

Brian Kimmel, MA LMHC

Licensed Mental Health Counselor #LH60993754

Treatment Policy and Disclosure Statement

Welcome, and thank you for choosing me as your counselor. This document is designed to provide you with basic information regarding my practice and professional relationship. Please feel free to present any questions or concerns you might have regarding this document or our work together.

Training and Experience - I have passed the National Board of Certified Counselor's examination, and I am independently licensed in the state of Washington as a Licensed Mental Health Counselor (LMHC). I received a Master's degree (MA) in Somatic Counseling Psychology from Naropa University in Boulder, Colorado in 2017. My graduate program is accredited by the Council on Accreditation of Counseling and Related Educational Programs. I am also credentialed through the Washington State Department of Social and Human Services as a Mental Health Professional, and with the Dance/Movement Therapy Credentialing Board of the American Dance/Movement Therapy Association as a Registered-Dance/Movement Therapist.

I have been a counselor since 2013. I provide services for clients in my private practice whom I believe have the capacity to resolve their own problems with my assistance, and whom build and maintain relationships that support them. A counseling relationship between a Licensed Counselor and the client is a professional relationship in which the counselor assists the client in exploring and resolving difficult life issues. I believe that as people become more accepting of themselves, and more aware of their thoughts, emotions and actions, they are more capable of making sound decisions which lead to happiness and fulfillment in their lives and bring benefit to others. Critical self-reflection, awareness, and appreciation are ongoing processes that are encouraged by one's everyday surroundings and nurturing, adult attachment relationships, including family, chosen family, friends and communities large and small of which they belong. While some clients may need only a few counseling sessions to achieve their personal and/or relationship goals, others may require months or even years of counseling. Counseling may also be a part of a client's regular wellness maintenance plan. Except in the case of court-ordered treatment, clients have complete control, and may end our counseling relationship at any time for any reason. If it becomes clear to me that our working relationship is not beneficial to you, or if I feel that I am not helping you to achieve your treatment goals, I will provide you with referrals for services elsewhere. I do request that you do not begin individual or couples counseling with another therapist while still receiving treatment from me.

Counseling Approaches - Engaging in therapy can be a highly rewarding, beneficial process. I use a broad range of clinical techniques and therapeutic models to help move the client towards change and health. This includes and is not limited to multicultural, social justice and anti-racist, cognitive-behavioral and body mind, attachment, narrative, spiritual, creativity and expressive arts, and experiential present-moment based models. My approach is humanistic, holistic and systemic by nature. I believe that the individual brings with them an embedded and embodied experience of culture and institutional realities. Our work together is toward making positive change that will impact ourselves, and the communities and collective environments of which we are a part. Change happens from the inside out and from the outside in. These two are not separate. And our task in therapy is to heal from the delusion that they are.

My grad-school training focused on multicultural, trauma-informed, strength-based, and humanistic models. I trained in social justice frameworks through practicum and internship sites working with adult survivors of child sexual abuse, teens at an alternative high school, and victims and survivors of domestic violence and their families including one-on-one, family, group, and shelter environment. I later moved to crisis prevention and intervention where I accumulated enough post-graduate supervised hours towards independent mental health counseling license. My combined experiences during and post graduation, and lifelong work as a dedicated Buddhist teacher and minister, musician-composer, and somatic / movement educator is a rich foundation from which my counseling approach is supported. I work primarily with adults in individual and couples/family therapy including those in monogamous, open, non-monogamous, and polyamorous relationships, survivors and post-survivors, BIPoC, LGBTQIA, gender non-conforming, and gender non-binary.

My practice includes working with those experiencing the negative impacts of systemic privilege/oppression, trauma, loss, grief, anxiety and depression, phase of life, career, relationship, communication, and identity issues. You should know, however, that results and expected outcomes are not guaranteed; I only ask that you are willing to participate fully in the process of your treatment. As in life, your attitude and engagement in this experience will impact the benefits you reap immeasurably. And, I work to be fully aware of the extent of impacts that bio-social-cultural-institutional-environmental effects have on the human body mind and collective psyche. We can discuss cultural, systemic, and institutional impacts as they arise in our work together, but to the extent and capacity that the container of therapy and the intended goals of therapy warrant.

Risks and Benefits - There are potential risks involved in therapeutic work; deep emotional, psychic-energetic and somatic release can occur, accompanied by confusion, pain, and fear. Hidden truths may surface, and the true nature of various facets of your life and relationships may be revealed, all of which may involve emotional pain and turmoil, and an upset to your experience of present day environments and relations. Be assured that the hurt involved is most often temporary, a necessary part of your process, and that it ultimately leads to clarity, peace, self-knowledge, and appreciation – insight. I vow to collaborate with you, and to be by your side on this path towards greater freedom and flow. You have the right – and I will encourage you – to participate in your ongoing treatment plans. You also have the right to refuse any recommended services or modality, though I again encourage you to discuss this with me. I see our relationship as collaborative and personally empowering for you, rather than hierarchical. At times body movements may be facilitated or invited as part of the treatment plan. It is understood that any movements or use of the physical body during treatment is at your own risk. Body movements are not required.

Confidentiality - With few exceptions, our meetings will remain completely confidential. Without your written consent, everything that is said or moved during sessions is held in strictest confidentiality. There are exceptions to this confidentiality, however; these include:

- Any information or suspicion of child or elder abuse, neglect, sexual abuse or incest.
- Serious threat of danger to yourself, as in potential suicide.
- Serious threat of danger to another, or contemplation of a serious crime.
- Court-ordered request for your records.
- Requests by 3rd-party billing (insurance companies) to provide diagnosis, records, or statement of service.

Fees and Payment - The fee for a 50-minute session is \$140 for individuals, couples and families. You will be responsible for payment in full at the end of each session. I am currently offering sliding scale fee through Open Path at a minimum \$30 - 60 per each 50-minute session, and without signing up through Open Path, a minimum of \$50. I accept cash, check, and most major credit cards (Visa, MasterCard, American Express, and Discover). I ask that if you need to cancel or reschedule an appointment, you notify me as soon as possible. If you miss an appointment without notifying me within 24 hours prior to this appointment, you will be charged your full fee for this "no show." I am currently super-billing medicaid insurances to Coordinated Care and Community Health Plan of Washington, as well as Employee Assistance Program, Well Spring. I am not on an insurance panel. However, if your insurance covers costs for Out-Of-Network or Non-Preferred Providers, you may be reimbursed for a portion of your session fee, depending upon the type of insurance you carry and your insurance provider. In this case, I will provide you with a receipt you can submit to your insurance company for reimbursement. It is up to you to check with your insurance provider about your coverage for out-of-network providers and their services. If your insurance company requests more information that is provided on the receipt, I can (with your written permission) provide my treatment plan and/or therapy notes. You retain ultimate responsibility for payment for services if your insurance company decides that this documentation does not meet their requirement for coverage of your treatment. Health insurance will not pay for "no show" appointments. A question you may want to ask your insurance company: What is the percentage of reimbursement for out-of-network providers and have I met my deductible?

Signing this agreement authorizes release of medical or other information requested by insurance companies or other 3rd party payers to facility claims processing; it also authorized me to submit claims on your behalf.

Our work together is limited to the scheduled sessions we have together, in addition a no-charge 10-minute call as needed for crisis situations and when the treatment plan warrants. Our work usually occurs within my office or over telehealth including phone and video sessions, and sessions usually are limited to 50 minutes in length. If you would like to continue the session beyond this time, and I don't have another client scheduled, you will be expected to pay my fee prorated for the extended time. It is important that you realize that although our sessions may be very intimate, we have a professional--rather than a personal--relationship. Our contact will be limited to only the paid sessions we have together; please do not invite me to social engagements, offer gifts, or expect me to relate to you in any way outside our therapy sessions. You will be served best if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

Client Records - I keep confidential record of each of our sessions, which are assembled in your chart. These are secured online through a HIPAA compliant service, and locked filing cabinet. You have the right, upon written request, to review these records. In couples or family therapy, all participants are required to make such written requests. My policy is to review records with you at a scheduled appointment time. You may receive a copy after such a review. Additionally, you may ask the record to be amended or corrected. You may also request that I restrict how your personal information and records are used or disclosed; I will consider any such requests. You have the right to revoke your consent on these matters in writing, except to the extent that actions have already been taken by me based on prior consent. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so.

Quality of Service - Except for scheduling purposes, I rarely speak with clients between appointed times. If you are in crisis, please call King County Crisis line at 206-461-3222, or call 911 if there is a life-threatening emergency. In the event that you are dissatisfied with my services for any reason, please let me know. If I am not able to resolve your concerns, you may report your complaints to the Washington Department of Health, at (360)-753-1761, Monday-Friday, 8am-5pm.

Client Consent to Treatment - I have read this Disclosure of Information, Policies, and Client Agreement and I understand it. I have asked any questions that I had about this statement, and had them satisfactorily answered. I understand and agree to the description of confidentiality and its exceptions as stated above. I consent to counseling under the terms of confidentiality and its exceptions as stated above. I consent to counseling under the terms described above with Brian Kimmel and understand that I have the right to terminate counseling at any time. My signature below indicates that I have received a copy of this agreement.

Brian Kimmel, MA LMHC (date)

Print client name

Client signature (date)

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