

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

Licensed Mental Health Counselor  
Washington #LH00008130  
Washington State Licensing Board  
111 Israel Rd. SE  
Tumwater WA. 98501  
(360) 236-4700

South Dakota#LPC-MH30554  
South Dakota Board  
PO Box 340  
1351 N. Harrison Ave.  
Pierre, SD 57501  
(605) 225-1721

Oregon Board of Licensed Professional counselors and Therapists  
LPC C6471  
3218 Pringle Road SE Ste.120  
Salem, Oregon 97302-6312  
(503) 378-5499  
email lpct.board@oregon.gov  
Website: www.oregon.gov/OBLPCT

\* Please see code of ethics on signature page

As a licensee, I will abide by the code of ethics for counselors and therapists adopted by these boards, and the American Psychological Association. I will also take all required continuing education classes necessary to maintain my license, in subjects relevant to my profession. For any additional information about me, you may consult the website of the relevant board.

*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 to ask any questions you may have.*

### Education & Professional Experience

- I received a Master's Degree in Psychology from Antioch University, in 1991, and have been working with clients in group therapy since 1987. Major coursework included human development, with a focus on child development and the impact of early adverse experiences.
- 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 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) therapy, and will work with you to decide if this approach is helpful in your work.
- I am certified In Brainspotting.
- I am trained in tele psychology, and offer sessions by phone or video conferencing through VSee, when appropriate and wanted. Please see tele psychology addendum to disclosure form if interested in learning more.

- I have many years of experience treating adults with traumatic experiences in childhood, such as neglect, abuse, and abandonment.

### 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 \$160.00. I reserve some time slots for clients who cannot pay the full fee and will discuss payment on an individual basis. Payment is due at time of service, unless otherwise arranged.

### Insurance

I am a preferred provider for Regence, Uniform, Cigna, First Choice, United Healthcare, and Premera Blue Cross. I accept Kaiser Permanente Options, and will bill them directly. For other insurance companies, I will provide you with statements to turn in to your provider for reimbursement as an out of network provider.

### 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 \$160.00 per session.

### Phone Contact

You can leave a phone message for me at (206) 250-2530 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 and suicide line at 988 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 are not completely secure, and might be accessed by unauthorized people which compromises the privacy and confidentiality of such communication. My email is encrypted end to end, and considered HIPPA secure. Texting is not HIPPA secure, and for that reason, I use an encrypted chat option via VSEE, to communicate anything that is confidential, or might include protected health information. SMS text may be used to indicate that you are running late, or notify me if you are downstairs, and the door is locked. 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 are considered 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 name \_\_\_\_\_

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

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

Oregon Client Bill of Rights

1. To expect that a licensee has met the qualifications of training and experience as met by state law.
2. To examine public records maintained by the Board, and to have the Board confirm credentials of a licensee.
3. To obtain a copy of the code of ethics (Oregon Administrative Rules (833-100)
- 4 To report complaints to the Board
5. To be informed of the cost of professional services before receiving the services
6. To be assured of privacy and confidentiality while receiving services, as defined by rule to law, with the following exceptions; 1. Reporting suspected child abuse. 2. Reporting imminent danger to you or others. 3. Reporting information required in court proceedings, or by your insurance company or other relevant agencies. 4. Providing information concerning licensee case consultation or supervision, and 5. Defending claims brought by you against me.
7. To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status or socioeconomic status.

