

James Kinskey, MSW, LICSW
5100 South Dawson Street, Suite 104
Seattle, WA 98118
206-349-7225

Disclosure Statement

This information is given in compliance with the Washington State regulation requirement. I am a Washington State Licensed Clinical Social Worker and my license number is LW00004416.

I earned a Master's in Social Work degree from the University of Washington in 1995.

I believe that psychotherapy offers unique possibilities for healing and growth. The first goal in therapy is to understand your needs and develop an approach that will help achieve your goals. Psychotherapy can range from a brief, problem-focused consultation to a more in-depth, collaborative approach designed to support lasting behavioral and emotional growth. My extensive training and experience bring a depth of understanding and effectiveness to helping you achieve your goals. My empathy and non-judgment will allow us to develop a trusting relationship which is fundamental for achieving growth. I have studied numerous approaches to therapy and I will use them as needed in our work together. There are potential risks associated with the counseling process. As we explore areas of concern, you may find feelings of sadness, grief, anxiety, anger or frustration emerge. If you do, please know that this often a natural part of the process.

The positive results of counseling are not guaranteed. If, at any time, you are dissatisfied with my services, please let me know. If I am unable to resolve your concerns, I will provide you with referrals to other counselors.

Payment: My fee is \$130 per 50-55 minute session for work with individuals. The initial diagnostic assessment session is billed at \$160. Fees for collaboration with other professionals, court-related activity, and inpatient psychotherapy may be higher. A sliding fee scale is sometimes available for patients on limited incomes. If your personal check is returned for insufficient funds, you will be charged a \$25 fee. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

Insurance: Insurance may cover a part of the cost of therapy. Insurance companies require that I provide information relevant to the services I provide you, and I am required to provide a clinical diagnosis. If you wish to use your insurance, I will bill your insurance company directly. If I am not in-network with your insurance company, you will be responsible for any difference between what I charge and what your insurance company pays to me. Insurance does not cover the cost of missed appointments.

Appointment and Cancellation Policy: Appointments will be 50 minutes in duration, usually once per week. Once we set an appointment time, it is reserved for you. Appointments must be cancelled at least 48 hours prior to your appointment. No show appointments and appointments cancelled after the 48 hour window are charged the full session rate of \$130.

Electronic Communication: Email should only be used for arranging or modifying appointments. Email is not a secure medium and has privacy risks, so I cannot guarantee that information communicated this way will remain confidential. If you choose to email personal information, you are consenting to the privacy risks.

Professional Records: I maintain written and/or electronic files about your service for 7 years. Files are maintained in a secure location within my office and/or a secure HIPPA compliant health records web service. You have the right to review your file.

Confidentiality: I have provided you with a copy of my Notice of Privacy Practices and they are posted on my website JamesKinskey.com. The Privacy Practices describes how I may use and disclose your health information. In this document I want to highlight for you some of those disclosures:

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(1) to report suspected abuse of a child, developmentally disabled person, or a dependent adult; (2) to prevent potential, imminent harm to yourself; (3) to prevent imminent harm to another; and (4) when required by court order or other compulsory process. Disclosures may also be made if you sign a written authorization permitting disclosure.

Contact Information: Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, you will be able to leave a voicemail at (206) 349-7225. I will make every effort to return your phone call within 24 hours except for my weekend Saturday-Sunday, and holidays. If you are unable to reach me and need immediate help, please call the **Crisis Clinic at 206-461-3222 or call 911 if it's a life threatening emergency.** If you are canceling an appointment with less than 48 hours notice, please leave a message on my voicemail.

Your signature below acknowledges that you have read, and understood this Disclosure Statement and the Notice of Privacy Practices and Client Rights.

Client Signature (or personal representative)

Date

This form will be retained in your medical record.