unpaid balance on your account bears interest at the rate of 12% per annum.

*If you will be unable to attend a scheduled session, you will be charged my full fee for the missed session unless you notify me within 24 hours of our scheduled appointment. Health insurance companies will not pay for missed sessions, nor will they pay for telephone calls, reports, letters, or interactions with attorneys and others; you will be solely responsible for payment for these services.*

## About Insurance

You are responsible for payment of all treatment fees and other costs. If you have health insurance and/or a third party payer, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you may be entitled. It is very important that you find out exactly what mental health services your insurance policy covers.

Your health insurance company and/or a third party payer may require that I provide it with information about your diagnosis, treatment plan, and your attendance at therapy sessions. It

is rare, but they may require a copy of your entire treatment record. If you are using insurance and/or a third party payer, you acknowledge this and you agree to allow these disclosures.

### Acknowledgement and Agreement

By signing below, each of us confirms this disclosure document to represent the agreement between us, and you confirm receiving and reading a copy, and you confirm your understanding of the information provided and agree to allow the disclosures of health information as described above.

Signed:

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or Parent or Legal Guardian)

\_\_\_\_\_  
Date