

Keira Engelke, LMHC
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425-626-1234
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www.keira2talk.com

Keira Engelke, LMHC Disclosure Statement

This form contains information regarding my practice policies and your rights as a client. By signing this form, you acknowledge that you have received these policies and are entering into agreement with them. Copies for your own records can be downloaded from my webpage.

I am in private practice as a State of Washington Licensed Mental Health Counselor. My practice focus is on counseling individuals, adults and adolescents aged 14 and older.

Therapy consists of consultation in a private office setting. My therapy style is primarily based on models of change with emphases that vary depending on the nature of the issues being treated. Modalities used could include CBT, ACT, Strengths Based Therapy, Solution Focused, Directive and Narrative Therapy.

I do therapy in a very strong client-centered therapeutic approach. This means that the client is central in deciding the direction of the therapy. It is your journey; I just help read the GPS to assist you in finding a new path to travel. My work with clients is centered on empathy, listening, openness and caring.

Please know that it can take several appointments in order to determine the best course of treatment; during these sessions we will also set treatment goals. The course of treatment and goals may and can change during our time together. This is ultimately decided through active participation by us both.

EDUCATION:

MA, Counseling Psychology (Honors) Northwest University, Kirkland, WA (2018)

BA, Applied Psychology (Dean's List/Honors) City University of Seattle (2016)

AREAS OF EXPERTISE:

Anxiety, Depression, Behavioral concerns, Self-esteem, Stress, Social Skills, Communication Skills, Vocational Change and Exploration, Life Change and Grief.

Experience:

I have completed an internship in a sole-proprietor office (2018). While there I worked with children, families, adults, couples, at risk teens and the elderly. I have worked with clients who have experienced trauma, PTSD, depression, anxiety, personality disorders, those in the

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LBGTQ+ community and people from a variety of cultures, religious backgrounds and ethnicities.

Since 2018, I have worked with Northwest Evaluation Center where I have partnered with a psychologist with over 44-years-experience. We have built a Domestic Violence Intervention Treatment program that is certified with the State of Washington DSHS. We do group therapy, individual therapy, and treatment planning for individuals who are court-ordered to do domestic violence treatment. I have extensive experience with court reporting, adherence to court-orders and communication with attorneys.

RATES: \$125 per clinical hour (45-minute session). I do reserve a sliding scale that we can discuss if there is a need. I am credentialed with several insurance companies and plans. Clients are to verify the rate that is covered prior to seeing any provider.

Payment must be made at time of service. The co-pay/co-insurance costs are the responsibility of the client. **CLIENTS ARE RESPONSIBLE for obtaining preauthorization if required. ALL APPOINTMENT FEES are the responsibility of the client, even if insurance refuses the claim.**

All payments are made by mutual consent between counselor and client, prior to commencement of service.

CLIENT RIGHTS

You have the responsibility and right to control your own therapy, choosing your provider and the treatment modality which best suits your needs. You have the right to ask questions if you do not clearly understand what your counselor intends to do. It is inadvisable to become dependent upon your counselor. Seek professional assistance that puts you in control of your therapy and your life.

YOUR RIGHTS REGARDING TREATMENT

- 1) You have the right to request a change of therapy, referral to another therapist or to discontinue therapy at any time.
- 2) You have the right and responsibility to be informed about your treatment. It is appropriate to raise questions about your therapist's training, his/her therapeutic approach, and your progress.
- 3) A record of the health care service you are provided is kept, and you may request to see and/or copy your chart at any time. You request that notes of sessions not be kept. However, Washington State law requires documentation of each session date and diagnosis. You may also ask to correct your record. Regular charges accrue for time spent with your therapist reviewing

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your record, should you decide to do so, as well as fees for copying. Most often your therapist will write a treatment report summarizing treatment and send it to the appropriate referral. Please speak to your therapist if you would like more information about reviewing your record.

4) The licensure process exists to insure competent and ethical practice in psychology. If you feel that your therapist has been irresponsible, unprofessional or unethical, you may contact the Department of Health, Board of Psychology Examiners, PO BOX 47868, Olympia WA 98504-2147; 1-360-753-2147.

Child or dependent adult abuse or neglect must be reported to local law enforcement or the Department of Licensing.

CONFIDENTIALITY

Your counselor cannot disclose the fact that you have signed the disclosure statement nor disclose any other

information that you disclose UNLESS:

You have given written consent.

You confide that you may commit or have committed a crime or harmful acts.

You bring charges against your counselor.

Your counselor is required by law to provide information.

NOTE: *Counselor certification or license does not include any recognition of practice standards or imply effectiveness of treatment.*

I certify that I have read and understand the above disclosure.

Provider Signature: _____ DATE: _____

Client Signature: _____ DATE: _____