

### **Therapist Disclosure**

Center for Child and Family Therapy  
7500 Old Military Rd NE Suite 103  
Bremerton, WA 98311 (360) 698-9258

**Lisa H. Kelly, LICASW, PT**

WA License No. SC60759686

### **Disclosure Statement**

This statement provides information about myself and my treatment methods to better help you understand if I best suit your needs. Every client has the right to choose a practitioner and treatment modality that best suits his/her needs. Please read the following information and discuss any concerns with me, or the office staff.

### **Education/Training/Experience**

I received my Masters of Social Work from University of Southern California in 2017, and have a BS in Physical Therapy from Northwestern University and a BA in Psychology from Smith College. I am a licensed independent clinical associate social worker (LICASW). I am currently studying for certification in animal assisted therapy

I am an active member of the National Association of Social Workers or NASW. I follow the standards of NASW. In your best interest and following the NASW code of ethics, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever be a close friend to or socialize with any of my current and past clients. Even though you might invite me, I will not attend your family gatherings. I cannot be a therapist to someone who is already a friend. I cannot have a business relationship with any of my clients, other than the therapy relationship.

### **Treatment Orientation and Methods**

My experiences as a physical therapist has shaped my belief that an integrated mind-body approach is essential in therapy. I offer services designed to help people to identify goals and to access their inner strengths, together we can concentrate on the steps needed to meet your individual and/or family's goals. I believe that each of us has the resources to accomplish our life goals. I help people use their internal and external strengths, offering suggestions and alternatives to help facilitate growth.

My scope of practice includes play therapy, family therapy, solution focused therapy, sensory integrative therapy, and cognitive behavioral therapy. When appropriate I will also incorporate animal-assisted therapy, utilizing the human-animal bond to promote well-being for both parties. My focus is working with children, adolescents, and adults on many issues relating to the mental health, parenting, behavior and social problems, depression, anxiety, stress, anger management, as well as recovery from physical, sexual, and/or emotional abuse.

I have found it essential for me to have a working knowledge of a client's family, social, cultural, educational, and emotional experiences in order to effectively treat an individual or family in therapy. My treatment of young children is typically Play Therapy. The theoretical grounding of Play Therapy is that children use play to communicate/process their experiences and difficulties more effectively through play than they can through language. I also believe that a critical aspect of play therapy for young children, particularly children who have experienced loss or trauma, is the relationship that is established with the therapist. In order to establish this relationship, consistency in maintaining therapy appointments is imperative.

### **Electronic Health Records (EHR)**

I use EHR 24/7 Electronic Health Records by Office Ally to store all client records. Additionally, I use Office Ally for billing. This business is certified HIPPA compliant. I will keep your records for 5 years after we end therapy unless I am contractually obligated by your health insurance to keep them longer.

**Billing**

The name on the billing statement will be Center for Child and Family Therapy. Any types of payments need to be made out to the Center for Child and Family Therapy Center.

**Communicating with your therapist**

I can be reached through the office phone at (360) 698-9258. I am only available during my office hours. If you need to contact me, please lever a message on my confidential voice mail. I do not check my voicemail on weekends or days off. I do not communicate via email at this time.

**Supervision & Consultants**

As a LICASW, I continue to receive supervision and will have the opportunity to consult about my clients with my supervisors, Jenny Fisher, MSW, LICSW and Jeffrey Weist MSW, LICSW. Jeffrey is licensed in WA State #LW00006674 and has gone through the additional required training as a supervisor. I, also, sometimes consult with other professionals about my clients. This helps me provide high-quality therapy. These professionals are also required to keep your information private and confidential. Your name will never be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation. The two professionals that I consult with are Terry Boyle, MFT and Dr. Tony Stanton, PhD.

**State requirements**

Therapists practicing counseling for a fee must be licensed with the Department of Licensing and the Department of Health for the protection of the public health and safety. Licensure of a therapist does not include recognition of any practice standards, nor implies the effectiveness of any treatment. The full law and regulations can be found in RCW 18.19.

**Consent**

I have read the above information and have received clarification as needed. I agree to the terms as stated above. I hereby enter into therapy with this Lisa Kelly, LICASW, PT and to cooperate fully and to the best of my ability, as shown by my signature.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (relationship to client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lisa Kelly, LICSAW, PT

\_\_\_\_\_  
Date

Copy accepted by client

Copy accepted by additional person