

KATHERINE YOST, PhD, LMFT

Washington State Licensed Marriage and Family Therapist #LF 60034433
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Disclosure Statement

You have the right to choose a health care provider who best suits your needs and purposes. With that in mind, please read carefully the following disclosure information for therapy services. *You have the right to refuse treatment.*

Credentials

I am a Licensed Marriage and Family Therapist in the State of Washington. My license number is LF 60034433. I am also a Washington State approved LMFT supervisor. I received my PhD degree in Interpersonal Communication and my Certificate in Marriage and Family Therapy from the University of Southern California. My training is primarily in cognitive-behavioral and family systems therapies with additional training in obsessive compulsive disorder from Behavior Therapy Training Institute and the Advanced BTTI sponsored by the IOCDF. I have over 30 years of experience. I am a sole practitioner in private practice working with individual clients, couples, and families. I am a Clinical Fellow of the American Association for Marriage and Family Therapy. I am also a professional member of the International Obsessive Compulsive Foundation and the Anxiety and Depression Association of America.

Therapy Approach

I work from a family systems perspective. This means that instead of looking for who to blame or what diagnostic label to give, the therapy tries to understand the issues in the context of what causes and perpetuates them. A systems perspective often includes making a family genogram to collect family history. Couples and family therapy may also include behavioral work on communication and problem solving. In general, the therapy is solution focused (meaning that it tries to build on strengths), pragmatic (teaches practical, take away skills) and brief (usually taking months, not years).

When treating mood and anxiety disorders, I use Cognitive Behavioral Therapy (CBT). This approach helps to address dysfunctional emotions, maladaptive behaviors and thinking processes using a number of goal oriented techniques. CBT has proven to be effective for the treatment of a variety of conditions and situations: depression, anxiety, couples and family therapy.

When treating Obsessive Compulsive Disorder (OCD), I also use CBT with Exposure and Response Prevention (ERP) and Acceptance and Commitment Therapy (ACT), and family therapy.

Therapy is understood to be a choice you have made among available options. Other options include: receiving therapy from other counselors, using different therapies, using support groups, seeking self-help resources, and other modes of treatment.

Risks and Benefits

Therapy can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as anxiety, sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have many benefits. It often leads to better relationships, it can provide solutions to specific problems, and there is often a significant reduction in feelings of emotional distress.

Some patients need only a few sessions to achieve their goals, while others may benefit from longer term therapy.

Concerns about Treatment not working or Unprofessional behavior

You have the right to terminate therapy at any time. Stopping therapy prematurely may result in the return or worsening of the initial problems and symptoms.

I encourage you to talk with me directly if you are dissatisfied with my services or if you want a second opinion or referral to another therapist. If you want to discontinue therapy, please discuss it with me first.

If you are concerned about my professional conduct, you may file a complaint with: Department of Health, Health Systems Quality Assurance Division, PO Box 47869, Olympia, WA 98504-7869. The telephone number is (360) 236-4700.

Confidentiality

In addition to this document, you received my Notice of Privacy Practices, which described how I might use and disclose your health information. Examples of when I may disclose information about you are: to report suspected abuse of a child, a developmentally disabled person, or a vulnerable adult; to interrupt potential suicidal behavior; to intervene against threatened harm to another, which may include knowledge that a patient is HIV positive but a patient is unwilling to inform others with whom he/she is intimately involved; and if required by court order or other compulsory process. If you wish to use your health insurance, this also requires the release of some information.

When treating Couples or children of divorced parents, an additional disclosure form must be signed in order for me to provide treatment. Disclosures may also be made if you sign a written authorization for me to release information to another person or agency, such as your physician or prior therapist.

If you file a complaint with the Department of Health, the necessary disclosures will be made to present the Department with the full picture.

Appointments/Payment

My therapy appointments are generally 45, 60, or 90 minutes in length. A 45 minute session is \$150 and increases incrementally. While I do my best to minimize rate changes, from time to time I find it necessary to increase my hourly rate. If you are continuing in therapy with me at that time, I will provide you with 3 months advance notice of any such increase. You are not responsible for any added costs prior to you being given this notice.

Unless we have made other arrangements, full payment is due at the start of each session. You will be charged in quarter-hour increments for telephone calls to me to discuss issues or concerns between sessions. The same will be true for my telephone interactions with attorneys, physicians, and others on your behalf, and for reports and letters you request me to write on your behalf. You are expected to pay these extra costs at our next session.

If you will be unable to attend a scheduled session, you will be charged half of my fee for the missed session unless you notify me by noon of the prior business day.

About Insurance

I am NOT a participating provider for any insurance companies. Many insurance companies will, after you meet a deductible, reimburse for a percentage of the cost of psychotherapy for out-of-network providers. My qualifications are: PhD; Washington State Licensed Marriage and Family Therapist #LF 60034433; AAMFT Clinical Fellow. I will send you an itemized superbill monthly, that you can submit for reimbursement.

You are responsible for payment of all treatment fees and other costs. It is very important that you find out exactly what mental health services your insurance policy covers.

If you wish to seek reimbursement, your health insurance company and/or a third party payer may require that I provide it with information about your diagnosis, treatment plan, and your attendance at therapy sessions. It is rare, but they may require a copy of your entire treatment record. If you are using insurance and/or a third party payer, you acknowledge this and you agree to allow these disclosures.

Solo Practitioner

Although I share office space with other licensed therapists, this is **NOT a group practice**. Please be aware that each of us is an independent solo practitioner. I am solely responsible for your care.

Contacting Me

Telephone: My business line is forwarded to my cell phone when I am not in the office. If I am available, I will answer the phone personally. Unless it is an emergency, I prefer that you call between 9 AM and 9 PM. I try to return calls within 24 hours. The best number to use is my Google landline 425-405-0494. My cell is 425-647-7647 but I do not get good reception where I live.

Please do not send me text messages. Because of unreliable reception, I do not want you to count on reaching me this way. Therefore, I will not respond.

Email: My email address is katherine@yostphd.com. Email is best used for setting up or changing appointments. I prefer not to do therapy via email. I normally check my email several times a day. Be advised that email passes through various servers and systems not under my control, thus I cannot guarantee its privacy. Use at your own risk.

Emergencies: Call me and say in your message that it is URGENT. Keep on calling. Send email too. If I am out of town, you can call my cell phone. If the situation warrants immediate help and you cannot reach me, go directly to your local emergency room or call the crisis line at 206.461.3222

Acknowledgement and Agreement

By signing below, each of us confirms that this disclosure document represents the agreement between us, and you confirm receiving and reading a copy, and you confirm your understanding of the information provided and agree to allow the disclosures of health information as described above.

Client Signature

Date

Katherine Yost, PhD, LMFT

Date
