



Erin K. Gist, MA, LMHC, CMHS
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Disclosure Statement

I have a passion to meet people where they are at to provide support, acceptance, and guidance. Joining with others on their journey toward healing is a rewarding and humbling experience. I feel privileged to come alongside each person to share in their story.

Education, Training, Professional Background and Approach

I am a Licensed Mental Health Counselor in the State of Washington (LH60214683), a Child Mental Health Specialist and a State Approved Supervisor. In 2007, I graduated with a Master of Arts degree in Counseling Psychology from Argosy University in Seattle. I have worked in Community Mental Health, Partial Hospitalization/Day Treatment and Group Private Practice environments. Throughout my personal and professional experience, I have learned the importance of empathy and want to hear about people's hurts and life circumstances. I desire to guide, encourage and support people in identifying their brokenness and move toward healing. I have a strong Christian faith and respectfully incorporate it into the care provided to individuals, meeting you where you are at. My non-judgmental, compassionate, yet straightforward holistic approach works well in building a strong therapeutic relationship. If you would like spiritual care specifically integrated into your treatment, I am comfortable praying with you and allowing scripture to guide healing, redemption, and restoration through Christ.

I believe that a counseling process requires collaborative efforts between client and therapist. I am invested in each person and will work just as hard as you. I will do my very best to meet your individual needs. Understanding the uniqueness of each person, I will work together with you to assess an appropriate length of treatment (either short or long term).

To take full advantage of the therapeutic process, it is important for you to be invested in your treatment and recovery (structuring therapeutic goals and assessing progress). Efforts to make lasting change require you to work in and out of session, increasing your self-awareness. Identifying feelings and emotions, exploring negative behaviors, and learning about the true self is difficult. It is important to understand that change is a slow, intentional process. Counseling allows you to gain insight into yourself and it is often uncomfortable while new patterns, routines and transitions are made. Through the difficult work, healing, and joy will be found.

My assessment of clients relates to the whole person - emotionally, mentally, physically, relationally and spiritually. I use a holistic approach which incorporates Faith-based Therapy (if

desired), Client-Centered Therapy, Dialectical Behavior Therapy (DBT), Motivational Interviewing, and Play Therapy. I have experience working with children, adolescents, adults, couples, and families within the context of the following diagnoses and issues: anxiety, depression, post-traumatic stress disorder (PTSD), eating disorders, attention deficit hyperactive disorder (ADHD), grief and loss, anger management, stress management, life transitions and relationship issues. I participate in advanced clinical trainings on a regular basis.

Ethics and Professional Standards Washington State Law

I honor all regulations in the 18.225 RCW. The purpose of the law is: (A) To provide protection for public health and safety; and (B) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

Client Rights

As a client receiving counseling services in the State of Washington, you have the right to:

1. Choose the counselor and treatment approach that best suits your needs and purposes;
2. Have full and complete knowledge of your counselor's qualifications and training;
3. Be fully informed as to the terms under which services will be provided; and
4. Refuse treatment.

Confidentiality

As a counseling client you have privileged communications under state law. With the exceptions of situations listed below, you have the right to have information shared in therapy sessions to be held in the strictest confidentiality, including the fact that you are seeing me for counseling. The privilege is yours, not mine, and cannot be waived without your written consent. I will always act to maximize your privacy even when you waive your confidentiality. The following are exceptions to your right to confidentiality:

1. If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
2. If I believe that you may be physically or sexually abusing or neglecting either a minor child or a vulnerable adult, or if you report information to me about the possible abuse of a minor child (under 18 years of age) or vulnerable adult (one who is dependent upon another adult for physical and/or emotional caretaking), I am required by law to report this to either Child Protective Services or Adult Protective Services.
3. If information is subpoenaed by a court.
4. If financial funding sources of the services (i.e., insurance companies) request information for quality assurance purposes. Should disclosure of confidential information be necessary, I will work with you as respectfully and directly as possible.

HIPAA Rights

Under the Health Insurance Portability and Accountability Act, I am required to notify you if there has been a breach of confidentiality of your protected health information. You may notify

me, in writing, if you are paying out of pocket and you wish for me to restrict the disclosure of your private health information to a health plan (applicable in cases where you are seeking reimbursement from your health plan). Finally, I will never use your information for marketing or fundraising purposes.

Telehealth

I use a HIPPA compliant video chat system. I will email the link to you when we schedule a video chat session. You may need to download a free program.

Social Media

I do not accept friend or contact requests from current or former clients on any social or professional networking sites. Adding clients as friend or contacts on these sites has the potential to compromise your confidentiality and our respective privacy.

Complaints

If you have any concerns about your experience, please discuss it with me. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, HSQA Complaint Intake, PO Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-4700 or access online forms and information at www.doh.wa.gov/hsqa.

Record Keeping

By law I am required to keep records of our sessions for 7 years after termination unless you request in writing that no records be kept beyond basic identification.

Fee Information

Unless otherwise agreed upon, the private pay fee for the initial intake session is \$150 and each 55-minute session after that is \$130, and is payable at the beginning of your session in the form of cash, check or credit/debit. In certain circumstances, a sliding scale fee can be arranged, which will be finalized on a separate agreement document. Fees are subject to change, and you will be notified 30 days in advance.

Rates Billed to Insurance

Intake Session: \$200

55-minute individual session: \$150

55-minute family session: \$120

120-minute group session: \$60 (not billed to insurance)

Insurance: Please contact your insurance company prior to your first session and ask about your benefits.

Cancellations/Missed Appointments

It is understandable that at times it is necessary to cancel an appointment. If you must cancel your appointment please contact me at least 24 hours in advance. This ensures I can see other clients in the opening and can plan accordingly. Any appointments or cancellations with less than 24 hours' notice will be charged the regular per session rate. If the therapist determines it is an emergency, the charges will be waived. Insurance providers do not cover missed appointment charges. You will be charged a full session fee for any sessions that have to be shortened due to your late arrival or early departure.

Other

I am open to emails and phone calls between sessions. Phone calls that last more than 15 minutes will be charged at my hourly rate and cannot be billed through insurance.

Emergencies

You may call or leave a message at 425-502-5641. I will do my best to return your call within 24-48 hours. In an emergency please call 911 or one of the following numbers:

- Crisis Clinic: 206-461-3222 or 800-244-5767
- Teen Link: 866-833-6546 (Evenings 6-10pm)
- Safe Place Crisis Response Hotline (Ages 12-17)): 800-422-8336
- Crisis Text Line (Ages 13-25): Text "LISTEN to 741-741

Authorization for Treatment

I have read this disclosure and I understand the conditions as stated above. By signing below you give Erin Gist, MA, LMHC, CMHS permission to provide treatment under the terms above.

Client's Name

Client Signature

Date

Parent/Guardian Signature (if needed)

Date

Therapist Signature

Date