

KAREN SIMMS, MA, LMHC  
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## Disclosure 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.

### **Counseling philosophies and approach**

My therapeutic perspective includes working in a psychodynamic framework with an existential influence: helping my clients work in depth through their past while being present in the here and now. Along with this, my role is to help facilitate healing through the use of therapeutic tools that are appropriate and unique to what each client needs, which may occasionally include art or other creative modalities. My objective as a mental health counselor is to show compassion and empathy for others and the paths that have led them to where they may be in their lives; have an ability to be present with care, quietness, humor, and equanimity; be critical in my thinking and understanding, especially in the face of confusion or distress; and, show a flexibility of mind, spirit, and time. I encourage you to ask me questions about my orientation and approach to counseling and therapy.

### **Education and credentialing**

- > Masters of Art in Mental Health Counseling with specialized education in Art Therapy, Antioch University, Seattle 2005
- > Mental Health Counselor, Washington State Licensure conferred October 2007. License # LH000011100
- > Bachelor of Science in Graphic Design, California Polytechnic San Luis Obispo, 1987

### **Experience**

I am a licensed mental health counselor with over ten years of experience working with a variety of clients of all ages and diagnoses. I have worked in a community mental health setting and have been in private practice since 2012. I have a broad understanding of multicultural issues and my experience includes individual, couple's and group counseling with clients with various diagnoses, including depression, Post Traumatic Stress Disorder (PTSD), and other anxiety disorders. I currently see couples and individual adult clients.

### **Confidentiality**

In general, whatever is said during your sessions with me is held in strict confidentiality, meaning that 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).

There are some exceptions to this confidentiality. A judge may order me to release my records to the court and/or to testify. State law requires that professional counselors must respond protectively by notifying the appropriate authorities if we are informed of

the physical or sexual abuse of a child, a disabled person, or an elderly adult. State law also requires me to report knowledge of a client's serious threat or intent to harm self or others or an inability to care for oneself. In instances where I am required to take such action, I will do my best to communicate this to you in a way that promotes the best counseling or therapy practices.

In the state of Washington, children over 13 yrs of age are considered adults in terms of confidentiality and I cannot discuss their case with their parent(s) unless the child consents to involve their parent(s) in therapy. Also, if you should refer a friend or relative to my practice, I would not be able to confirm whether or not that person is a client nor discuss their case with you.

### **Professional Consultation**

In order to provide the best service possible, I may seek professional consultation on the dynamics and process of your case, if needed. If I discuss your situation in that context, I will not use information that would identify you personally. I may also consult with the colleague of Mindful Therapy group who is managing your medication for collaboration purposes.

### **Fees, Cancellation Policies, and Emergencies**

Please note that I am not currently taking insurance. Please check with your insurance company about your coverage for an out-of-network provider. My rate for individual psychotherapy is currently \$100 per session and couples is \$115 per session. Sessions are 55 minute. If you cannot afford the full fee, please discuss your situation with me as I am occasionally able to offer a reduced fee on an individual basis. Payment is due in full prior to beginning services.

If for some reason you cannot come to a scheduled session, I request that you either cancel at least 24 hours in advance or pay a missed session fee of \$75. However, I will not charge you for a session missed due to a sudden illness or emergency (work emergency *not* included).

It is important to be on time as your appointment cannot be extended beyond its scheduled time due to late arrival. If you arrive more than 20 minutes late to a session, we will likely need to reschedule for another time. I will make an effort to reschedule you into another available slot within the next week; however, if we are unable to reschedule within the week you will be responsible for the missed session fee.

- > 55 minute individual session: \$100
- > 55 minute couples session: \$115
- > Missed or canceled appointment (with less than 24 hour notice): \$75

If you need to discuss, clarify, or bring up any issues with me between appointments, feel free to call me. You can leave a message on my confidential voicemail and I will return your call as soon as I am able. In case of urgent mental health issues or if you need to talk to someone outside of my business hours, call the 24-hour crisis line at (206) 461-3222.

**Client Rights and Additional Information Required by State Law on Disclosure Statements**

- > A client is entitled to receive information about the methods of counseling, the techniques used, the duration of treatment (if known), and the fee structure.
- > It is your responsibility to choose the provider and treatment modality which best suits your needs. You have the right to raise questions about my treatment approach, to refuse treatment, and to request a referral to another therapist if you desire to do so. A client may seek a second opinion from another provider and may terminate treatment with any provider at any time.
- > Confidentiality of records or information or art therapy pieces collected about or by the client will be held or released in accordance with HIPPA standards regarding confidentiality of the aforementioned service.
- > (WAC 308-109-040) Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.
- > The purpose of the Counselor Credentialing Act, chapter 18.19 RCW, is to:
  - (A) Provide protection for public health and safety; and
  - (B) Empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.
- > The practice of both licensed and unlicensed persons in the field of counseling is regulated by the Washington State Department of Health. Questions or complaints may be addressed to: Washington State Department of Health; Health Systems Quality Assurance; Complaint Intake; PO Box 47857; Olympia, Washington 98504-7857; or, call: 360-236-4700

I have read the preceding information, understand my rights as a client, have received a copy of this disclosure, and have been offered a copy of HIPPA information. My signature below is acknowledgement that I am the client or the person authorized to consent for psychological care for the client and consent to services provided by Karen Simms, MA, LMHC.

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Client Name (please print)

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Client Signature

Date

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Karen Simms, MA, LMHC

Date