

Disclosure Statement

Kaylin Furry, MED, LMHC

Marriage and Family Therapy Associates, LLC
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About Me and My Approach

I've been a counselor for over twenty-five years and am truly passionate about helping people make positive changes in their lives. I have worked with children, teenagers, adults, and families and helped them to find their strengths, work through their feelings, and successfully resolve their conflicts. I have seen people better their relationships and create deeper connections to their loved ones. My approach is to create a trusting, safe, therapeutic relationship where goals are unearthed and we make a plan together to meet those goals. I also believe that:

- Each of us has unique strengths.
- We are all doing the best we can.
- We all have within us the ability to better our lives.

I bring extensive experience and training to my practice. I have a Master's Degree in Counseling from the University of Puget Sound and am a Licensed Mental Health Counselor. I have studied various therapeutic models and draw from humanistic and behavioral therapy approaches as well as Family Systems work. I am a life-long learner and stay current in my field by attending trainings and workshops. I also learn from my clients and am continually inspired by their stories. I have assisted people from all walks of life, from young children to single parent families to teenagers and large, blended family systems. My experience with diverse individuals and families and my extensive knowledge of various counseling theories allows me to formulate the best approach for and with each client.

Therapy is often short-term and focused on specific changes or solutions to current concerns. Therapy is an interactive relationship between therapist and client. I see you as an active participant in your therapy. If you have any questions or concerns about our work together, I urge you to discuss them with me.

Please Note: I do not provide evaluations for custody of children that are undergoing a divorce in the family. These evaluations are better left to a third party specifically trained to conduct such evaluations.

Confidentiality

Confidentiality Rules

Everything we talk about is confidential. This means I will not discuss any information you share with me with anyone else unless you have signed a release of information.

There are some exceptions to this. Because I am committed to providing the best possible services for my clients, I sometimes consult with other professionals about my clients. No identifying information is revealed about my client during these informal consultations.

Furthermore, because I am a mandated reporter with the State of Washington, there are times that Washington State law requires that I break our confidentiality agreement. This includes:

- 1. When you or other people are in physical danger.**
 - a. If I come to believe you are threatening serious harm to another person the law requires I inform that person. I may have to also tell the authorities.
 - b. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to intervene on your behalf, including but not limited to contacting family members and/or authorities. I will discuss the situation before I do anything unless there is a very strong reason not to.
 - c. If I believe or suspect that you are abusing a child, an elderly person, or a disabled person I must file a report with a state agency.

In any of these situations I would reveal only the information that is needed to protect you or the other person.

- 2. Subpoena**

In some circumstances I can be subpoenaed by the courts, which means I am required to share information concerning your treatment in court.

- 3. Minors**

When working with minors, the nature of confidentiality demands special attention. Children and adults need to know they can talk openly, without fear of punishment for what they say in my office. The issues that bring families to my office often involve trust and communication. Legally, parents are entitled to information about their child's treatment until that child is 13 years old. A child's need for privacy changes as she or he develops. I work with each child and her or his family to clarify what these boundaries are for that particular family at any particular time. I find it useful to clarify the need for individual privacy as distinct from the more legal structures of confidentiality.

- 4. DCFS clients**

I may need to share information with the social worker at the Division of Children and Family Services that is contracting with you and/or your family to provide services regarding our treatment plan and progress.

Scheduling, Fees, & Insurance

Sessions and Payment

I schedule sessions weekly or every other week depending on the client's need. Sessions can be 60-90 minutes.

Co-payment or full payment is due at the time of your appointment. My fee is \$150.00 for an initial appointment of 60-90 minutes unless I am an in-network, contracted provider for your insurance company, in which case, they specify your fee. For 60 minutes, my fee is \$120.00. Please contact your insurance company to discuss your eligibility or if you have specific questions. You are responsible for paying all balances, co-pays, and deductibles, as outlined in your contract with your insurance carrier. Missed appointment charges not covered by insurance may become your responsibility.

If you are seeing me through a contract with the Division of Children and Family Services (DCFS), I bill DCFS directly and you are not responsible for any fees.

I do not charge for brief phone consultations.

Schedule appointments by calling 360-292-2775.

Special Consumer Protections

Your Rights as a Consumer

Attached is a brochure published by the Washington State Department of Health that lists the phone number and procedures you need to make a complaint about my services. If at any time you become unhappy with the direction we are taking in therapy, or if you have questions about the methods I use, please do not hesitate to talk with me. While I hope we could work out any problems that might arise, as a consumer, you have the right to make a complaint to the Department of Health if you remain unsatisfied. The Uniform Health Information Act also assures your right to view and copy your records. If you should find inaccuracies in your records, you also have a legal right to request that they be corrected.

Notice: The following information is required by law to be part of this disclosure statement.

"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 a recognition of any practice standard, nor necessarily implies the effectiveness of any treatment."

Washington Administrative Code

The purpose of the law regulating counselors is to provide protection for public health and safety and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. You have the right to choose counselors who best suit your needs and purposes.

Please sign the Consent to Treatment form on the next page to confirm that you have read (or have had read to you) and understood this disclosure statement.

Consent to Treatment

Please Read and Sign

I acknowledge that I have received, read (or had read to me), and understand the disclosure statement provided to me by Kaylin Furry, LMHC.

I hereby seek and consent to take part in the treatment by Kaylin Furry, LMHC. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me about the results of treatment or of any procedures provided by this therapist.

I know that I can stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment.

I know that I must call to cancel an appointment at least 24 hours (1 day) before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment. Clients who work with this therapist through the Division of Children and Family Services are exempt from cancellation fees. If you are not sure if you are one of these clients, please discuss with me.

I am aware that an agent of my insurance company or other third-party payer may be given information about the types(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I received here is not made, the therapist may stop my treatment.

My signature below shows that I understand and agree with all of these statements.

Client Signature		
	Client Signature (Required if client is 13 years or older)	Date
Other Family Member Signatures	My Name (please print):	
	Family Member Signature	Date
Other Family Member Signatures	My Name (please print):	
	Family Member Signature	Date
Other Family Member Signatures	My Name (please print):	
	Family Member Signature	Date

Copy accepted by client and parent/guardian

Copy kept by therapist

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.