

Kim Brotherton, LICSW, BCD

1429 North 45th Street
Seattle, WA 98103
(206) 353-4928

WA State Licensed Independent Clinical Social Worker #LW00004927

This disclosure statement provides you with a brief introduction to my education, experience, and office policies. Please read it carefully. If you have questions or would like to discuss any of its contents, please let me know. I would be happy to talk with you further.

Services, Approach to Treatment

I provide individual and couples therapy to adults 18 years and older.

I believe psychotherapy to be a process of discovery in which the client and therapist work collaboratively toward resolving the issues and concerns that bring the client to treatment. My role as therapist is to facilitate clients' awareness and understanding of troublesome patterns, interactions, and responses, considering both past and present influences in the process. Through this work, clients can gain greater flexibility and range of responding to the world around them – ultimately becoming more masterful and adept in current life.

Education, Training, and Experience

I am a Licensed Independent Clinical Social Worker and Board Certified Diplomate with over 29 years of experience working with individual adults, couples, families, and groups in various settings including community mental health, psychiatric hospital, non-profit family counseling agency, and private practice.

I earned my Bachelor's Degree in Psychology from the University of Washington in 1990 and a Master's Degree in Social Work from the University of Denver in 1995. I hold certificates in Psychodynamic Theory and Practice from the Washington State Society for Clinical Social Work, Advanced Psychoanalytic Psychotherapy Program at the Seattle Psychoanalytic Society and Institute, and Levels I & II training from the Psychobiological Approach to Couples Therapy (PACT) Institute.

I have training and experience working with clients using brief, problem-solving, and cognitive behavioral therapy approaches; but am most influenced by and currently base my practice on psychodynamic, insight-oriented approaches.

Confidentiality and Client Rights

I have provided you with a copy of my Notice of Privacy Practices, which describes how I may use and disclose your health information. In this document, I want to highlight for you some of those disclosures: (1) to report suspected abuse of a child, developmentally disabled person, or a dependent adult; (2) to prevent potential, imminent harm to yourself; (3) to prevent imminent harm to another; and (4) when required by court order or other compulsory process. Disclosures may also be made if you sign a written authorization permitting disclosure.

Please refer to my Notice of Privacy Practices and Client Rights for other detailed information.

Appointments, Fee, Payment and Client Responsibility

Appointments can be made by email or phone to my confidential voicemail at (206) 353-4928. Once we settle into a regularly scheduled appointment time I reserve that time for you. Appointments must be canceled with one week's notice. When that is not possible we may be able to reschedule a missed appointment. You are responsible for paying the full fee for missed appointments not rescheduled within the following two weeks.

Sessions are 55 - 60 minutes long and begin and end at the scheduled time. My fee is \$170 per session; and \$185 for initial intake sessions. Payment is due at each session unless we agree upon other arrangements, and can be made by cash, check, credit card, or electronically via PayPal, Venmo, or Zelle. It may be possible to use health insurance to pay for part or all of your therapy. If you would like to use your insurance, I am happy to discuss this with you.

Therapy is a service for you, and as such you have the right to pace, take a break, or end your therapy with me at any time. I encourage discussion about and evaluation of therapy and welcome any concerns or questions about your therapy at any time. You are responsible for choosing a therapist who best suits your needs and preferences. Therapy depends upon a client's ability to openly and honestly participate. Therefore, it is important that you feel comfortable with whomever you choose to work.

Notice to Clients

As required by Washington State law, therapists practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of public health and safety. Registration or licensure of an individual with the Department of Health does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

Additionally, licensed or registered therapists are required to inform clients of the purpose of the Counselor Credentialing Act (the law regulating counselors). The purpose of the Counselor Credentialing Act is (A) to provide protection for public health and safety; and (B) to empower the citizens of the State of Washington by providing a complaint process against those therapists who would commit acts of unprofessional conduct. Please see the Client Rights document for a list of actions considered to be "unprofessional conduct." Clients of licensed or registered therapists in the State of Washington may file a complaint with the Department of Health at any time they believe a therapist has demonstrated unprofessional conduct. Complaints may be directed to Department of Health, Business and Professional Administration, P.O. Box 9012, Olympia, WA 98504-8001, (360) 236-4700.

My signature below acknowledges that I have read, understood and received a copy of this Disclosure Statement and the Notice of Privacy Practices and Client Rights which includes a list of actions considered to be unprofessional conduct.

Client Signature (or personal representative)

Date

If a personal representative on behalf of the client signs this acknowledgement, complete the following:

Personal representative's name: _____

Relationship to client: _____

*** This form will be retained in your medical record. ***