

Tim McKee, M.A., M.B.A., LMHC, CMHS

Emmaus Counseling Center

(425) 869-2644 ext. 5

CLIENT DISCLOSURE AND OFFICE POLICY STATEMENT

You have the right to choose a therapist who best suits your needs and purposes. With that in mind, the following disclosure information is provided for you.

Professional Background

My educational background includes: a bachelor's degree from University of Washington, Seattle, WA (1971); a master's degree from Seattle University Business, Seattle, WA (1978); and a master's degree from Bastyr University in Applied Behavior Science (1995). Since 1995, I have worked as a therapist with individuals, children, and families through public and private agencies in the state of Washington. I have been in private practice since 1997.

I am licensed by the Washington State Department of Health as a "Licensed Mental Health Counselor." My license number is LH00006869. Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of public health and safety. Licensure indicates that the therapist has met certain education and experience requirements for the practice area. In addition, I have met the State requirements and certification as a "Child Mental Health Specialist."

Therapeutic Approach

In therapy, I will work with you in a practical, action-oriented approach to set goals and structure a plan to achieve those goals. My treatment approach is eclectic, combining several psychological models. My master's degree is in family systems. I use the theory and interventions of the therapies called structural, strategic, solution-focused, behavioral, cognitive-behavioral, and narrative therapy.

I work from a systemic model in approaching psychological problems. I work with individuals, couples, and families in such a way as to bring to light their habitual patterns of interactions with others and to assist them in developing other ways of behaving which might be more useful to them in achieving their goals. I see my role to be that of a "coach," one who challenges old behaviors and ideas, suggests new possibilities of behavior, and provides an environment in which risks can be more safely taken. Each therapy is unique to those who participate in it, and thus your therapy will be a blend of what you and I do together. I am responsible for developing and implementing a course of treatment that will most effectively deal with your issues. You are responsible for your decisions and for changing. This means that you must work on your issues both inside and outside the therapy hour. People and situations are complex; I cannot guarantee that specific changes will occur as a result of our therapy together.

Length of treatment will vary according to each individual. I may assign homework for you to work on between sessions so that you can make progress more quickly. Appointments are fifty-minute hours. Beginning and ending sessions on time is important for both of us. I request that clients arrive a few minutes before the session if possible as that allows you to rest a minute before we get started.

Fees, Cancellation Policies, and Emergencies

Please note that I am a provider on some but not all insurance panels. If you are planning on using your insurance for mental health services, please verify that I am contracted with your plan prior to the first visit. Emmaus Counseling Center's billing staff will submit claims to your insurance company following each office visit.

Emmaus Counseling Center

8290 165th Ave. NE, Redmond, WA 98052

425.869.2644, ext. 5

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My rate for those paying full fee (i.e., no mental health insurance coverage) is currently \$150 for the initial assessment and \$130 for each 50 minute session thereafter.

If for some reason you do not come to a scheduled session, I request that you either cancel at least 24 hours in advance or pay a missed session fee of \$80. Insurance cannot be billed for missed sessions. However, I will not charge you for sessions missed due to a sudden illness or personal/family emergency. If this occurs, please call as soon as you can. My voice mail will take your calls any time, but I don't carry a beeper and may need up to a day to respond. If you need assistance before I can be reached, you may call the **King County Crisis Clinic at (206) 461-3222**, which is open 24 hours, or dial 911.

Confidentiality

In general, whatever is said during your sessions with me is held in strict confidentiality, meaning I will not discuss you or our work with anyone else except in my own strictly confidential professional consultation, unless you sign a release of information form allowing me to discuss our work with another person (e.g., your physician, school counselor, previous therapist), or unless a judge orders me to release my records to the court and/or testify. In the State of Washington, all clients age 13 and older are legally required to sign a release of information for mental health information to be shared. This means parents do not have the right to access the minor's counseling records or conversations between therapist and child unless I have written authorization from the minor.

Exceptions to this right of confidentiality, which are protected by state law, are: when there has been physical or sexual abuse or neglect of a child, disabled person, or elderly adult; serious threat or intent to harm oneself and/or others; inability to care for oneself. In all of these situations I am required by law to take necessary steps to secure your safety and/or the safety of others, however, I want to carry out that responsibility in a way that promotes the best counseling or therapy for my client's individual needs. If you have any questions about confidentiality, please discuss them with me.

Court Testimony and Legal Involvement

In order to avoid dual relationships and conflicts of interest, I will provide you or your child with clinical services only. I do not intend to become involved in legal disputes such as personal injury lawsuits, divorce proceedings, dependency hearings or custody battles. These proceedings erode the client-therapist relationship and compromise you or your child's ability to be honest with me during treatment. In addition, I do not participate in evaluation for adoption homes studies or provide evaluations of parental fitness to adoption agencies or State entities. By signing this document, you agree:

- That my role is limited to providing treatment and that you will not involve me in any legal dispute;
- That you will instruct your attorneys not to subpoena me or refer in any court filings anything I have said or done;
- That you will not ask for my participation or recommendations in an adoption home study or dependency hearing;
- If there is a court-appointed evaluator in your child's custody or dependency dispute, and if appropriate releases are signed and a court order is provided, I will provide general information about the child which will not include recommendations concerning custody, custody arrangements, or visitations;
- If, for any reason, I am required to provide expert testimony or documentation for a legal dispute, adoption proceeding or dependency case, or to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$150 per hour (even in the case of sliding-scale fee clients) for time spent traveling, preparing reports, testifying, being in attendance, and any other case related costs.

Professional Consultation

In order to provide the best service possible, I may seek professional consultation on the dynamics and process of your case. If I discuss your situation, I will not use information that would identify you personally.

Communication

E-mails, cell-phones, computers and faxes are not private. No form of client communication is 100% guaranteed to be private. Conversations can be overheard, e-mails and faxes can be sent to the wrong recipients and phone conversations can be listened to by others. Although they add convenience and expedite communication, it is very important to be aware that computers, e-mail and cell phone communication can be accessed relatively easily by unauthorized people and hence can compromise privacy and confidentiality. If you choose to communicate with me by email, be aware that all e-mails are retained in the logs of your and my internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrators of the internet service providers. You should also know that any e-mails I receive from you and any responses that I send to you may become a part of your legal record and may be revealed in cases where your records are summoned by a legal entity. To protect your confidentiality to the best of my ability, my computer is equipped with a firewall, virus protection and passwords and my cell phone is equipped with virus protection and passwords.

Social Media Policies

Per industry standards, my personal social media presence and professional social media presence are separate (ACA code section H.6) and it is not appropriate for me to engage in virtual relationships with my clients (ACA Code A.5.e; NBCC Code section 19). I do not accept friend or contact requests from current or former clients on any social networking site. Please do not use messaging on social networking sites to contact me. Do not use wall postings, @replies, or other means of engaging with me in public online if we have already established a client/therapist relationship. Engaging with me in this way could compromise your confidentiality and it may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

Location-Based Services Reveal Your Location:

If you use location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. If you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a regular basis.

State of Washington Disclosures

The State of Washington requires that I provide you with the following information.

You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want. You have the right to choose a Counselor who best suits your needs and purposes. Counselors practicing counseling for a fee must be registered or licensed with the Department of Licensing for the protection of public health and safety. Credentialing of an individual with the Department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint

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Intake Post Office Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700
E-mail: HSQAComplaintIntake@doh.wa.gov

Addendum

All clients receiving mental health services at Emmaus Counseling Center are welcome to contact the clinic director, Richard Wemhoff, Ph.D., with any concerns about their treatment at the Center.

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you read and fully understand these rights, and have been given the opportunity to ask questions.

By signing this document, you are attesting to your consent to participation in counseling services provided by Tim McKee, M.B.A., M.A., LMHC, CHMS.

Client Signature

Date

Print Name

Tim McKee, M.B.A., M.A., LMHC, CHMS

Date
