**Disclosure Statement**

**Colleen Barrows, MA, LPCC**

**Mental Health Counselor**

**Northwoods Clinic, Delaware, OH**

**License #1901505**

**Therapeutic Approach**

I draw on various theories, careful to consider the needs of the client before me. Some of these theories would include dialectical behavioral, attachment theory, narrative therapy, family of origin, art and play in therapy, and relational therapy theories. The ways that we have learned to relate with others has a profound impact on our mental health. For this reason, we will work with the specific symptoms that you may be experiencing, and we will also consider the relationships in your life that have shaped you and continue to do so, as these are inseparable from our mental well-being. I believe that feeling secure and safe is the most important thing in beginning the process of counseling, so any concerns or questions you have around how our time will unfold are most welcome. I will offer referrals for areas of need that are beyond my expertise.

I specialize in working with children, adolescents and women, most of my experience with these individuals being around abusive and crisis situations and the trauma therein. I enjoy working with women’s issues, self-esteem concerns, domestic violence concerns, abuse victims, depression, anxiety, and those struggling relationally. With children (and occasionally with adults), I utilize play and art in the therapeutic setting, believing that this is important to creating a safe space in which communication can occur.

**Qualifications**

I am a Licensed Professional Clinical Counselor with training from The Seattle School of Theology and Psychology, where I earned my degree in Counseling Psychology.

I regularly seek consultation from colleagues as well as a licensed supervisor to discuss your treatment and for the purposes of improving my work with you. All information is shared confidentially and remains so.

**Fee and Payment Information**

Payment of fees is expected at the time of the appointment and sessions begin at the scheduled time. The ongoing individual (50-53 minute) session fee is $120 , and I offer a $95 reduced fee for students. The standard group (90-120 minute) session fee is $65. For those who qualify, I offer a sliding scale fee, as well. Rates upon request.

If you need to cancel your appointment, please let me know at least 48 hours in advance. Missed sessions or cancellations within 48 hours of a scheduled appointment will be charged at the hourly fee. Charges for missed sessions cannot be billed to insurance.

**Insurance**

Insurance company carriers, plans, coverage and provider contracts are so varied in regards to mental health benefits that *there is no way of guaranteeing that your insurance plan will cover my services for your diagnosis and counseling*. Although I automatically bill insurance for all my clients unless requested to do otherwise, I *STRONGLY* advise each client to call their insurance company to *estimate* what coverage *may* apply *before* entering into therapy. Insurance companies require a formal diagnosis to determine eligibility for payment. Also, be aware that insurance company contracts with both clients and providers include authorizations to review actual counseling case notes if they request to do so. Insurance benefits are received directly to my office.

**Contact Information**

I am able to be contacted by both phone (937-594-3050) and by email (colleenbarrows@thecounselingcollaborative.com). Please leave a message and I will do my best to respond to you within 24 hours.

Please be aware that although my voice mail and email are confidential and protected as best I am able, there is a greater risk to confidentiality. Please reserve for our inperson time any important therapeutic information. Do not use my voice mail or email for any disclosure of life threatening emergencies. If you cannot reach me immediately, see below.

**Emergencies**

For emergencies, you may dial **911** or call the Crisis Clinic at **(**614) 221-5445.

**Rights and Responsibilities**

I appreciate that you have selected me for these services. Please be aware that your participation in this therapy is voluntary and you may terminate these services at any time without additional cost. You will always maintain the right to select another therapist. You have the right to ask me to review my treatment approach at any time and you may request changes as you deem appropriate. You have the right to review your records and, upon written request may receive a copy at any time.

Counselors 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 implies the effectiveness of any treatment.

The Counselor Credentialing Act regulates counselors in order 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.

**Confidentiality**

All records kept relating to our sessions together will kept strictly confidential with the following exceptions: 1) I will release information to your physician, attorney, other mental health professional or your insurance if you sign a release of information form, 2) If you present an imminent threat to yourself or another, 3) in cases of suspected abuse to another individual, 4) information shared that suggests the commission of a crime 5) under court order.

**Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and agree to the above policy and give my informed consent for services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date Therapist Signature Date

**REGULATION OF HEALTH PROFESSIONS --**

**UNIFORM DISCIPLINARY ACT**

**Unprofessional conduct**

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not.  If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action.  Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based.  For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended.  Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed.  The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or

(d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;

(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Violations of rules established by any health agency;

(12) Practice beyond the scope of practice as defined by law or rule;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession.  For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended.  Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The procuring, or aiding or abetting in procuring, a criminal abortion;

(19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(20) The willful betrayal of a practitioner-patient privilege as recognized by law;

(21) Violation of chapter 19.68 RCW;

(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;

(23) Current misuse of:

(a) Alcohol;

(b) Controlled substances; or

(c) Legend drugs;

(24) Abuse of a client or patient or sexual contact with a client or patient;

(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

Complaints concerning any of the above information should be directed to:

Department of Health

1112 SE Quince Street

PO BOX 47890

Olympia, Washington 98504-7890

DOH Consumer Hotline - (800) 525-0127

Health Profession Licensing - (360) 236 - 4700