

J. Knox Burnett, LMHC

License # 60604834

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EIN # 81-2637418

**Training and Degrees:**

I received my bachelors in science in Marketing from Clemson University. While at Clemson I worked as an Assistant football Chaplain and was in charge of a mentoring program for our student-athletes. After several years, I decided to pursue a master’s in counseling psychology from The Seattle School of Theology and Psychology. While earning my degree, I worked with men struggling with addiction, trauma, and abuse at Seattle’s Union Gospel Mission.  After completing my degree and clinical internship in 2013, I opened my private practice and began working at Opal: Food and Body Wisdom, a partial-hospitalization eating disorder treatment facility.  At Opal, I helped clients understand and transform their relationship to movement, food, exercise, and sports. In 2016 I moved into full-time private practice and started and relocated my office to West Seattle. In 2018 I finished a trauma certification in EMDR (Eye Movement Desensitization and Reprocessing). I am a Licensed Mental Health Counselor (LH 60604834) and am a registered service provider in the state of Washington.

**Therapeutic Orientation:**

Over the years, I’ve experienced psychotherapy as a means to heal and change a variety of ills in body and mind. We are complex beings whose health and well-being are deeply interconnected and intertwined. Although our mental life is extraordinarily important to analyze, it is only one part of a larger system that we will explore together. A transformative psychotherapy includes the whole self: mind, body, and spirit being connected together in freedom and vitality.

My ultimate goal is to see you become more vibrant, attuned, connected, and free in every sphere of existence. In order to accomplish that we will get to know, understand, and accept why you struggles with the things you do and how that is ultimately connected to your experiences in the past. With this knowledge we will begin to explore and develop areas of weakness and address the injuries that have kept you stuck.

**Billing and Insurance Information:**

Payments are expected to be made prior to each session. Clients can pay by cash, check, or Venmo. At the end of each month, I will send a billing receipt to clients who would like to submit an Out of Network insurance claims. Clients are responsible for checking to see if their respective insurance provider will cover my services as an Out-of-Network provider.

*Note: I do not voluntarily participate in legal proceedings. If my participation is requested or required in a legal matter, the regular hourly rate applies to all preparation, participation, travel, and waiting times.*

**Confidentiality:**

There is a legal privilege in Washington State protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality. For this reason, if you want me to release information about your participation in therapy to anyone, I will require you to sign the “Authorization to Release Health Care Information” form. This confidentiality has the following exceptions by law:

1. In the event of a medical emergency, emergency personnel or services may be given necessary information.
2. In the event of a threat to harm oneself or someone else. If that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
3. In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
4. If ordered by a judge or other judicial officers, information regarding the client’s treatment must be disclosed.
5. If the client brings a complaint against the therapist with the State of Washington, Department of Health, client information will be released.
6. If an attorney in the State of Washington subpoenas records, they will be released unless the client files a protection order within 14 days of the subpoena.
7. In the event of the client’s death or disability, information may be released if the client’s personal representative or the beneficiary of an insurance policy on the client’s life signs a release authorizing disclosure.
8. In the event the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriate authorities.
9. In the case of a client who is a minor, information indicating that the client was the victim of a crime may be released to the proper authorities. If there is reasonable cause to suspect that a child is suffering from abuse or neglect, the law requires that a provider file a report with the appropriate government agency, usually DSHS. Once such a report is filed, a provider may be required to provide additional information.

If such a situation arises, your provider will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary.

**Professional Records**

The Laws and standards of health professionals require keeping protected health information about you in your Clinical Record. Except in the unusual circumstance that it is concluded that disclosure could reasonably be expected to lead to the identification of the person who provided information to me in confidence. Under circumstances where confidentiality is appropriate, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, it is recommended that you initially review them in the presence of your provider.

**Client Rights**

HIPAA provides you with several rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that your record be amended; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosure of protected health information of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement and our privacy policies and procedures. The State of Washington also provides you with basic rights (WAC 388-877-0600).

The client understands and agrees that the therapist’s working notes are not considered part of the clinical record and will not be released to the client or to any other persons, agencies, or organizations under any circumstances. The client understands and agrees that any records obtained from other therapists, agencies, or institutions will also not be released by the therapist under any circumstances. The therapist will respond to any court order for records by providing only the dates of treatment or contacts with the client and a general summary of psychotherapy/counseling activity.

# Appointments/Cancellations

I schedule appointments for recurring times each week. It is your responsibility to let me know if we need to make different arrangements in the event of a conflict. I will try my best to work with you if there is an emergency that requires rescheduling, but regular absences or attempts to reschedule will be cause for suspending our appointments until the individual can commit to a regular meeting time. Clients are responsible for paying for any missed session that is not canceled **48 hours in advance**.

# After hours Contact

You may leave me a message at 425-202-5716 or email me at jknox.burnett@gmail.com. I will check these messages on a regular basis. **Please limit your phone calls to appointment scheduling and emergencies. If you choose to email, please note that I cannot promise that your information will be completely secure.** If you cannot reach me and are in an emergency, please call 911 OR the King County Crisis Line at 206-641-3222.

**I have read and understand the information provided in this form.**

**Client Printed Name Date**

**Client Signature Date**

**Therapist Signature Date**