Isabelle Kim, MA, LMFTA

Professional Counseling for Individuals, Couples, Families and Groups

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(253) 326-4932

DISCLOSURE STATEMENT

To New Patients: Please complete this paperwork prior to our initial meeting so that we can spend our time together focusing on the personal concerns that you wish to consult me about. I look forward to meeting with you.

Training and Degrees: I earned my Master of Arts degree in Marriage, Couples, and Family Counseling at Regent University. As a part of my degree, I provided counseling services to several individuals, couples, and families of all different ages and backgrounds. Prior to this, I earned my Bachelors of Arts degree in Business Administration through Oral Roberts University. I am certified in SYMBIS for premarital counseling, and I am also certified in Gottman Level 1 training for couples counseling. (#MFTA.MG.70187963). I am Supervised by Sharon Young Ph.D., LMFT (#LF00002276). She can also be reached at sharon@counselingwithsharon.com. Seattle Christian Counseling/WA Christian Management, LLC provides office space and administrative support for Isabelle Kim. Isabelle Kim is responsible for all patient care.

Counseling Orientation: My past work experience includes working with high-risk students in K-12, primarily working with secondary students, working as an advocate for women and children escaping domestic violence, and working with youth groups, youth and family camps, and some of the most complex family systems, including at-risk youth.

Fees: The fee for counseling is **$150** for individuals, couples and family per 53-minute session. Initial sessions are run in the 53-minute session format. Fees are adjusted annually on January 1 and will not increase more than 10% per year. Payments (cash, check, or credit) are to be made at the beginning of each session. In addition to your session fee, there may be a fee for using your credit card, which will be the exact amount the credit card company charges Seattle Christian Counseling/WA Christian Management, LLC. Fees change regularly but will range between 2.5%-4% of your transaction. If you would like to know the exact current rate, please ask your therapist at the time of your appointment. A $40 fee will be charged for returned checks. Unpaid balances incur the maximum finance charge allowed by law after 30 days. Outstanding balances may be sent to a collection agency.

Missed Appointments: In the event that you are unable to keep an appointment, please notify me a minimum of three days (72-hours) in advance. **If you miss your appointment for whatever reason and fail to give me adequate notice, you will be responsible for the full fee for the session.** If you are late, I will still stop at our regular ending time in order to keep my schedule, and you will still be required to pay for the entire session. In the event of a missed appointment, the bill will reflect a late cancellation instead of a clinical session. Most insurance companies will not reimburse for missed appointments. If I have an emergency, I will notify you as soon as possible of my need to reschedule our appointment. If you are more than 15 minutes late, I will consider this a missed appointment.

Telehealth Availability: Telehealth services are available for individuals and couples clients when clinically appropriate. Family sessions are provided in person only and are not offered via telehealth.

Transition to In-Person Services: When clinically appropriate, the counselor may transition a client from telehealth to in-person services if in-person sessions would better support the client's therapeutic needs, the therapeutic process, or treatment effectiveness. Any transition will be discussed with the client and scheduled based on availability.

Termination of Treatment: When you wish to terminate treatment, please give a minimum of one week's notice. You may terminate treatment at any time without moral, legal, or financial obligation beyond payment of services already rendered. It is expected that we will discuss the prospect of termination so that both parties will be clear about any details that need attention as part of the termination process. If you fail to schedule a future appointment, cancel a scheduled appointment, or fail to keep a scheduled appointment and do not contact me within 30 days of the date of last recorded contact, it will be understood that you have terminated treatment. I shall have no further obligation to you once treatment has been terminated.

Testifying in Court: If you become involved in any legal proceedings that require my participation, you will be expected to pay for all of my professional time. This includes any preparation and transportation time, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge **$300** per hour for preparation and travel, for attendance (waiting and participation) at any legal proceeding. Having said this, I am not a certified child custody evaluator and will be unable to help you legally if this is your purpose in pursuing treatment with me.

Choosing a Counselor: You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

State Mandated Disclosure: I have broad discretion to release any information that I deem relevant in situations where I believe my patient or others to be at risk of physical harm, physical or sexual abuse, molestation, or severe neglect.

Consultations: I regularly consult with other professionals regarding patients with whom I am working. This allows me to gain other perspectives and ideas about how to better help you reach your goals. These consultations are conducted in such a way that confidentiality is maintained.

State Registration: Therapists practicing psychotherapy for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor does it necessarily imply the effectiveness of any treatment. The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) 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 counselors who commit acts of unprofessional conduct.

Unprofessional Conduct: The brochure titled "Counseling or Hypnotherapy Patients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number:

Department of Health, Counselor Programs
PO Box 47869 Olympia WA 98504-7869
(360) 664-9098

Contacting Me by Phone: You may leave me a voice message at (**253) 326-4932.** I check this message periodically and will typically return your call within 24 hours. Please limit your phone conversation to appointment scheduling and emergencies.

Emergencies: If you are in an emergency situation and cannot reach me, please call one of the following numbers for help:

General Emergencies:911
Crisis Clinic:(800) 244-5767or (800) 576-7764
Spokane Crisis:(877) 266-1818

I have read and understand the information present in this form.

_____ _____
Patient or legally authorized individual signature Date

_____ _____
Patient or legally authorized individual signature Date

_____ _____
Isabelle Kim, MA, LMFTA Date