



# Marriage & Family Therapy Associates

Strengthening individuals, couples and families

## Disclosure Statement for Brian C. Kennedy M.A., LMFT

This statement explains my fees, services, procedures, therapeutic/counseling approach, your rights as a client, and outlines my education, training and experience. If you have any questions about fees or procedures, feel free to ask. After you have read this statement, you will be asked to sign that you have received it and will be provided a copy for your records if you so request. Marriage & Family Therapy Associates providers are each solo-practitioners operating their own individual practices. I have my own separate business as an individual practitioner sharing property and occupancy rights.

### **Treatment Sessions**

A therapy session lasts 60-70 minutes for the first session and 75-85 minutes for all other sessions. The purpose of our first session is to identify the problems which bring you in, to discuss the problems in order to understand them, to answer any questions you have, and to determine whether to continue with therapy. If you decide that you do not wish to continue with me after the initial appointment, you can choose not to make an additional appointment.

### **Fees, Office Hours & Insurance**

My fees are as follows:

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|---|--|
| -\$190.00 per 75-85 minute individual office session. | -\$190.00 for initial intake and assessment. |
| -\$190.00 per 75-85 minute phone session.             | -\$100.00 consultation with another provider |
| -\$190.00 for 75-85 minute couples or family therapy. |  |

My hours of work are Monday, Tuesday, Wednesday, Thursday 9:00am to 5:00pm and Friday 8:00am-4:30am. You will be responsible for the fee paid at the time of your visit. If you choose to use your insurance coverage, our office manager will bill your insurance for you. I cannot guarantee reimbursement as it will be ultimately between you and your insurance provider. If you need authorization from your primary care provider (doctor) or your managed care company, you will need to have that completed prior to your first visit. If your insurance company requires action on my part for authorization for services, I will be glad to facilitate this. Checks can be made out to Brian C. Kennedy.

### **Cancellation Policy**

As a private practitioner operating my own business, aspects of my work require me to operate like a business. So that I have time to allow others who might schedule in your absence, 24 hour advance notice of cancellation is required. **If you do not call to cancel ahead of time, it will be considered a missed appointment and you will be the full fee for the appointment.** For those with insurance, your insurance cannot be billed for missed appointments. The charge will be the responsibility of the client.

### **Therapeutic/Counseling Approach**

I have been trained in a variety of psychotherapy approaches which include Family Systems Therapy, Bowenian Therapy, Internal Family Systems Therapy, Narrative Therapy. My graduate and post-graduate training have all been in strength-based approaches to change that believe, as I do, in the strength of the human body/mind/spirit to heal. I believe that within a safe, supportive context the body/mind/spirit's innate ability to heal and to seek health will do just that. That once the burdens that constrain problems from changing have been identified, understood and released, people and relationships will transform.

The first step in any good counseling/therapy is beginning to establish trust in the relationship with your therapist. Trust that he/she is knowledgeable, experienced, will listen and "really hear" you and the problems you are experiencing and that they can help you in a safe way. Treatment with me will start out with the focus on this very important component to therapy. There will be space provided at the beginning of treatment, and all through the therapy process, for any questions, concerns, doubts, fears that you may have about any aspect of the therapy/counseling process.

My therapy can be seen as being very collaborative in that we will work together to help you, your family, your relationship to find peace and happiness and relief from suffering. Often clients will be given reading assignments, and other assignments for outside the therapy hour.

Frequently, I encourage my clients to journal about their daily life and their therapy experiences as a way of facilitating the change process. Often this very simple practice greatly speeds the time people spend in therapy.

With your permission, when needed, I will collaborate with other health and mental health providers to ensure good clinical care is provided. Also with your permission I will contact physicians and/or psychiatrists if/when medication is needed. I take a conservative approach to referring for medication assessment or evaluation. I believe that when needed, medications for symptoms like depression or anxiety can be very helpful, but should be viewed as a short-term intervention and only as a part of more comprehensive treatment plan where psychotherapy is the cornerstone of the change process. Any course of treatment will only be pursued with your full informed consent.

Occasionally people find there is relief from present difficulties after just talking through and gaining clarity about their problems. Sometimes after getting through the initial first steps of treatment, people find their symptoms have subsided enough that they elect to discontinue therapy. You are encouraged to stay with the treatment so as to ensure that the symptoms or problems don't return and that future difficulties don't set you back. For those that continue with treatment through all the steps, there are great rewards to be gained. Even if you elect to discontinue treatment after some initial relief, you can always come back to see me at any time.

### **Emergencies**

If you or another family member are in a life-threatening emergency and you cannot reach me directly in a timely manner by calling (360) 352-1668 office, or (360) 556-6994 cell, please proceed directly to St. Peters Hospital Emergency Room or the closest emergency room in your community or dial 911.

### **Working Together**

As an individual client, couple, or a family together in family therapy, you have the right to refuse treatment or request referral to another therapist at any time during therapy. You can raise questions at any time about my therapeutic approach. It is my responsibility to use all my knowledge, training and experience to aid your progress in therapy. You have the responsibility to choose the proper person with whom to work, the proper approach for you, and the personal commitment to work on the issues that may hinder or enhance your progress.

### **Confidentiality**

Everything we talk about in the sessions, even your name and the fact that you are seeing me, is unavailable to anyone without your personal consent, except for the following specific exceptions:

If I am informed that you are:

- 1) Physically or sexually abusing a child;
- 2) planning to harm someone;
- 3) going to commit a felony;
- 4) a danger to yourself, or to others;
- 5) unable to meet your basic needs for survival.

I am required by law to report these issues to the appropriate authorities. Otherwise everything you discuss with me is strictly confidential. Your confidence is necessary if trust is to occur in treatment. I am very strict in all aspects of confidentiality. It is a customary and standard practice for psychotherapists to participate in on-going clinical consultation. I consult and receive monthly clinical supervision from Dr. Doug Anderson in Federal Way. I also occasionally consult Deirdre Fay MSW from Boston MA for trauma related issues. During these consultations, only first names are used and

your specific identity is kept strictly private. These experienced knowledgeable practitioners are subject to the same laws governing release of health care information.

Another very important aspect of confidentiality is information that may need to be released to your insurance company or managed care provider. If your managed care network or insurance company contracts with me for providing treatment for you or your family, and you wish to use your insurance, I am obligated to release your personal information to them. Although I am very selective and careful about information released to these third party payers, they can at any time access your records for any reason they choose. The only way to prevent this from happening is to pay directly for my services and not use your insurance. If you plan to use your insurance benefits, by signing below you are signifying that you have been informed of this issue and are giving me your consent to release your information.

### **Education Training and Experience**

I have a Bachelor of Science in Developmental Psychology and a Bachelor of Arts in Applied Psychology from Eastern Washington University. I have a Master of Arts in Marriage and Family Therapy from Pacific Lutheran University.

I have worked in the mental health profession for 15 years in a variety of settings as a counselor or psychotherapist. These settings include, Good Samaritan Behavioral Health Services in Puyallup, Comprehensive Mental Health in Tacoma, Evergreen State College Student Health Services Counseling Office, Washington State Department of Social and Health Services Family Reconciliation Services Program as a contract family therapist, Community Youth Services and in the private practice sector for seven years now. For several years of my life I was an Outward Bound instructor leading mountaineering expeditions and guiding groups of adults and youth through life-changing/transformational experiences in remote mountain and wilderness areas around the United States.

I am a Licensed Marriage and Family Therapist #020705 LF00000884. I am a Clinical Member of the American Association For Marriage and Family Therapy and of the Washington Association For Marriage and Family Therapy. I am the former Chair of the Washington State Department of Health, Mental Health Advisory Commission for Licensed Mental Health Counselors, Licensed Social Workers and Licensed Marriage and Family. I have post-graduate clinical training in the Internal Family Systems Therapy model and train other psychotherapists in this modality through consultation and trainings. I am the former Northwest Program Administrator for the Center For Self Leadership IFS Basic Training Program and a lead trainer.

My practice includes individual, couples and family therapy. I work with families who are experiencing difficulties with adolescents, couples who are experiencing relationship distress or emotional/sexual intimacy problems, and individual adults or adolescents experiencing mental, emotional, sexual and spiritual problems which may include depression, anxiety, stress, confusion, sadness, grief, fear and trauma.

If you have further questions about my work or Marriage & Family Therapy Associates, you can go to our web site at [www.mftassociates.com](http://www.mftassociates.com).

### **Client Acknowledgment**

I have read the preceding disclosure information and have been given the opportunity to ask questions clarifying any of its contents. I understand the content of this disclosure.

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Client Signature                      Date

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Client Signature                      Date

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Client Signature                      Date

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Client Signature                      Date

\_\_\_\_\_  
Parent or Legal Guardian                      Date

\_\_\_\_\_  
Witness                      Date

Signature (if client is a minor)