

## Disclosure Statement

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**Training and Degrees:** I received my Bachelors in Educational Ministries in 2001 from Seattle Pacific University. For the following five years, I worked with high school and college students as a youth director. In 2008, I began working as a teacher/counselor at a small international boarding school north of Seattle. I graduated with my Master of Arts in Counseling Psychology from The Seattle School in 2009, completing a one-year counseling internship under the supervision of Dr. Dan Allender and Laura Wade Shirley, MA. This internship included training in marriage, family, and individual intervention. I am also a Licensed Mental Health Counselor in the State of Washington (#LH60310936).

**Personal Therapeutic Approach:** I use a relational and psychoanalytically-minded mode of therapy that focuses on collaboratively exploring the issues that restrict your ability to relate, grow, and function. This happens by understanding the unconscious and conscious biological, psychological, and sociological elements of your life. Because relationships are the backdrop for how we see ourselves and our presence in the world, we will explore the ways that you participate in relationships, both past and present. Oftentimes, these healing ventures can be disruptive and emotionally difficult, and it is possible for you to feel worse before eventually feeling better. By paying close attention to these disruptive relational themes, we can explore the issues that come up in our time together, both in regards to past experiences and current relational issues. The overall goal is to help you discover new ways of being in relationships and experiencing peace and wholeness in life. The length of therapy depends on the various issues that are being explored and the time it takes to pursue your personal goals. I believe that some issues can have a physical component; in such cases, medical consultation could be advised.

**Billing and Insurance Information:** The fee for an initial consultation and intake is \$125.00 for 50 minutes. The fee for counseling will be \$\_\_\_\_.00 per 50 minute session. You will be charged for a missed appointment if you have failed to notify me within 48 hours of our scheduled time. For clients in which treatment includes multiple sessions per week, please be aware that I need to be notified at least 7 days in advance of any absences, otherwise the session(s) will be considered missed sessions, and therefore charged at full rate. Fees may increase periodically, and thus the fees are subject to change with two weeks prior notification.

*If your insurance provider will be covering the cost of your counseling then you need to make arrangements with them to reimburse you directly, unless we have made an arrangement for me to bill them for their portion that is due. In cases where I am not billing them, you are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. I will be glad to fill out any part of the form that is necessary. If I do end up billing your insurance company, please note that charges for services rendered will need to be paid if your insurance company denies the claim(s). If there is any reason for me to be in contact with your insurance company for billing or reimbursement, your signature on this disclosure statement serves as an authorization to me to release your public health information related to the treatment.*

**Choosing a Counselor:** You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

**Confidentiality:** There is a legal privilege in this state protecting the confidentiality of the information that 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 situations are those in which the information you have shared with me may be shared with others.

- 1) The client gives written permission to share confidential information.
- 2) Anything that suggests a crime or harmful act.
- 3) If the client is a minor, and there is indication that she/he was the victim or subject of a crime.
- 4) The client brings charges against the counselor.
- 5) In response to a subpoena.
- 6) As required under chapter 26.44 RCW.

When it is possible, we will discuss any exceptions to confidentiality as they arise.

**Professional Affiliation:** I am a private practitioner providing mental health services, licensed to operate a business by the State of Washington and the cities of Seattle and Renton.

**Consultations:** I regularly consult with my supervisor, Doug Hansen, MSW, ACSW, and other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

**Scheduling Appointments:** Appointments are generally made on a regular basis and are usually 50 minutes in length. Duration and frequency vary depending on the nature of your problem and your individual needs.

**State Information:** 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 purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

**Unprofessional Conduct:** The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number:

Department of Health, Counselor Programs  
P.O. Box 47869  
Olympia, WA 98504-7869  
360.664.9098

**Contacting Me by Phone:** If you need to contact me by phone, do not hesitate. When I am not available, feel free to leave a voice message. I am usually able to return calls within 24 hours. You will not be charged for phone calls unless we have a scheduled conversation of an information-exchanging or problem-solving nature that lasts more than ten minutes. If you cannot reach me in an emergency, can find help at the Emergency Services number of the local hospital: 1-800-244-5767

**Freedom to Withdraw:** You have the right to end therapy at any time. If you wish, I will give you the names of other qualified psychotherapists.

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*Informed Consent: I have read and understand the information presented in this form.*

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Client Signature

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Date

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Therapist

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Date