

Tending Relationships P.L.L.C.

Kellee Gibbons, MA, LMHC
Bainbridge Isl., WA 98110
206-842-5734 Kellee@tendingrelationships.com

Disclosure Statement for Kellee Gibbons - LMHC (LH61010346), and Client Informed Consent.

WAC308-190-040 requires the disclosure of the following information in written form by counselors to their clients.

To be completed by (or for in the case of children 12 and under) each family member participating in family or couples therapy and mailed to the address shown above at least 4 business days prior to your first appointment.

Disclosure Statement: This is a statement of your rights and responsibilities for our therapeutic relationship. Washington State law requires counselors to provide written disclosure of the following information to clients before counseling begins. Please read this statement thoroughly and after any questions or concerns you may have are addressed, if you want to begin counseling with me, please sign the consent for treatment on the last page.

Counseling Philosophy: Both training and experience lead me to work from a systemic and relational perspective. We are relational beings, who influence and are influenced by all of the relationships and communities of which we are a part. Our health and wellbeing is inexorably linked to the health of the relationships in our lives. Considering the mutual influences in your life maximizes the lasting effectiveness of our work together. I counsel families, couples and individuals from this perspective with a variety of client centered, body centered approaches depending on your needs and goals.

Clients' Rights and Responsibilities: Clients have the right to choose a counselor who best suits their needs and purposes. Clients may ask questions about treatment at any time and may choose to terminate therapy at any time.

Discontinuing Therapy and Closing Client Cases: If you discontinue therapy for more than sixty (60) days by not communicating with me, your treatment will be considered terminated and I will close your file. I will also close your file if you tell me that you believe our work together is complete for the foreseeable future (you don't anticipate making an appointment for at least 60 days). I will gladly reopen the file if we later agree to resume our work together. I may terminate our work together if I believe, at my sole discretion, that I am not able to help you because the problems you have are beyond the scope of my practice. If I end counseling with you I will provide referrals to other professionals, but I cannot guarantee that they will accept you for therapy.

Education and Experience: I completed my Master's of Arts degree in Psychology (Systems Counseling) through the LIOS Program of Saybrook University. Additionally, I am level two trained in PACT Couples Therapy and Level three trained in Lifespan Integration. I have also studied Family Reconstruction (a Virginia Satir approach) and have experience

Client Initials [] [] Disclosure Statement -Tending Relationships PLLC 12-1-21

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facilitating support groups and extensive experience working within self-led support groups. I continue to pursue educational opportunities to improve my clinical skills and to keep growing personally.

Consultation: I consult with colleagues regarding my work to receive feedback and suggestions to optimize your care. I will guard your anonymity during these consultations by keeping confidential your unique identifying information. Clients may opt to have their sessions recorded (video or audio) by providing separate written consent. Video or audio recording of sessions helps me to provide better care to my clients by allowing me to solicit more specific and detailed feedback from consultants. Recording will not be done without your awareness and consent!

Fees: A therapy hour is generally considered to be 50 minutes with you and 10 minutes for me to keep your file current and to plan. Beginning January 1, 2022 my fee for individual clients per therapy hour is \$130, with an additional \$65 charged per 25 additional minutes. For couple and family sessions my fee is \$150 per therapy hour with an additional \$75 charged per 25 additional minutes. Longer, potentially less frequent sessions are sometimes recommended. For telehealth visits I will provide a link to Stripe in each session that will allow you to pay by credit, debit, or HSA (Health Savings Account) card. You can also pay, via Paypal, to my business account using my business phone number, 206-842-5734. While I am currently only working via telehealth, should that change and we meet in person, payment can also be made by cash or check at the beginning of each session. I charge \$40 for checks returned by your bank.

If the amount of my fees precludes your seeking my services, we may be able to agree upon a reduced rate. I am open to seeing a limited number of clients at reduced rates at any point in time, so it will depend on whether those spots are already taken. If we have negotiated a reduce rate the negotiated amounts will be shown here:

I understand that our negotiated rate is \$_____ per therapy hour.

_____ (client initials) _____(therapist initials).

Appointments and Cancellations: Appointments are not extended for late arrival. If you miss a scheduled session with less than **2 business days' notice (48 hours) by confirmed phone or email**, you will be charged for that session (e.g. notice must be given on Thursday for a Monday appointment).

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Confidentiality: With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I will not tell anyone else (except the limited disclosures described above relative to peer consultation), what you have told me, or even that you are in therapy with me without your prior written permission. Exceptions to confidentiality include instances when such disclosure is pursuant to a court order, or a disclosure is pursuant to mandatory reportable instances involving suspected abuse or neglect or exploitation of a minor child, an elderly person, or a developmentally disabled person, or if there is danger of suicide or homicide. Under the provisions of the Health Care Information Act of 1992, a therapist may legally speak to another health care provider or a member of your family about you without your prior consent. I would only do so in case of an emergency.

When I work **with a couple or family**, I consider the larger system to be the client. During the course of therapy, I may see one of the individuals separately for one or more sessions. Generally, these sessions are confidential in the sense that I will not release any confidential information to a third party without your written authorization unless I am required by law to do so. However, I may need to share information learned in an individual session with the couple or family. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the couple or family, and will also, if appropriate, first give the individual being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist, other than me, who can treat you individually.

Privacy & Client Records: You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. If you elect that we communicate by email at some point in our work together, please be aware that I cannot guarantee email to be completely confidential.

Regarding Court requirements: The services I provide do not include counseling services in anticipation of litigation. If you are looking for these services I can refer you to an appropriate provider. Please do not subpoena me or my records in any family court action.

Client Files: I keep client files detailing the counseling services I provide. You may ask to see and copy of your client file. I will not disclose your client file to others unless you direct

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me to do so or unless the law authorizes or compels me to do so. There will be a fee for the copying of the client file.

In the Event That I am Incapacitated Or Unavailable For An Extended Period: If I should be hospitalized, die, or require an extended leave of absence, the following Mental Health Professional is designated to access my client files. If I have been unable to inform you of my absence in advance, this designee will contact you. The role of this designee is to inform you of what has happened (if I am unable to), and to support you in continuing to get the care you need by referring you to an appropriate therapist. She will also safeguard your records. Should you object to this particular designee, please discuss this with me.

Designee Name: Shelley White
Address: 144 Railroad Ave., Suite 205, Edmonds, WA 98020
Telephone Number: 360-509-2812
Credentials: LH60161602

Complaints/Unprofessional Conduct: If you're unhappy with what's happening in therapy, I hope you'll talk about it with me directly so that I can respond to your concerns. I take your feedback seriously and with care and respect. If you suspect that my conduct has been unprofessional in any way, you may contact the Department of Health. Contact information:

HSQA Complaint Intake
PO Box 47857
Olympia, WA 98504-7857
Email: HSQUComplaintIntake@doh.wa.gov
Phone: 360.236.4700, Fax: 360.236.2626

Emergencies and Phone Numbers: I do not offer evening and weekend crisis coverage. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance. If you are experiencing an emergency outside of regular office hours, please call the Kitsap County Crisis Services 24-Hour Telephone Crisis Services toll free at 1-800-843-4793, or locate services for your situation and location at <https://namiswwa.org/resources/mental-health-crisis-line/>. Feel free to leave messages for me at (206)842-5734 or email me at kellee@tendingrelationships.com.

For Foster Parents, Guardians, and Divorced or Separated Parents/Guardians
I must obtain written consent for treatment from everyone who is legally required to give consent. If you are divorced and are seeking treatment for your child, I will require a copy of a current parenting plan. I do not provide forensic evaluations or legal recommendations for custody, residence, or visitation of minors. If I am subpoenaed and am legally required

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to provide written and/or oral testimony or other legal documentation, I charge \$350 per hour for these services.

Consent for Treatment

With my signature, I acknowledge that: I have read this disclosure statement, had sufficient time to consider it carefully, asked any questions that I needed to, and understand it. I am of sound mind and body and I participate voluntarily. I consent to therapy with Kellee Gibbons, Licensed Mental Health Counselor according to the terms described above.

Client Name	Client Signature (or name and signature of parent/guardian if client is under age 13)	Date
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Client Name	Client Signature (or name and signature of parent/guardian if client is under age 13)	Date
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Kellee Gibbons, LMHC	Date
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