

## *Disclosure Statement*

**Glenn R. King, M.A., LMHC**

**3301 Burke Ave N #220  
Seattle, WA 98103  
206.486.0984**

**Training and Degrees:** I received my Bachelors in Religion and Psychology in 2005 from Central Michigan University in Mt. Pleasant, Michigan. I graduated with a Masters of Arts in Counseling Psychology from The Seattle School of Theology & Psychology in 2009. Upon graduation I worked as a Child and Family Therapist at Sound Mental Health in Madison Park. I am a Licensed Mental Health Counselor in the State of Washington (#LH60269994).

**Counseling Orientation:** I view the counseling process as collaborative in nature. My job is to facilitate recovery and growth - not to judge or dictate how life should be lived. I have studied a number of theoretical orientations and believe in integrating the different ways of viewing human experience (as opposed to rigid adherence to one perspective). There is a growing body of research confirming that the human brain is a “social organ.” Throughout every stage of life it is our relationships, past and present, that are most predictive of our personal and familial well-being. My approach is focused on unpacking the way life experiences, circumstances, and relational dynamics impact the self and family. I believe that building on personal strengths and learning new skills will become the focus toward long-term growth. Change is not always easy, but it brings the promise of life-long fulfillment.

I work with children, adolescents, and adults with a variety of difficulties. When working with young children, I frequently provide play therapy. If you would like further information on play therapy I would be glad to consult with you.

**Billing and Insurance Information:** The fee for counseling will be \$100 per 50-minute session. Payments will be made at each session. If you need to cancel an appointment please do so within 24 hours of scheduled time to avoid being charged for a missed session (illness and emergencies excepted). Fees may increase periodically, and thus the fees are subject to change with 30 days prior notification.

I am able to bill some insurance companies directly. These include: Premera Blue Cross, Aetna, First Choice Health, and Lifewise. For all other insurance plans, I am happy to provide you with a receipt of my service. Please check with your insurance company’s mental health coverage prior to our meeting to see if they will reimburse your counseling services.

I do accept a limited number of sliding scale fee clients for those that are experiencing financial hardship. If you are in such a position we can discuss a reduced rate as a possibility that would be revisited two months into treatment.

**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 end therapy at any time.

**Confidentiality:** As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality. This means that what is discussed during our counseling sessions is protected information that cannot be disclosed without your written permission. If you would like me speak with others regarding your case you can sign a release of information.

You should know that there are a few legal exceptions to confidentiality. The following situations, as provided by law, are those in which the information you have shared with me may be shared with others.

- If there is a suspicion of abuse or neglect of a child, developmentally disabled adult, or a dependent or vulnerable adult, I must report this to the Department of Social and Human Services.
- If you or your dependent child appears to be at risk for harming yourself or someone else, I must take appropriate action.
- In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony.
- The law permits me to disclose information about your care to other health care providers if they are treating you and have reasonable need for that information. I believe this insures continuity of care. By signing this policy statement you are giving me permission to communicate basic information about your treatment in writing or by phone to your primary care physician. You have the right to see this communication and discuss it with me.
- In cases where payments for services become past due, I retain the right to enlist the services of an outside collection agency to ensure proper payment.

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

**Scheduling Appointments:** Appointments are generally made on a regular, weekly basis. Appointment times are not automatically held open for from week to week if the client has not rescheduled at the end of session.

**State Information:** Counselors practicing counseling 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 necessarily implies 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 would commit acts of unprofessional conduct.

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

Department of Health, Counselor Programs  
P.O. Box 47869  
Olympia, WA 98504-7869  
360.664.9098

**Contacting Me by Phone:** If you need to contact me, please call 206.486.0984. If I am unable to answer please leave a detailed message. I will check these messages on a regular basis. If you are experiencing an emergency please dial one of the emergency numbers listed below or the emergency room of the hospital nearest you. Please limit your phone conversation needs to appointment scheduling and emergencies.

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

General Emergencies	911
Crisis Clinic	800.244.5767 or 206.461.3222

*I have read and understand the information presented in this form.*

\_\_\_\_\_  
Client Signature (13 years and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date