

Kim Gilliland, LMFT, LLC
Licensed Marriage and Family Therapist

470 Spring St, #301
Friday Harbor, WA 98250
(425) 922-1644

Disclosure Statement

Welcome! The following disclosure outlines my background, treatment approaches, your rights, confidentiality, and my office policies and procedures. Take a moment to read through this form carefully; it is intended to inform you as a consumer. Please ask for clarification now or at any time during our work together.

Professional Qualifications and Background

I am a Licensed Marriage and Family Therapist in the state of Washington (License Number LF00000981). I received my Master's Degree in Counseling Psychology from California State University Sacramento in 1990. I am a Clinical Fellow of the American Association for Marriage and Family Therapy and a Certified Emotionally Focused Therapist for Couples. I have worked in the field of psychology since 1988, serving children, adolescents and adults in various settings, including psychiatric hospitals, residential treatment facilities, schools, youth and family service agencies, and private practice. I have experience working with a number of issues, including parenting, family relationship challenges, strengthening marriage and couple relationships, pre-marital counseling, divorce and step-parenting, and anxiety and depression. I'm currently a solo practitioner in private practice working with individual adults and couples.

Therapy Approach

I provide a safe, supportive and professional environment in which you will have the opportunity for personal growth and to make the changes you are seeking. We will identify the nature and source of the difficulties you are having and make a plan, which will include treatment goals, for our work together. We will work collaboratively, with you having an active role in your therapy and I may ask you to do homework and make suggestions for things to practice in between sessions. The more engaged you are, the more progress you will make. I am very interested in knowing what's helping and what's not helping as we get to know each other. My work is grounded in attachment theory, which is a systemic and experiential approach, and means that I understand emotional pain through the lens of disconnection with important others. I use an approach called Emotionally Focused Therapy for Couples, which focuses on creating a more secure bond between partners through emotional connection.

Your Rights

You have the right to terminate therapy at any time. If you are not satisfied with our work together, please let me know so that I can make adjustments, or we can discuss a referral to another therapist. This client disclosure statement is provided in accordance with the Counseling Credentialing Act. The purpose of the act is to provide protection for public health and safety, and to empower citizens by providing a compliance process for use against counselors who commit acts of unprofessional conduct. A list of acts of unprofessional conduct is available by contacting the Department of Health at (360) 236-4700 or by writing to: Washington State Department of Health
Health Systems Quality Assurance Division
PO Box 47869
Olympia, WA 98504-7869

Confidentiality

I keep a record of the therapeutic services I provide; you may ask to see that record at any time and/or ask me to copy it at your expense. The fact and content of our professional meetings are confidential, and will be disclosed only if I have written authorization from you. There are exceptions to you needing to give me authorization to disclose information; there are as follows:

1. If I believe you are in danger of harming yourself or another person, I am required to inform the proper authorities.
2. If there is evidence of child, disabled person, or elder person neglect or abuse, I am required to report the situation to the proper authorities.
3. Some aspects of your meetings with me may be required to be disclosed through legal processes under direction of the court.

Office Policies and Procedures

Please arrive on time for your scheduled appointment, as your time will not be extended if you are late, and you will be charged for the full 60 minute session. My fee for a 60 minute session is \$120.00 - \$150.00. Payment is due at the time of each session.

I may bill your insurance provider at your request. Be aware that when insurance is billed, information, such as diagnosis and dates of service, is shared. You are responsible for the fee should your insurance company not pay due to reasons such as deductible, out of network provider, etc. Please be aware of your copay and coinsurance requirements and be prepared to pay them at each session. At your request, I will gladly provide you with a written statement of payment made.

Please inform me as soon as possible if you need to cancel or reschedule an appointment. You will be charged the full session fee if you cancel or reschedule with less than 24 hours notice, unless you are canceling due to illness.

I reserve the right to seek assistance from a collection agency should you fail to pay any balance due.

Contacting Me

You may call me at (425) 922-1644 and I will return your call as soon as I can. You can also email me at my secure email address: kim.gilliland@hushmail.com.

Acknowledgment of Receipt

I have read this document and I understand and agree to its contents.

I have received a copy of this document if requested.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____