**STATE OF WASHINGTON DISCLOSURE STATEMENT**

***Lani A. Kish, MA, LMHC, NCC***

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***This statement provides information about the treatment provided by the therapist and the treatment offered to assist the client in making an informed decision towards choosing the right therapist and right treatment approach, meeting the clients needs.***

**Approach to Treatment**

***Finding the right therapist***: Feeling a good connection with a therapist takes time and can often take patience in seeking out the right fit. Research has shown that one of the main qualities found inside of recovery is the therapeutic relationship between the client and the therapist. I work predominantly with adults age 18 and older inside of individual therapy, albeit I have worked with couples. My focus is on trauma, all kinds, anxiety, depression, stress, anger, mood disorders, interpersonal relationship issues, internalized negative schemas found inside of some personality disorders, grief and loss, negative self-perceptions, and spirituality.

***Treatment modalities***: There is not a one size fits all approach inside of therapy, therefore my therapeutic style is eclectic in nature, interweaving many different approaches to meet the needs and goals of the client. I am trained in EMDR through an EMDRIA approved training and working on completing my certification, which is an evidence-based approach in psychotherapy. I have completed several courses in Internal Family Systems (IFS) and often combine this approach with EMDR when working on complex or developmental trauma. I have completed my training for Cognitive Processing Therapy (CPT) for PTSD and on brief therapy approaches using Solution Focused and Motivational Interviewing techniques for other presenting symptoms. Mindfulness and Dialectical Behavior approaches are mainstays when working on grounding and resourcing for clients in managing their emotions and distress. Another evidence-based approach I often use is Cognitive Behavioral Therapy, helping clients learn how to change behaviors based on reframing thoughts and emotions.

***Methods of Counseling***: Most clients come into counseling with a specific goal in mind, usually one that helps them return to a state of stability, engaging and enjoying life, building relationships, using supports, and understanding what happened to bring about the issues they were grappling with at the onset. A critical aspect of my therapeutic approach is psychoeducation, discussing and exploring the dynamics of the mind, how it works, assisting the client in becoming their own therapist, to facilitate a positive adaptive process for the client in the future.

***Therapeutic Process***: An initial assessment is the first step, helping the client identify the challenges they are facing which then funnel into the establishment of client’s goals and objectives for counseling, often called the treatment plan. Each session focuses on those goals, working to bring equilibrium and balance back into the client’s life. Through the incorporation of their learned skills and techniques, processing the issues, and using the methods most aligned with the presenting problems, the client works outside of sessions to practice and integrate these tools into their daily living. Depending on the diagnosis, the client’s ability to utilize and include newly learned skills from treatment, wherein the symptoms are either alleviated or significantly reduced, the client may elect to conclude services or reduce the frequency for periodic check ins with the therapist.

**Education and Experience**

I am a Licensed Mental Health Counselor in the State of Washington as well as a National Certified Counselor through the National Board of Certified Counselors (NBCC).

I obtained my Bachelor of Science Degree in Psychology with a focus on Christian Counseling from Liberty University in Lynchburg, VA. I completed my Master of Arts Degree in Professional Counseling also from Liberty University, which is an accredited program through the Council for Accreditation of Counseling and Related Educational Programs, (CACREP). My experience includes five years as a lay counselor, pre-Master’s program, working with a nonprofit organization. I worked inside of community mental health both as an intern and as a licensed mental health counselor in Pierce County serving clients from age 18 and above. Services provided included individual, couples, crisis intervention, interaction with DSHS, CPS, legal entities, and medication providers.

**Confidentiality**

***Rights to Confidentiality***: According the American Counseling Associations Code of Ethics, “Counselors respect the privacy of prospective and current clients. Counselors request private information from clients only when it is beneficial to the counseling process. Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.” Additional information may be found at: <https://www.counseling.org/resources/aca-code-of-ethics.pdf>

***Limits of Confidentiality***: There are specific ‘triggers’ that may limit the rights of the client to confidentiality, of which the explanation of those limitations must be provided at “initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.” Additional information may be found at: <https://www.counseling.org/resources/aca-code-of-ethics.pdf>

**The limits include the following**:

* ***Duty to Protect***: According to HHS.gov, “The Privacy Rule permits a health care provider to disclose necessary information about a patient to law enforcement, family members of the patient, or other persons, when the provider believes the patient presents a serious and imminent threat to self or others. Specifically, when a health care provider believes in good faith that such a warning is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others, the Privacy Rule allows the provider, consistent with applicable law and standards of ethical conduct, to alert those persons whom the provider believes are reasonably able to prevent or lessen the threat. These provisions may be found in the Privacy Rule at 45 CFR § 164.512(j).” Information can be found at: <https://www.hhs.gov/sites/default/files/hipaa-privacy-rule-and-sharing-info-related-to-mental-health.pdf>
* ***Duty to Warn***: According to HHS.gov, “A health care provider’s “duty to warn” generally is derived from and defined by standards of ethical conduct and State laws and court decisions such as Tarasoff v. Regents of the University of California. HIPAA permits a covered health care provider to notify a patient’s family members of a serious and imminent threat to the health or safety of the patient or others if those family members are in a position to lessen or avert the threat. Thus, to the extent that a provider determines that there is a serious and imminent threat of a patient physically harming self or others, HIPAA would permit the provider to warn the appropriate person(s) of the threat, consistent with his or her professional ethical obligations and State law requirements. See 45 CFR 164.512(j).” Information can be found at: <https://www.hhs.gov/sites/default/files/hipaa-privacy-rule-and-sharing-info-related-to-mental-health.pdf>
* ***Mandated Reporter for Adults***: According to the WA.gov website: “When there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, mandated reporters shall immediately report to the department. When there is reason to suspect that sexual assault has occurred, mandated reporters shall immediately report to the appropriate law enforcement agency and to the department. When there is reason to suspect that physical assault has occurred or there is reasonable cause to believe that an act has caused fear of imminent harm: (a) Mandated reporters shall immediately report to the department; and(b) Mandated reporters shall immediately report to the appropriate law enforcement agency, except as provided in subsection (4) of this section.” Found: <https://apps.leg.wa.gov/RCW/default.aspx?cite=74.34.035>
* ***Mandated Reporter for Children***: According to the WA.gov website: “When any practitioner, … social service counselor, psychologist, … has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW [**26.44.040**](http://app.leg.wa.gov/RCW/default.aspx?cite=26.44.040).” Found: <https://apps.leg.wa.gov/RCW/default.aspx?Cite=26.44.030>
* ***Court Order or Subpoena***: According to HHS.gov, “A HIPAA-covered health care provider or health plan may share your protected health information if it has a court order. This includes the order of an administrative tribunal. However, the provider or plan may only disclose the information specifically described in the order.”
	+ “A subpoena issued by someone other than a judge, such as a court clerk or an attorney in a case, is different from a court order. A HIPAA-covered provider or plan may disclose information to a party issuing a subpoena only if the notification requirements of the Privacy Rule are met. Before responding to the subpoena, the provider or plan should receive evidence that there were reasonable efforts to:
		- Notify the person who is the subject of the information about the request, so the person has a chance to object to the disclosure, or
		- Seek a qualified protective order for the information from the court. See 45 C.F.R. § 164.512(e) and [OCR's Frequently Asked Questions](https://www.hhs.gov/hipaa/for-individuals/faq/index.html).”

Information can be found at: <https://www.hhs.gov/hipaa/for-individuals/court-orders-subpoenas/index.html>

* ***Additional Limits to Confidentiality***: To review all the limits of confidentiality, which is quite extensive, and be fully informed, the list for Washington State may be found at the following website: <https://app.leg.wa.gov/rcw/default.aspx?cite=70.02.230>
* ***Consultation***: To continue my clinical knowledge and professionalism, I meet regularly and consult with other professional colleagues to staff cases and gain insight. When presenting cases, all identifying information of the client is completely omitted and only the generalities of the case are discussed.

**NOTICE TO CLIENTS**

You have the right to contact the Washington State Department of Health if you believe your counselor exhibits unprofessional conduct as described in RCW 18.130.180. Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857 or 360-236-4700. Information found at: <https://app.leg.wa.gov/RCW/default.aspx?cite=18.130.180>

**CONSUMER RIGHTS**

Washington State Law provides that as a consumer you have the following rights:

* To be treated with respect and dignity
* To develop a plan of care and services that meets your unique needs
* To refuse any proposed treatment, consistent with the requirement in the in the Involuntary Treatment Acts, Chapters 71.05 and 71.34 of the RCW
* To receive care which does not discriminate you, and is sensitive to your gender, race, national origin, language, age, disabilities, and sexual orientation
* To be free of any sexual exploitation or harassment
* To receive an explanation of all medications prescribed, including expected effect and possible side effects
* To review your clinical record and be given an opportunity to make amendments or corrections
* To confidentiality, as described in relevant statues (Chapters 70.02, 71.05, and 71.34 of the RCW) and regulations (Chapters 275-54 and 275-55 WAC)
* To lodge a complaint or grievance; you shall be free of any act of retaliation. The ombudsperson may, at your request, assist you in filing a grievance. The Ombudsperson’s phone number is (253) 302-5311 or toll free at (800) 531-0508 or TDD at (800) 531-0508

**The client’s signature below is evidence that they have read, understand, and researched all the statements on this Disclosure and Consumer Rights Statement. A copy of this Disclosure and Consumer Rights Statement has been provided to the client.**

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**Client Signature Date**

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**Therapist Signature Date**