

Cecilia Klinger, LMHCA, CDPT, DT, EMDR
Therapy & Counseling
Therapist Disclosure Statement
LMHCA, 60776033

Therapeutic Approach

My approach to therapy is client-centered. I believe you are the expert of your own life and that the course for self-discovery and solutions reside within the wisdom of your own life experiences. As your therapist, I will help you identify thoughts, behaviors, feelings, and patterns that may lead to dissatisfaction in your life. Although change is often challenging, we will work together toward an increased sense of personal well-being. I believe trauma and other hurtful experiences live not only in our mind but in our bodies and that by combining talk (mind) therapy with movement (body) the whole person can more rapidly heal and achieve goals. Therefore, our work may involve Motivational Interviewing, Narrative, Trauma work with Eye Movement Desensitization Reprocessing (EMDR), Drama Therapy, Mindfulness, Cognitive Behavioral, and Grief and Loss work.

Education

Master of Arts, Applied Psych., Clinical Mental Health Counseling and Drama Therapy, Antioch University, Seattle, WA
Master of Fine Arts, Theatre, Minnesota State University, Mankato, MN
Bachelor of Arts, Spanish, University of Illinois, Chicago, IL

Confidentiality

All of the information shared in therapeutic sessions will be kept confidential and protected by state and federal law. Confidentiality may only be broken by your written consent, or in the following circumstances:

- Statement of intent to harm yourself or others
- Suspected abuse of a minor, an elderly adult, or a developmentally-disabled person of any age
- A court order for treatment records Record Keeping

I will regularly keep progress notes about our meetings together for the purpose of documentation of services. My notes may contain some details of your personal health information. Notes and files are maintained in a secure location, and are only shared via written permission by the client, or per court order. I may consult with a licensed clinical supervisor regarding my work with clients. These meetings provide valuable insight so that I may better serve you, and I will make every effort to ensure your privacy during such consultations. My supervisor and I are bound by the same laws and confidentiality standards. Please let me know if you have any questions or concerns about my consultation practices.

Client Rights and Responsibilities

If at any time you have questions or concerns regarding the course of therapy or any therapeutic approaches used, I encourage you to discuss them with me. If you would like a copy of the acts of unprofessional conduct listed under RCS 18.130.180, please contact the WA State DOH Health Systems Quality Assurance Complaints Intake, PO Box 47857, Olympia WA 98504-7857.

Client Consent to Counseling

I, _____, have carefully read, received clarification of, and understand this statement. I have received a copy of this form. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Cecilia Klinger.

Client Signature

Date

Therapist Signature

Date