

# MELISSA WOOD BREWSTER, LICSW, PLLC

## PSYCHOTHERAPIST & CONSULTANT

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(206) 409-1266 • melissa@woodbrewster.com • woodbrewster.com

## PROFESSIONAL DISCLOSURE STATEMENT

### **Introduction and Counseling Approach**

I am a licensed Independent Clinical Social Worker in the State of Washington (# LW00004211). I received my Masters in Social Services in 1998 at Bryn Mawr College, Graduate School of Social Work and Social Research and I received my Bachelors in Sociology at Kenyon College. I provide psychotherapy for adults, working with individuals, couples, and groups. My approach involves a systemic perspective, integrating several counseling approaches including cognitive, psychodynamic, relational and mindfulness. I enjoy working with others to help them find meaning in their lives, identify their voices and individual truths and understand their role in relationships.

### **Fees**

My fee is \$140 for an initial one hour evaluation and \$125 for each 55 minute on-going session. Payments are due at the time of service. If you choose to use your health insurance and I am a preferred provider, I will bill my services at the contractual rate.

### **Cancellation Policy**

Your appointment time is held especially for you. Missed appointments and appointments canceled less than 24 hours in advance will be billed at my hourly rate (\$125). Charges for late cancellations are NOT covered by your insurance.

### **Communication Policy**

In order to ensure effective communication between us during the therapeutic process and to protect the privacy of your treatment, the following guidelines are important to understand. Ideally, all communication between us occurs in person at our sessions. When it is necessary to communicate between sessions, I ask that you contact me by phone or email. Phone is preferable when discussing a therapeutic issue and email is used strictly for scheduling, however, it is important for you to know that I can not protect your privacy or guarantee confidentiality if we communicate by email. I do not text with clients, unless we agree that this is necessary for your treatment. In addition, I do not communicate with clients through social media sites online (Facebook, Linked In, etc.).

### **Emergency Services**

If you are experiencing a crisis and need immediate assistance, please call 911 or contact the King County Crisis Line at (206) 461-3222 or (206) 461-3219 for deaf callers. For less urgent matters, you may leave me a message on my voice mail and I will return your call by the next business day.

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## **Confidentiality**

I am bound by professional ethics to protect client rights to confidential communications with regard to their involvement in counseling. For this reason, if you want information released to anyone about your participation in therapy, you will be required to sign a "Release of Confidential Information." This confidentiality has the following exceptions as provided by law:

- In the event of a medical emergency, emergency personnel or services may be given necessary information.
- In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
- In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
- If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
- If you bring a complaint against Melissa Wood Brewster with the State of Washington, Department of Health, information will be released.
- If an attorney in the State of Washington subpoenas records, they will be released unless you file a protective order within 14 days of the subpoena.
- In the event of the client's death or disability, the information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.
- In the event the client reveals the contemplation or commission of a crime or harmful act, Melissa Wood Brewster may release information to the proper authorities.
- In the case of a minor client, information indicating that the client was the victim of a crime may be released to the proper authorities.
- For purposes of billing insurance, or for an audit either by third party payer, or outside funder.

## **Notice to Clients**

It is your responsibility to be an informed and active consumer of your counseling services. You have the right to ask questions at any time about the procedures used during therapy and to receive answers that make sense to you. You have the right to receive respectful treatment in a safe environment that is free of physical, sexual, and emotional abuse. You have the right to refuse treatment and end therapy at any time, with or without notice to the treatment provider, without legal, moral, or financial obligation, except to pay for treatment already received. If you wish, you will be provided with the names of other qualified psychotherapists. I keep a record of the mental health services provided to you. You have the right to see and/or copy that record at your expense. You may also ask to correct that record.

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“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 recognition of any practice standards, not necessarily imply the effectiveness of any treatment.” I hope you will address any questions or concerns with me. You may also contact the Department of Health:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
Phone: 1-(800) 368-1019  
Fax: (202) 619-3818  
Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

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## ACKNOWLEDGMENT OF RECEIPT OF DISCLOSURE STATEMENT AND NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_ acknowledge that I have read the information provided in the Disclosure Statement and Notice of Privacy Practices for Melissa Wood Brewster, LICSW, PLLC received a copy of each, and that I accept the terms describes within.

\_\_\_\_\_  
Client(s) or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client (if Personal Representative)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date