



## Karen Richards, MA, LMFT

13027 NE 70<sup>th</sup> PL • Kirkland WA 98033  
(425) 591-2830 • [www.krtherapy.com](http://www.krtherapy.com) • [karen@krtherapy.com](mailto:karen@krtherapy.com)

---

### **Information and Disclosure Statement**

Welcome. I appreciate your giving me the opportunity to help you. This document contains information you will need before we begin our work together. Please do not hesitate to ask me any clarifying questions.

#### **About Counseling**

Because you will be putting a good deal of time, money, and energy into therapy, you should choose a therapist carefully. I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be helpful to you.

I specialize in working with couples and individuals. My theoretical foundation includes Family Systems Theory and Experiential therapy and I primarily practice Emotionally Focused Therapy (EFT) and Internal Family Systems (IFS). I have also received training in Eye Movement Desensitization and Reprocessing (EMDR) therapy.

Family Systems Theory holds that problems are not isolated and the fault of one person, but instead are systemic and relational among all members of a family. So all members of a family interact in patterns and take on fixed roles that can sometimes create problems in the family when negative patterns and roles become stuck. Experiential therapy says that people learn best by doing, or by experiencing. Games, situations, and role-plays are used and people participate and apply what they learn to what is currently happening in their life.

Emotionally Focused Therapy (EFT) was created by Dr. Susan Johnson and is a couples therapy. It is based on attachment theory and holds that our emotional connections and bonds with our partners are crucial and good. Problems are created when couples get stuck in negative patterns and interactions that threaten their bond with each other. EFT is used to identify the negative pattern as the common problem, understand the impact on each other and the relationship, and develop new ways of interacting that strengthen couples connection to each other.

Internal Family Systems (IFS) was developed by Richard Schwartz, Ph.D. It helps people heal by listening inside themselves in a new way to their different feelings, thoughts, and parts of themselves. IFS helps individuals understand their inner parts and bring balance to all of their thoughts and feelings. It also helps individuals learn to trust their core selves and confidently live their lives.

Eye Movement Desensitization and Reprocessing (EMDR) was developed by Francine Shapiro, PhD, and is used to address anxiety, PTSD, trauma, and depression. It works well for “stubborn” anxiety that is lifelong, and you know in your head is unnecessary, but it still bothers you. It also is the premier treatment for PTSD and other severe traumas.

During therapy, I will first get to know you, understand your current situation and your goals for therapy. Although it is impossible to guarantee any specific counseling results, together we will work to achieve the best possible results for you.

#### **About Confidentiality**

The information shared in a therapeutic session is confidential and protected by law and will be maintained except in the following unusual circumstances in which I am ethically and legally bound to release otherwise confidential information. They are as follows:

- If I am ordered by a court of law to do so.
- If you have substantial intent to physically injure another person.
- If I feel you are unable to take care of your basic needs or are a danger to yourself.
- If I become aware that you are abusing a minor, a developmentally disabled person of any age, or an elderly adult.
- Or as otherwise permitted by law.

In addition, **if I encounter you in public, I will not acknowledge you unless you acknowledge me first.** These conditions reflect my respect for your right to confidentiality in therapy and privacy in your life.

There are two situations in which I might talk about part of your case with another therapist. First, I utilize the services of other mental health professionals for case consultations. This helps me give high-quality treatment. Your issues, but not your identity, may possibly be reviewed in such a consultation. My colleagues are also bound by rules of confidentiality. Second, when I am away from the office for an extended period of time, I may have a trusted fellow therapist “cover” for me. This therapist would be available to you in emergencies. Therefore, he or she needs to know about you. This therapist is bound by the same laws and rules as I am to protect your confidentiality. **Please let me know if you have any objection to either of these instances.**

**In couples counseling, I may have some individual sessions with you. Anything revealed in an individual session may be revealed in a joint session and is not held confidential from your partner.**

Except for the situations I have described above I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office.

Records: If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me. If we do family or couple therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release. If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

Legal proceedings for couples counseling: You are seeking counseling to improve your relationship. I will utilize my professional skills and best efforts to assist you and it is our mutual hope that our work together will be successful. However, there are times that, despite the best efforts and good will of the counselor and the clients, the relationship does end and the couple seeks to legally dissolve their marriage or domestic partnership. Because people in a counseling relationship, in order to do their best work, must be able to trust that disclosures made in the course of counseling will be kept confidential, it is very important that we agree that this will occur. Therefore, in signing this Disclosure Statement, both of you agree that you will neither call me as a witness nor seek to have my records of our work together disclosed in any legal proceeding between you. You also agree that I will be authorized to speak to anyone in connection with a legal proceeding between you only if you both sign an authorization permitting me to do so.

### **My Qualifications**

I am a Licensed Marriage and Family Therapist (LMFT) with the State of Washington, #LF60098314. My education includes a Master of Arts (MA) in Clinical Psychology with an emphasis in Child, Couple and Family Therapy from Antioch University Seattle and a Bachelor of Arts (BA) in Cognitive Science with Honors from University of California at Berkeley. I am a Clinical Member of both the American and Washington Associations for Marriage and Family Therapy (AAMFT and WAMFT).

I have experience working with couples, individuals and families with diverse ages, ethnicities and family configurations. I have worked in home, office, agency, and wilderness settings on issues related to

attachment, marital issues, affairs, anxiety, depression, abuse, trauma, multigenerational patterns, addictions, parenting, domestic violence, communication, connection and intimacy.

### **Appointments**

Appointments vary in length and in frequency. This is done to accommodate your needs and the rhythm of your work as much as possible. The most common appointment length for couples is 80 minutes and for individuals is 50 minutes. Appointments start at the scheduled time and end 10 minutes before the hour, or half-hour. My availability is primarily during our scheduled time. I will return calls as my schedule permits, but I cannot promise emergency availability. I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide.

If you cannot make an appointment, please let me know as early as possible. Appointments can be cancelled or rescheduled 24 hours before the appointment time with no charge. **If you do not cancel within 24 hours of the appointment, you may be billed for half of your scheduled session.** Monday appointments need to be cancelled by the appointment time on the Friday before. In order to prevent the delay of another client's appointment, sessions will end at the scheduled time regardless of client tardiness. **Please note that late or now-show appointments cannot be billed to insurance, so you will be responsible for the full fees in those events.**

### **Telephone calls**

Telephone calls should primarily be used to schedule sessions. Any calls extending beyond fifteen (15) minutes may be billed at the same rate as regular therapy services, on a prorated basis.

### **Fees**

Fees are billed at an hourly rate. My fee is \$110 per 50 minutes or \$165 per 80 minutes. The rate is the same for individual, couple and family counseling. Payment is due at the time of service. If you have difficulty paying at any point, please discuss this with me as soon as possible so we can arrive at a solution. Clients who owe money and fail to make arrangements to pay may be referred to a collection agency. Checks returned without sufficient funds will be charged a \$25 bank fee. Fees may increase by a reasonable amount on an annual basis.

### **Reduced fee and pro bono services**

As a service to the community in which I practice, I have a certain percentage of space reserved for clients who cannot afford to pay the full fee. If you cannot afford the full fee, let me know and we can discuss what options are available.

### **Insurance**

If your insurance covers therapy, I would most likely be considered an "out of network provider." Please note that **you are responsible for the full payment of services rendered as agreed upon in this document regardless of insurance coverage.** Many insurance companies offer only limited number of sessions, utilize deductibles, copays, and/or reimburse only a percentage of fees. It is your responsibility to contact a company representative to determine the specifics of your policy. Please note that some health companies will reimburse clients for couples/marital counseling services and most will not. Health insurance companies usually require that treatment be "medically necessary", requiring that I provide a diagnosis and indicate that you have an "illness" before they will agree to reimburse you. Any diagnosis made will become a part of your permanent insurance records. Once your personal information leaves my office, I have no control over what is done with that information. **As a courtesy, I provide the service of submitting the claims for you to receive reimbursement. I reserve the right to stop providing this service if I deem it becomes an undue burden on me or my practice.**

### **Emergencies**

If you have an emergency and are unable to reach me by phone, please call the Crisis Clinic (206.461.3222) for assistance. The Crisis Clinic is available 24 hours a day, 7 days a week.

**Statement of Principles and Complaint Procedures**

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. I will make every effort to hear any complaints you have and to seek solutions to them.

**Notice to Clients**

It is every client’s right to discontinue treatment at any time, with or without notice to the treatment provider. You are provided with a brochure written by the Washington State Department of Health entitled “Client and Counselor Responsibilities and Rights.” You are responsible for reading this brochure and for asking questions regarding this information. Questions or complaints may be directed to Department of Health, Health Professionals Quality Assurance, P.O. Box 47865, Olympia, WA 98504-7865, (360) 236-4700.

**Discrimination**

In my practice as a therapist, I do not discriminate against clients due to age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

**Your responsibilities**

Ultimately, you are responsible for the success of your own therapy. The benefits of therapy depend upon your willingness to participate in the therapeutic process. You also have the right and the responsibility to choose a therapist you like and whom you feel can help you. You have the responsibility to come to appointments on time, to treat the work you are doing seriously, and to put your own effort into it. You have the responsibility to ask if you don’t understand something or have any questions about what we are doing. Therapy is work that we do together, but the responsibility for change lies with you.

I have read and understood this Information/Disclosure Statement, agree with its terms, and have been given a copy for myself. I have also received a copy of Karen Richards’ Notice of Privacy Practices. I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective. If I have any questions at any time, I understand that I should feel free to ask them.

\_\_\_\_\_
Client’s signature

\_\_\_\_\_
Date

\_\_\_\_\_
Client’s name (printed)

\_\_\_\_\_
Client’s signature

\_\_\_\_\_
Date

\_\_\_\_\_
Client’s name (printed)

\_\_\_\_\_
Karen Richards, MA, LMFT

\_\_\_\_\_
Date