



**Robin Barre, MA, Licensed Mental Health Associate,  
Psychotherapy and Consultation Services**

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## DISCLOSURE AND INFORMED CONSENT FORM

The State of Washington requires that counselors provide their new clients with the following information at the first session. Please feel free to ask me any questions you may have at any time about this information or the treatment process.

### **Education, Training & Experience:**

I am a Mental Health Associate, licensed by Washington State (#MC 60198259). I am working toward state licensure for mental health counseling. I am under the supervision of Debby Elwell, licensed marriage and family therapist and licensed mental health supervisor. I received my Master of Arts degree in Counseling Psychology with an emphasis in Depth Psychology in 2006 and a Master of Arts degree in Depth Psychology in 2009 from Pacifica Graduate Institute. I am currently working toward my PhD in Depth Psychology. My therapeutic experience includes a year long internship in a community mental health clinic. I worked for five years in a nonprofit agency that served street-involved youth as the teacher of the education program, where I provided ongoing therapeutic services and case management. I volunteer in my community as a grief counselor and am currently on the provider list for Whidbey CareNet which provides pro bono therapeutic services for community First Responders. I work as a School-Based Mental Health Counselor for Island County and am onsite in the South Whidbey and the Camano/Stanwood School Districts. I consult with educators to assist them with any mental health issues they may have in the classroom. I have developed and offer workshops in a therapeutic journaling process I call The Ariadne Journals. Other aspects that inform my counseling and consultation practice are my work as a poet, writer, and art journalist.

### **Scope of Practice:**

I specialize in working with adolescents, ages 12 and up. I do not work with children under the age of 12 in individual therapy. I see individuals, couples, and families in my practice. I have a background in trauma treatment from a psychodynamic and Dialectical Behavior Informed therapeutic perspective. If chemical dependency has been a therapeutic issue for you, I do work with those who are at least one year in active recovery from addictions. With very few exceptions, I do not work with clients who are currently active in their addictions. I also do not work with clients who are currently active in sexual or pornography addictions. The determination of active addiction will be by me and will be discussed in depth with the client. Please inform me if this is an issue for you, and we can discuss the referral process and your needs.

I do not provide consultation, advice, or witness in cases of parental custody or legal issues. I do not work with clients to assess the quality of parenting in parental custody issues nor do I provide character witness for court documents in such cases. If I am called to court as a witness in any legal situation, the client will be charged \$300.00 per hour, including any preparatory time involved.

### **Treatment Philosophy:**

I work with clients psychodynamically and acknowledge the essential role that the unconscious parts of our psyches have in our lives. My approach to counseling comes from my training and experience that the past often has great relevance to our present, and it is helpful to come to terms with our histories so that we might heal old wounds. Some of the strategies we will explore together are those that allow clients to come into safe, compassionate relationship with the various “parts” of the self that may have been pushed into the shadows, those shadows that cause pain or fear, and to reclaim lost parts of the self. This work is approached through Jungian, archetypal, and existential therapeutic perspectives. The tools we will use in our work together may include talk therapy, Gestalt techniques, expressive arts

therapies, including drawing, sandtray, and active imagination. Some cognitive behavior therapy may be used at any given time if it seems appropriate. I also like to use bibliotherapy, videotherapy, and poetry therapy as well in my work.

I believe it is not our task to relieve our burdens but to learn how to discern which ones are ours to carry, how to let go of the burdens that are not ours, and how to effectively, safely, and with quiet pride and strength carry the burdens we claim as our own. I also believe the events in our lives, if they are met with imagination, curiosity, and compassion, can become meaningful experiences that can inform us in deep, rich ways.

Psychotherapy is an extraordinarily effective process, especially for the client who is thoroughly invested in the work. If possible, weekly therapy is most effective for the type of therapy I provide. I often suggest “homework” for clients so they may continue to work therapeutically throughout the week, sometimes quickening the healing process. However, therapy is a somewhat mysterious, subjective, qualitative process for which there are no guarantees in results or outcomes. It is important for you to know that the counseling process can be disruptive as old ineffective ways of coping are let go and new ones are still unfamiliar. Also, as we proceed through our sessions, what seemed tolerable before can often begin to seem intolerable. Be assured this means that the therapy is working! I ask that you trust the process. We will work together to maintain a close watch on stress levels and coping strategies during such times. Please be sure to let me know if you have questions regarding this information.

As we go through the intake form, we will discuss your goals for your work in therapy. These goals will be the “map” for our work together. We will check in from time to time on these goals and your progress. You may decide that the goals need to be modified at one time or another, or I may identify a goal that may be helpful. These will be discussed in our sessions as needed.

#### **Fee & Scheduling Agreement:**

Full payment is due at the time service is provided. The fee of \_\_\_\_\_, as agreed upon by the client and the provider, for each scheduled 60 minute session is due at the end of our session. A 90 minute session is billed at time and a half. I do not bill insurance at this time. Cancellations must be made within 24 hours of your appointment. Cancellations less than 24 hours from your appointment time will be charged a full session fee unless it is rescheduled for the same week. Exceptions to this cancellation policy are illness or sudden loss of transportation. All no-shows will be charged the full scheduled fee, due upon the next session. I do not provide therapeutic services electronically. If you must cancel, please confirm the next regularly scheduled session or make arrangements to schedule our next session as soon as possible as your regularly scheduled session may be filled otherwise.

I offer a sliding scale beginning at \$35.00 for a limited number of clients. Should financial circumstances change for you, for example you receive a pay increase or become employed, then I may need to raise your fee to allow others to take advantage of the sliding scale fee of \$35.00. Occasionally, I do raise my fees for my practice. You will be informed as soon as possible and every effort will be made to accommodate your current financial situation. It is important for us to discuss fees and financial constraints and come to an agreement so that you might continue to receive services as regularly as possible. Money and session fees are rich therapeutic issues, so please don't hesitate to broach the issue.

Should we need to consult via phone in the case of an emergency or if we have arranged our session to be conducted over the phone, you will be billed for the standard scheduled 60 minute session at the agreed upon fee, due at the time of our next face-to-face session. I cannot accept credit or debit cards. I do accept cash and personal checks. Should personal checks be returned for non-sufficient funds, I will then only accept cash. All sessions run a full scheduled 60 minutes unless agreed upon otherwise. If you are late, then we will go to the end of your scheduled time, which may not be a full 60 minutes. We will confirm the following week's appointment at the end of each session. It is my policy to have the right to terminate our therapy if there are three consecutive or frequent no-shows. You will be given a referral should this be decided.

### **Legal Rights & Confidentiality:**

You have the right to choose a counselor who best suits your needs and purposes and you have the right to refuse and/or end therapy at any time.

There is legal privilege in this state protecting the information you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

There are legal exceptions to confidentiality. The following are situations that may require or allow me to break confidentiality and share information with others:

- a) You provide written authorization for me to share confidential information with a specific person or persons (a signed Release of Information form—"ROI"). You have the right to revoke this authorization by providing a written statement of revocation;
- b) Where there is reason to suspect the risk or occurrence of abuse or neglect of a child, dependent adult, or a developmentally disabled person (RCW 26.44, Washington State's mandatory child abuse reporting law);
- c) Where there is a clear threat to do serious bodily harm to yourself or others. This is especially true if there is intent, a plan, and means to do so;
- d) In response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint;
- e) If you are involved in some legal action, it is possible that a court order might require that I provide the court with evidence relating to your sessions. If this should occur, I would prefer to work with you to prevent or limit such action;
- f) If you bring charges against the counselor.

For a more detailed explanation of these terms please consult the Washington Department of Health, Health Professions Quality Assurance Office, <http://www.doh.wa.gov/hsqa/> or (360) 236-4700. When it is possible, we will discuss any exceptions to confidentiality as they arise.

As an ongoing part of my clinical development to provide you with the best care and my continuing work toward state licensure, I do consult with my supervision group and other counseling professionals. These consultations are conducted such that confidentiality is held in the highest regard. Only your first name if any is used and no details are shared that could be used to identify you. Should it become evident that there is familiarity with you or your case, then said consultation will be terminated.

I occasionally see members of couples or families in counseling on an individual basis. I abide by a "No Secrets" Policy, which all individuals must read and sign during our first session.

Adolescents have some rights to confidentiality, and parents of adolescents have some rights to information regarding their children. If the identified client is an adolescent, we will review confidentiality and privacy rights of adolescents during our first session. The client and parent(s) initial here to indicate that this information has been reviewed to your satisfactions. \_\_\_\_\_

I do not "friend" clients on Facebook or any social media and will, if deemed necessary for your privacy and mine, block my account on said social media.

All messages you leave on my voicemail at (425) 238-2765 are confidential. I check my messages on a regular basis and will return your call as soon as possible. I do try to return all calls within 24 hours. I will communicate via email for scheduling purposes, clarifying questions, emergencies, and some consultation/coaching purposes. Please be aware that email is not a secure form of communication. Relevant email communication between us will be printed out and put in your client file, at which time it is deleted from my mailbox server.

Please initial here if I have your permission to communicate via text on the cell phone numbers listed on your Intake Form. \_\_\_\_\_

Please initial here if I have your permission to communicate via email on the email addresses listed on your Intake Form.

\_\_\_\_\_  
Please initial here if I have your permission to leave voice mails on the cell phone numbers listed on your Intake Form.

\_\_\_\_\_  
Your signature below indicates that you have read and understood the information presented in this Disclosure and Informed Consent Form. Your signature below indicates that you have been given the opportunity to discuss any questions with your provider, Robin Barre, MA, LMHA.

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*Client's Signature*

*Date*

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*Client's Printed Name*

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*Parent's/Guardian's Signature*

*Date*

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*Parent's/Guardian's Printed Name*

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*Counselor's Signature*

*Date*

Robin T. Barre, LMHA

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*Counselor's Printed Name*