

# **GLORIA ROSE KOEPPING, Ph.D.**

Licensed Psychologist # PY00001295

Counseling Center 6-10C  
Highline College  
2400 S 240<sup>th</sup> St  
Des Moines, WA 98198-9800  
(206) 878-3710, ext. 3579 or 3353

## Psychotherapy Information Disclosure Statement

### **Your Rights as a Psychotherapy Client**

#### NOTICE

I keep a record of the health care services that I provide to you. You may ask us to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at the Counseling Center in Building 6.

As a therapy client, you have certain rights that are important for you to know. There are also certain limitations to those rights that you should be aware of.

**Confidentiality:** You have “privileged communication” under the laws of the State of Washington. “Privileged communication” means, with few exceptions, anything you disclose in therapy, any information I obtain about you from any source, and even the information that you are a client at all, is confidential and can be disclosed to others only with your written consent.

With the exception of the issues listed below, you have the absolute right to confidentiality of your therapy. Information shared here cannot be divulged to anyone without your expressed written permission. You should be aware that once you have released confidentiality on one occasion, you have legally increased the threat to confidentiality under the law in other circumstances. I will always act in such a way as to protect your privacy even when you release rights to confidentiality.

The following situations are exceptions to this right:

1. If I believe that you are likely to do harm to another person, I am legally obligated to inform legal authorities and your intended victim if I know who that person is.
2. If I believe that you are physically or sexually abusing a minor child, developmentally delayed person, dependent or elderly adult, or if you report information to me about the possible abuse of a child or elderly adult, I am required by law to report this to Children’s Protective Services or Adult Protective Services, respectively.

3. If I believe that you are likely to do harm to yourself, and would violate any standing no-suicide contracts that we have in force, I can legally contact police or the county Mental Health Professional with my concerns. I am not obligated to do so, and may not choose to, based on talking with you about the issues at the time.
4. If you and your partner are in couples therapy, any material shared in adjunctive individual sessions should be considered a part of the couples therapy and may be shared in couples sessions unless you specifically ask that it be excluded.
5. If you are currently in litigation or filing a complaint against someone for malpractice, you may be asked to disclose information regarding your therapy as part of that process. Although I will request your consent to release information, I can be legally obligated by court order to turn over my records in situations such as this. Please inform me as soon as you know that you are likely to be in such a legal situation, so that I can exercise due caution in my record keeping to protect your privacy.
6. If you make a formal faculty complaint against me at HC, that might necessitate my reviewing your file with my supervisor, the Associate Dean of Counseling, the Vice President of Student Services or the College President.
7. Information may be shared with a current health care provider. It may also be shared with a former or future health care provider, unless you request in writing that I not do so.
8. In a rare event that there is a risk to the student or the community, the Counseling Center reserves the right to notify the Associate Dean of Counseling or the Campus SAIT (Say It) (Student Assessment Information Team), who may recommend additional resources for the student. I will only release information that aids in obtaining ongoing care and ensuring safety.

In the case of adolescents, ages 13 to 18, I will attempt to act in the child's best interests in deciding to disclose confidential information without the child's consent. In the case of relationship or family therapy, confidential information may be shared among participants.

You have the right to ask questions about anything that is happening in therapy. I am always willing to discuss why and how I develop my approach to working with someone, and am willing to look at alternative strategies for approaching a problem if you are unhappy with what I am doing. You have the right as well, to ask me about my training and background for working with your particular kind of problems. It is your responsibility to choose the provider and treatment modality which best suits your needs. If I cannot be of help to you, I will provide you with referrals to other health care providers.

You have the right to request a truthful, understandable, and reasonably complete account of your condition. I will keep you fully informed as to the purpose and nature of any evaluation, treatment, or other procedures, and of your right to freedom of choice regarding services provided subject to the exceptions contained in the Uniform Health Care Information Act, chapter [70.02](#) RCW.

*Termination of service:* Whenever professional services are terminated, I will offer to help locate alternative sources of professional services or assistance if necessary. I have an obligation to terminate treatment when it would become clear to me that you no longer need my services, or you are not benefiting from or being harmed by continued service.

### **My Training and Approach to Therapy**

I hold a Ph.D. in Counseling Psychology, earned in 1987 at Southern Illinois University at Carbondale. As part of my training I completed a pre-doctoral internship at The Ohio State University in Columbus, Ohio. I am licensed to practice psychology in Washington State (#1295). I am a specialist in the psychology of women, with special interests in depression, anxiety, sexuality, trauma and career counseling.

My approach to psychotherapy is based on the theory of feminist therapy. This theory centers on the impact of people's growth and development of gender roles and cultural sexism. I use a variety of techniques in therapy, trying to fit what I do with what works for you. These are likely to include dialogue, interpretation, cognitive restructuring, reframing, relaxation techniques, visualization, gestalt awareness experiments, self-monitoring exercises and assigned reading. I will discuss with you any unusual procedures. You have the right to refuse anything that I suggest. I do not have social or sexual relationships with clients nor sexual or close relationships with former clients.

On a regular basis I consult with colleagues about my work with a particular client to gain further feedback and suggestions. When possible, I will inform you in advance of the names of the colleagues with whom I consult, so that you can inform me of anyone that you do not want me to consult with in regard to our work together.

If you feel dissatisfied with what has occurred in our work together, I encourage you to talk about it with me in therapy. If you feel that I have not responded in a satisfactory manner you can speak to the Director of Counseling. You can also bring a complaint against me by contacting the Washington State Examining Board of Psychology in Olympia, Washington at (360) 236-4910.

Sometimes during the course of therapy emergent situations occur. If you have an emergency and are unable to reach me by phone (206) 878-3710, ext. 3579 or 3353, please call Public Safety at ext. 3218 or the Crisis Clinic at (206) 461-3222, for assistance until I can return your call.

## Client consent to Treatment

I have read this statement and understand it. I have asked any questions that I had about this statement. I have also received a copy of the complete disclosure statement. I consent to therapy under the terms described above with Dr. Gloria Rose Koepping and understand that I have the right to terminate therapy at any time I desire.

Signed: \_\_\_\_\_  
Client

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

Signed: \_\_\_\_\_  
Gloria Rose Koepping, Ph.D., Psychologist      Date