

BARBARA ROSE CHATEAUBRIAND, MA 1424 NE  
1424 NE 155th St. #209  
Shoreline, WA 98155  
(206) 250-2530

Licensed Mental Health Counselor #LH00008130

*Washington State law requires that all mental health professionals present a disclosure statement to new clients. This statement is intended to help you become a more informed consumer. Please read it carefully and feel free to ask any questions you may have.*

### Education & Professional Experience

- I received a Master's Degree in Psychology from Antioch University and have been working with clients in group therapy since 1987.
- Since 1991, I have been in private practice working with individuals, couples, families, and groups.
- I have taught parenting classes and have facilitated parent support groups.
- I have many years of experience treating adults with traumatic experiences in childhood such as neglect, abuse, and abandonment.
- I offer mental health evaluations for immigrants seeking asylum, treatment for their loss and trauma as well as with the anxiety and difficulty of the asylum process.
- I am certified in EMDR (Eye Movement Desensitization and Reprocessing) and will work with you to decide if this approach is appropriate for your needs.

### Counseling Process & Approach

People enter therapy for reasons and goals that are unique to their own particular situations. Sometimes a person is experiencing a major transition or trauma such as divorce, death, the birth of a child or other life changes and may need extra support during this time. Other people come to therapy with known chronic issues, yet others come with no specific issue – just a sense that “something isn't right.” As human beings, we can find ourselves repeating negative thoughts, feelings, behaviors, or relationships that do not promote our growth or happiness. Even when we're aware of these patterns, we might feel stuck or helpless about changing them. Counseling can help us discover the root cause of these patterns as well as develop new more positive ways of thinking, feeling, and acting.

In the counseling that I offer, I rely on a variety of different treatment approaches including (but not limited to) psychodynamic, ego state, developmental, relational, cognitive behavioral, systems, and EMDR. My style is interactive and direct. With many years of experience, theoretical and practical training in different psychotherapy approaches and an intuitive sense of what might work best for you, the treatment I provide is centered on the unique situation that *you* are experiencing along with whatever approach you are most comfortable with. Our first session together will provide an opportunity to get to know one another, to ensure that we are a good fit to work together and that you feel safe working with me. We will discuss your reasons for coming to therapy along with what you hope to achieve in therapy. The specific modalities and approaches that we use in our time together will flow from this understanding and will be adjusted over time as your experiences, needs, and goals, change.

Please note that I am not available for any involvement whatsoever in child custody disputes.

### Fees and Payment

My fee for a 50 to 60 minute session is determined using a sliding scale from \$100.-\$140. Clients paying out of pocket decide at their own discretion, based on their honest understanding of their financial situation, where in that fee range they fit. Fees can be varied according to changes in life circumstances should such changes occur during our time working together. When applicable, I reserve some time slots for clients who cannot pay the full fee and will discuss payment on an individual basis. Unless arranged ahead of time, payment is due at each session.

### Insurance

I am a preferred provider for Regence, Uniform, and First Choice. I also will bill Premera Blue Cross, and Group Health Options for you directly. For other insurance companies, I will provide you with statements to turn in to your provider for reimbursement.

### Cancellations

Cancellations made 24 hours or more in advance of your scheduled appointment will not be charged. Cancellations made less than 24 hours in advance and “no shows” will be charged the regular fee. Insurance companies will be charged \$120. per session unless otherwise arranged.

### Phone Contact

You can leave a phone message for me at (206) 525-9745 anytime of the day or night. Please note that these calls will go straight to voicemail and that I check that voicemail multiple times per day. In case of emergency, if you can't reach me, you can call the 24 hour crisis line at (206) 461-3222 or 911.

### Confidentiality

You have the right to confidentiality. I am ethically bound not to release any information to anyone about you or your therapy process without your written permission. I may consult with other clinicians about my work with you. Confidentiality also binds these clinicians, so your name or identifying information would never be used in these discussions. I am obligated by law to report any abuse or bodily harm that might be committed towards yourself or another person. Whenever possible and reasonable, I will inform you in advance of any report that I might make.

### Emailing/Texting/Faxing/

It is very important that you are aware that e-mail, texts, and e-fax communication can be relatively easily accessed by unauthorized people which compromises the privacy and confidentiality of such communication. E-mails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts and e-faxes that go through them. It is always a possibility that e-faxes, texts, and e-mail can be sent erroneously to the wrong address and computers. My computer is equipped with a firewall, a virus protection and a password, and all confidential information from the computer is backed up on a regular basis onto an encrypted hard-drive. Please note that e-mails, faxes, and texts may be part of your clinical records.

### Right to refuse treatment

I understand that I have the right to refuse treatment, and to choose a practitioner and treatment modality that best suits my needs.

### State Licensing

As per law, the following statement must appear on this disclosure form:

*“Counselors practicing counseling for a fee must be licensed with the Department of Licensing for the protection of the public health and safety. Licensing of an individual with the Department does not include recognition of any practice standards, nor necessarily implies the effectiveness of the treatment.”*

I acknowledge having received a copy of this disclosure statement, and having read and understand the information.

Client signature \_\_\_\_\_ and date \_\_\_\_\_

Therapist signature \_\_\_\_\_ and date \_\_\_\_\_

