

**Robert Oberlander, L.M.H.C.**  
Behavioral Health Associates  
444 N.E. Ravenna Blvd. Ste. 301  
Seattle, WA 98115  
Phone 206-218-7432

## **Disclosure Statement**

### **Purpose of this Information**

This document is intended to provide general information about office policies, limits of confidentiality, fees, emergency procedures, collections, my professional background, grievance procedures, etc. If you have any questions about me, your treatment, business practices, etc., please feel free to discuss them with me at any time.

### **Privacy and Release of Information**

Services you receive in this office are confidential, except in the circumstances listed below:

1) Threats of harm to self or others; 2) Abuse of a child, vulnerable adult or developmentally disabled person; 3) A Court Order to release information; 4) Subpoena of treatment records by an attorney, in which case you must obtain a protective order from the Court within 14 days; 5) Situations in which a patient brings a complaint or legal action against a treatment provider; 6) If you will be applying your health insurance benefits, I may be required to provide information to your health plan, including some or all of your record of treatment, for your carrier to pay for services. By signing this form, you consent to release of that information to your health plan; 7) If you are a party to a child custody litigation at any time in the future, the Court may order release of information about your treatment in this office; 8) In some instances, as provided in Washington law, information about your health care may be exchanged with other health care professionals involved in your treatment. In circumstances other than these, I will not release information about your treatment without your authorization.

### **Emergency Contact**

I carry my cell phone and will return calls as soon as possible. Please identify if your situation is an emergency. **If you need more rapid attention for your own or someone else's safety while waiting for a return call, you may phone the Crisis Clinic (open 24 hours a day, seven days a week) at 206-461-3222, or phone 9-1-1, or report to the nearest hospital emergency room.**

### **Patient Records**

A file is kept of the services you receive at this office. You have a right to see that record and to copy it at your expense. You may ask that factual errors in the record be corrected. You may authorize in writing that copies of that record be released to entities you designate at your expense, per Washington State Law.

### **Insurance and Patient Responsibility**

It is your responsibility to contact your insurance carrier to verify your benefits.

### **Fees and Payment**

Payment for charges not covered by your health insurance (including co-payments, co-insurance and deductible amounts) is due in full at the time of service. Any exceptions to this must be discussed with me.

## **Late Cancellations and Missed Appointments**

If you are unable to keep an appointment you have scheduled, you must provide one full business day's notice. Not to do so results in your being charged the full amount of the session. Note that health plans will not pay for any part of a missed appointment.

## **Grievance Procedures**

If you have any questions or concerns regarding any aspect of your treatment, you are encouraged to discuss them with me. If you can't reach a resolution and if you feel that the problem is serious, you can file a complaint with the **Department of Health**

**P.O. Box 47869**  
**Olympia, WA 98504-7869**  
**Phone: (360) 236-4900**

## **About Counseling**

Therapy (a word I use interchangeably with counseling) is a collaboration between you and me. The general purpose is to help you move toward fulfilling life-goals. To facilitate that, we identify, thoughts, feelings and behavior that may be getting in your way. We use your strengths as a basis for moving toward your goals. Therapy may include "homework" or discussion of, and/or referral for medication if appropriate.

## **About the Counselor**

I am a Licensed Mental Health Counselor in the State of Washington (#LH00006447) and state-approved Child Mental Health Specialist. I have provided counseling and related services since 1975. I work with adults, adolescents, children, couples, families and groups. Prior to 1975, I taught special education. I have specialized background in working with children and adolescents with attention, learning and behavioral disorders. I've also led divorce groups for a number of years. I received an M.A.degree from Northeastern Illinois University and an M.C.degree (counseling) from Seattle University.

## **Fees**

Fees are \$115 for the first appointment and \$85 for ongoing appointments. Adjustments can be made on a case-by-case basis.

## **Statutory Language**

Counselors practicing counseling for a fee must be registered or licensed with the Dept. of Health for the protection of the public health and safety. Registration of an individual does not include recognition of any practice standards, nor necessarily imply the effectiveness of treatment.

## **Sole Clinician**

Although I share a collective name, Behavioral Health Associates, with another clinician, I am the only therapist involved in any way with the services you receive and records of those services.

## **Agreement**

I have had the opportunity to read this document and ask questions if desired. My signature below conveys my understanding of the terms of this document, my agreement to abide by them, and my consent to receive services.

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Patient, parent or legal guardian

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Date