

Disclosure Statement

This document outlines information regarding my background and how I provide my therapy offerings. It also includes important information about your rights and responsibilities as a client. Please feel free to ask any questions that might arise concerning my approach to therapy and any other concerns you may have regarding our work together. I am happy to answer any questions you may have.

1. Contact Information

Mark P. Timken, MA, LMHCA, PLLC
PO Box 596 Vashon Island, WA 98070
206-456-6964
mptimken@gmail.com

2. Credentials

Washington State Credential Number MHCA.MC.60623293
Licensed Mental Health Counselor Associate working under the supervision of Zandi Salstrom, MA, LMHC (WA State license LH60480950). She is an approved supervisor according to laws regarding counselors in Washington State: WAC246809234.

3. Educational Background and Experiences

I graduated from Pacifica Graduate Institute in 2015 with a Masters in Counseling with an emphasis in depth psychology. I also completed the Somatic Experiencing Training in 2015. I am a founding member and stakeholder of the Vashon Wilderness Program and now support the organization as a program elder, helping kids connect to nature, community, and self. I have worked in community mental health and am currently in private practice as a nature-based psychotherapist, dedicated to working with wholing and self-healing, nervous system regulation, cultural change, the unconscious, and ecopsychology.

4. Therapeutic Orientation/ Methods/ Techniques

I utilize a combination of therapeutic techniques that includes Somatic Experiencing® techniques (see separate informed consent form), eco-depth psychology techniques including talk therapy, deep listening, voice dialogue, drawing out and mirroring, authentic movement, self-

designed ceremony, soul-centric dream work, active imagination, body mindfulness/ tracking, and using creativity/imagination to help my clients develop aspects of wholeness and discover untapped potential and depth.

The rich and deeply meaningful experiences people have working with this eco-depth approach are transformative. Common benefits over time include a greater sense of well-being and self-understanding, comfort with a wider range of authentic feelings, a keener awareness of your own inner wildness, a stronger, deeper sense of purpose and meaning in your life, a greater sense of satisfaction in your personal relationships, and a deeper sense of connection to others and the natural world.

That being said, I do not believe in suppressing symptoms, eliminating wounds, or eradicating sub-personalities, rather, to cultivating wholeness and to help others acquire the skills of Self-healing. This type of personal work can be more radical and risky than other traditional forms of psychotherapy. As clients experience more cultivation of their innate human wholeness, they may experience intense feelings, they might become or feel more isolated, they may become more dependent on me for a period of time as they experience their center of gravity shift toward a more soul-centric life.

5. Confidentiality

Clients should fully understand the meaning of confidentiality. As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44 and suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW71.05. Your participation in therapy, the content of our sessions, and any information you provide to me during our sessions is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give me written consent to have the information released to another party;
- In the case of your death or disability I may disclose information to your personal representative;

- If you waive confidentiality by bringing legal action against me;
- In response to a valid court order or subpoena from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;
- If I have any other legal duty, obligation, or right to report.

It is important to note that the legal guardian of the client holds the privilege of access to and control over the client's protected health information unless the client is 13 years of age or older. Children 13 years of age or older may request and receive outpatient treatment without the consent of their parent(s) (RCW 71.34.530). Clients between ages 13 and 18 also have the right to decide to whom mental health information will be released, including to their legal guardian(s) (RCW 70.02.130). *However*, the psychotherapist may act in the best interests of the client in deciding whether to disclose confidential information to the legal guardian(s) without the minor's consent (WAC 246924363(4) & RCW 70.02.050(d)).

6. Types of Counseling Provided

Group, couple and individual sessions are offered. If family or any kind of relational therapy is indicated, the therapist and clients will agree to any appropriate boundaries and methods for sharing confidential information. A signed release of information will be required.

7. Outdoor office

In an attempt to have nature be your primary guide, I meet with clients in wild, or semi-wild spaces, on Vashon Island. I do not have an indoor office. Prior to our "Intro Walk" I will send you detailed directions to the location and a gear list so that you will know what to bring to be prepared to spend our time outside together. Please note, although fairly flat and easy to maneuver, some of the trails can be slippery and muddy. Also, you may decide to

venture off-trail to deepen your experience on the land. Please be aware that you may encounter wild animals, stinging insects, falling branches, poisonous or toxic plants, other human beings, and other potential hazards.

8. Scheduling, Cancellations, and Fees

Payment with cash or check is expected at the end of each session unless other arrangements have been made in advance. I do not take insurance.

Fees will be determined prior to the initial session. I offer one complimentary 50 minute "Intro Walk" for you to get a feel for how I work and for me to get to know you. Then, after two full sessions, we can mutually decide to continue to work together on a weekly basis. At that point we can co-create a contract to meet your goals. My sessions are 90 minutes and cost \$120 with a sliding scale from \$70-\$120.

Please inquire if my rates are a determining factor. I typically have one low-cost session available in addition to the sliding scale.

If you let me know prior to 24 hours we can attempt to reschedule. If you miss a scheduled session with 24 hours notice or less, you will be charged for that session.

If I do not hear from you in 30 days, I will no longer consider you my client.

9. It is my policy to not use social media or to text/email with clients other than for scheduling.

10. Clients are responsible for choosing the provider and treatment modality which best suits their needs, and must be responsible for choosing their own appropriate changes. Clients are encouraged to raise questions about the therapist, the therapeutic approach and progress. Clients have the right to refuse treatment; they have the right to request a change of therapy and referral to another therapist.

11. The law which regulates counselors is called the Counselor Credentialing Act. The purpose of this law is to provide protection for public health and safety and to

empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. Direct any questions to: Examining Board of Psychology: Health Professions Quality Assurance Division PO Box 47869 Olympia, WA 985047869 Inquiries/Complaints: (360) 236-4910

I have been provided a copy of the required disclosure information, *have read*, and understand the information provided.

Printed Name _____

Signature/Date

Guardian's Signature/Date

Counselor's Signature/Date
