

RIVER VALLEY

PSYCHOLOGICAL SERVICES

Disclosure Statement

Kevin Klar, M.A., L.M.H.C.A.
Mental Health Therapist
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425-391-0887

Client Rights & Responsibilities:

As a client, you have the right to choose a therapist who best suits your needs and preferences. You have the right to inquire about treatment as well as terminate treatment at any time.

You recognize that you are voluntarily engaging in treatment, and that to be successful—active engagement is necessary to the healing process. What is talked about in session is entirely up to you, and is ultimately led by you. ***Clients who are “self-propelled” are most likely to find healing and success in the therapeutic process.*** Active engagement involves consistently arriving on time and being willing to put in the mental work of discussing—at times—tough issues and topics. You understand that while you and your clinician will make the best possible efforts to achieve treatment goals, no particular results are guaranteed in the therapeutic process. ***In plain speak, showing up for our session and being “not sure” what to talk about should be an exception rather than a rule.***

The Therapeutic Process:

My goal is to provide a safe and strategic environment where we can explore your inner thoughts, feelings, attitudes, triggers, and historical experience around various points of trauma and disruption in your life. My practice has a distinct focus on discovering the “why” of every presenting problem, in addition to addressing the “how” and “now what” in terms of repairing and healing the concern in the present. I am psycho-dynamic and emotions-focused in my approach, but also believe that must be within the context of a client-centered environment. This means that the agenda and the priorities of the therapeutic meeting are set by you. Please know, this does not mean I will not challenge or bring up areas I feel are important or suspect avoidance may be happening, but ultimately—we talk about what you choose to talk about. I welcome those moments when a client interrupts me and says, “Kevin, can we switch subjects and talk about this instead?”—it speaks of ownership and self-propelled healing.

As stated above, just as you have the right to select the therapist that best suits your needs, I reserve the right to refer any client out to a different clinician if I feel I cannot best serve you for any reason—the purpose of this would be to support the best possible therapeutic outcome for you in the event I feel underequipped to support you in a given area of concern.

Sessions will last approximately 55 minutes. Do your best to be on time, so we don’t have to cut our time short. I do my very best to begin our session on time and would ask you to show me that same respect. That said, if I arrive late to a session due to a previous session running over, I can still nearly always give you the full session time. If you are going to miss a scheduled appointment—to avoid a cancellation fee—please call the office 48 hours in advance to let us know. You can reschedule at that time as well. ***Please note that appointments that are missed or cancelled late without advance 48 hour’s notice will be charged the full hourly fee (approx. \$150).*** Insurance companies will not pay for missed or cancelled appointments and you will be responsible for these charges. Overdue accounts at RVPS will eventually be sent to collections if left unpaid for too long.

Education, Licensing, Experience:

I finished my Bachelor of Arts degree at Eastern Washington University in Interdisciplinary Studies and received my Masters in Clinical Psychology at Saybrook University. My License # is MC60927484. Currently, I am finishing up a clinical psychology Ph.D. program at Saybrook University, and have completed over 4000 hours of work in a clinical internship in community mental health. I am working with River Valley Psychological Services not only as a licensed mental health counselor associate, but additionally in the capacity of a doctoral student internship under the supervision of Kevin Connolly, Ph.D.

Fees and Payment:

Please contact our office to obtain fee information for the initial session and preceding appointments. Payment is due at the time of service. If you are using insurance, the office staff will facilitate the billing process. You are responsible for understanding your insurance benefits and for making deductible and co-payments. ***If you need to cancel your appointment, please give at least two business days' notice (weekends do not count).*** Please note that appointments missed or cancelled without this advance notice ***will be charged a full fee of approx. \$150*** unless I am able to fill the scheduled hour. Insurance companies will not pay for missed or cancelled appointments and you will be responsible for these charges. ***Any overdue accounts will be sent to a collection agency if payment arrangements are not made.***

Records and Confidentiality:

The law requires me to maintain written treatment records. You have the right to review your records and request modification of inaccurate information. In Washington State, therapists may deny access to patient records if the health care information may be injurious to the patient's health and/or could reasonably expect to cause danger to the life or safety of the patient (RCW 70.02.090). Information discussed in therapy session is confidential, which means it is not disclosed to anyone without your written permission. The law, however, requires the release of confidential information in certain situations such as a suspected child/vulnerable adult abuse, potential suicidal ideation/behavior, threats to harm others, and court ordered request. Certain treatment information will be disclosed to your insurance company if they are paying for your psychological services. In the case of individual therapy with a minor, I will use my professional judgment to determine what information, if any, will be disclosed to guardians.

Disclaimer: At this time, I do not provide services related to L&I, FLMA, disability, divorce/custody cases, court-order cases, and any other legal disputes. You agree that you won't involve your therapist in litigation of any kind for any purpose. You understand that your (or your child's) visit is for therapy purpose only and that having your therapist involved in litigation would interfere with the therapeutic relationship. If your situation may in the future involve litigation, please discuss this with your therapist.

Consent for Treatment

Your signature below indicates that you have read this document in full and agree to its contents. Your signature also indicates that you consent to receive mental health counseling services from Kevin Klar, M.A., L.M.H.C.A.

Client Signature

Date

Client Name (Printed)

Kevin Klar, M.A., L.M.H.C.A.

Date