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## **Clinician Disclosure**

This disclosure statement provides information about me, my qualifications, and my services. Washington state law requires that the following information be provided to you. This information and other client rights, along with the responsibilities of clinical therapists and social workers, are contained in the [RCW 18.19](#) and [RCW 18.320](#) of the State of Washington. The certification of an individual under this chapter does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. Please read this information carefully so you can make the best decision for you about the treatment you want and the provider that is the best fit for you. Feel free to ask questions or discuss this information with me.

### **Education, Training, and Licensure**

I am a Licensed Independent Clinical Social Worker (LICSW) in the State of Washington. My license number is LW60816188. I earned a BS degree in Business Administration from Eastern University in St. Davids, PA in May 1982. I earned a Master's degree in Social Work from Marywood University in Scranton, PA in August 2014. My life experience, formal education, and continuing education provide a broad range of therapeutic practice for my clients.

### **Practice**

I am in individual practice as sole proprietor, Business License 604464454-001-0001. Primarily, I work with individual adults and older adults. I rent space in the 908 Georgiana Street building and I am entirely independent from other practitioners in the building or elsewhere.

### **Therapeutic Approach**

After the initial assessment, in therapy my role is to help you identify treatment goals and develop strategies to support the work you are doing to change your life. There may be issues regarding life stressors, family conflict, difficulties stemming from developmental history, decisions, substance use/abuse, unresolved grief and loss, and difficulties with stage of life transitions that may involve referral to other providers. Keep in mind that the goals in your therapy are **up to you**. Making important changes in life can be exciting and satisfying, and sometimes it can be difficult, painful, and confusing. Your therapy will be more successful if you tell me clearly and directly what you want from me, what you like, and what you do not like. At any time, you may request a different treatment approach, stop therapy, or request a referral to someone else.

Everyone is most powerful at changing themselves, not at changing others. Therefore, you will be most successful when you take full responsibility to alter your personal beliefs and actions. As you change, you will discover things are altered in the systems around you whether it's your family, your work, or your community. To support your change, the focus of my counseling is evidence-based practices including Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Internal Family Systems (IFS).

At the beginning of treatment, you and I will meet every two weeks for sessions that last 45 to 50 minutes in length. As you progress in treatment, the frequency of appointments will vary depending on your psychosocial symptoms, needs, and limitations.

### **Limits of Services**

I do not make assessments for fitness for duty/work, workers compensation, disability claims/benefits, legal/courts, forensic, substance use, or predictive assessments of any type. I also do not serve as an advocate on issues, act as an expert witness, or go to court as your advocate. I do not assess fitness for custody or make recommendations regarding parenting, guardianship, or a person's capacity to live independently.

### **Legal Proceedings**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters of a personal and confidential nature, it is agreed that, should there be proceedings (such as, but not limited to, divorce, custody disputes, injuries, or lawsuits), neither you (client), nor your attorney(s), nor anyone acting on your behalf will call on me to testify in court or at any other proceedings, nor will a disclosure of psychotherapy or counseling records be requested. Considering the above exclusions, upon your request, I will release a treatment summary to given agency/person you specify per a specific written release of information signed by you unless such a release of information might be harmful in any way or violates the privacy of another person. If subpoenaed or ordered by an authorized court of law, health care professionals may be required to release client confidential information. Time for preparation and/or attendance in a court will be charged as permitted by law.

### **Record Keeping and Confidentiality**

State law requires that I keep a record of the services I provide you. To facilitate this process, I take notes during the session. You may ask to see and copy your record. You may also request a correction if you believe something has been recorded in error. Information you share with me, and any record of that information, will be kept in strict confidence. I cannot disclose any information about you to anyone else, including the fact that you are in treatment, unless you give me permission to do so, or unless I am required to do so by law. This information is stored in a locked file in my locked office or in an electronic health record guarded by a password. In the event of my injury or illness, you may be contacted by my colleague, Shelley Huntington LMFT, who is my HIPAA-compliant Business Associate.

I have put in place a business plan in case of my sudden incapacity or death. In the event I become suddenly unable to continue to provide professional services or maintain client records due to incapacitation or death, I have designated a colleague who is a licensed therapist as my Professional Executor. If I die or become incapacitated, my Professional Executor will be given access to all of my client records and may contact you directly for the following purposes:

- to inform you of my death or incapacity;
- to provide access to your records;
- to provide psychotherapy services if needed; and/or
- to facilitate continued care with another qualified professional if needed.

### **Professional Consultation**

I participate in consultation with professional colleagues at 908 Georgiana Street, and I reserve the right to contact other professionals as needed. I do my best to avoid revealing client identity. To that end, I

do not share client names or other identifying information. In addition, all consultants are legally bound to keep any information confidential.

### **Fee Structure and Cancellation Policy**

Get-acquainted consultation free (15 minutes)

Initial Assessment \$180 (90 minutes)

Ongoing sessions \$120 (45-50 minutes)

Emergency fee (outside of regular office hours) is 150% of the customary rate

You have the right to obtain copies of your medical record. To do so, complete a written release of information and understand that it can take up to 10 business days to complete this task. The fee is \$25 plus 17 cents per page.

Payment is required at time of services; if a portion of your fee is covered by insurance, I will bill your insurance company using the services of NW Clinical Billing, LLC.

If you arrive late or if you do not call 24 hours before an appointment to notify me of cancellation, I may charge you my hourly rate for the appointment. I will not reschedule with you until this is paid.

### **Ethics and Professional Standards**

As a licensed social worker in the state of Washington, I am accountable for my work with you. If you have any concerns about your course of work with me, please discuss them with me. After discussing them with me, if you feel that I have been unethical or unprofessional, you may contact the Department of Health, Health Systems Quality Assurance at 360-236-4700, by email at [hsgacomplaintintake@doh.wa.gov](mailto:hsgacomplaintintake@doh.wa.gov) or online at [www.doh.wa.gov](http://www.doh.wa.gov).

Violations for healthcare providers include, but are not limited to, the following:

- **Mental or Physical Condition:** This condition involves the mental or physical inability of a healthcare provider to practice with reasonable skill and safety ([RCW 18.130.170](#)).
- **Unprofessional Conduct:** This is a term used to describe conduct, acts or conditions that are considered by law to be unprofessional in this state ([RCW 18.130.180](#)).
- **Unlicensed Practice:** This category applies to any circumstance involving a person or facility that practices healthcare but doesn't have a valid Washington credential ([RCW 18.130.190](#)).

In addition to federal and state regulations, I abide by the NASW (National Association of Social Workers) Code of Ethics <https://www.socialworkers.org/About/Ethics/Code-of-Ethics>.

### **Electronic Communication**

As a convenience to you, I may communicate with you via email, through my website, or by text message. This means that your protected health information (appointments, diagnosis, medications, progress, and other individually identifiable information about treatment) will be transmitted by electronic communications. There are risks inherent in the electronic transmission of information by email, on the internet, via text message, or otherwise; such communication may be lost, delayed, intercepted, corrupted, or otherwise altered, rendered incomplete, or fail to be delivered. While my website and Doxy.me and Zoom video platforms are HIPAA compliant, be aware that text messages, emails, website, and Doxy.me and Zoom video platforms are electronic communications that are not encrypted.

**A Note About Suicide**

If you have intentions of killing yourself, you should inform me, call the Crisis Line at 888-910-0416 or call 9-1-1.

In addition to this document, you have been given access to Kim Ykema Counseling's Privacy Policies which describes the limits of privacy.

You may keep a copy of this form for your records. Consent for treatment and authorization for electronic communication will be acknowledged on the signature form provided to you.