

DISCLOSURE STATEMENT

Mara Applebaum
M.A., Ph.D. candidate, psychotherapist

Registration: RC00044813
444 Ravenna Blvd., Suite 309
Seattle, WA 98115
206.999.3266

I am a psychotherapist trained in systems theory. Systems counseling includes assessment of individual clients as well as clients' social systems (e.g., partnership, family, friends, co-workers). In my practice, I strive to offer clients deep listening, compassion, possibility, kinship and soul tending. I believe each of us holds the capacity for wellness, and so I focus on your wisdom and resilience, using them as guides in your healing. Together, we can examine the life messages you've received, discovering which still serve you and which you'd like to change.

Your needs and goals set the tone for our work and will be revisited throughout the course of therapy. You determine the length of your treatment, and together we will track the progress of our sessions, checking in with each other about any changes you might like to make to your original therapeutic goals. Sessions are individual only.

I have a master's degree in applied behavioral science from Bastyr University and a master's degree in mythology and depth psychology from Pacifica Graduate Institute. I am currently writing my dissertation to complete a Ph.D. in mythology and depth psychology from Pacifica. I meet regularly with colleagues and a consultant to maintain professional growth, so anonymous, non-identifying elements of your case may be discussed. I work with clients from diverse cultures, races, religions, classes, and sexual orientations, often addressing such issues as depression and anxiety, grief and loss, childhood abuse, trauma and post-traumatic stress disorder (PTSD), women's and men's issues, and dating and relationships. My training in counseling and psychotherapy is ongoing, and I attend workshops each year to broaden my perspectives and to enhance my work with you.

Your \$___ fee for a private, 50-minute session is payable at the time of your session. I require at least 24-hour notice for cancellations. Any cancellation must be by phone. You are responsible for the fee when cancellations are received less than 24 hours in advance. In the cases of illness and emergencies, I make good-faith effort to provide an alternate meeting time that week to ensure you receive service for your fee. My rate is \$90 for individuals. If phone consult becomes an

ongoing need, I charge a prorated fee for this service. I charge a \$200 hourly fee to participate in legal proceedings, e.g., court appearances, documentation of our work together for litigation purposes, or other instances requiring legal involvement outside typical client charting.

According to the Washington State Department of Health, "(c)ounselors practicing counseling for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment." The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) 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. Complaints may be referred to Department of Health, Counselor Programs, P.O. Box 47869, Olympia, WA 98504, (360) 664-9098. Information identifying you and your healing process is confidential and cannot be disclosed without your written consent. Exceptions are if you are a danger to yourself or others; if the information involves the current abuse of a child, developmentally delayed person, or a dependent adult; or if the court requires such information. Should disclosure of confidential information be necessary, I will work with you as respectfully and directly as possible.

If you are in crisis, please call the King County Crisis Line at 206-461-3222. For follow-up care, you can leave a voice mail message for me, and I will return your call as soon as I am available.

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

Client Signature: _____ Date: _____

Name (please print): _____ Home
phone: _____

Street/ mailing address: _____ Work/cell
phone: _____

City/state/zip: _____

Do I have your permission to contact you? Y N

Emergency contacts:

Name: _____ Relationship:

Phone: _____

Name: _____ Relationship:

Phone: _____

Name: _____ Relationship:

Phone: _____

Do I have your permission to contact these people in case of an
emergency? Y N

Counselor Signature: _____ Date:
