

Rebecca Brabo Silva, MA, LMHC  
7724 35<sup>th</sup> Ave NE, #15416, Seattle, WA 98115  
Disclosure Statement

*Current Practice Information*

I am currently conducting therapy primarily via telehealth using a HIPAA compliant version of Zoom. Should in-person therapy become available and you are interested in meeting in person, I can inform you when I have availability.

*Areas of Practice*

I currently treat adults and adolescents with a variety of concerns and diagnoses in individual, and group therapy. I work with clients on a variety of issues such as grief and loss, family of origin issues, trauma, mood instability, and self-esteem. Areas of specialty include women's reproductive issues and their subsequent effects on mental health.

*Treatment Philosophy and Methodology*

An assessment is made of each client's strengths and development; a treatment plan is composed based on the needs presented by the client. My theoretical approach stems from Psychodynamic Psychotherapy as a guide to attaining deeper meaning in relationships and life.

*Ethical Considerations*

I consider anything that acts in contrary to the health and well being of my clients to be unethical and will act accordingly to rectify any such situation. Should you require services which are not offered by my office, I will provide you with referrals for another clinician.

*Confidentiality*

Under most circumstances our sessions are completely confidential. There are some circumstances however, in which I am required by law to report information about our sessions. These circumstances include: if you are threatening bodily harm to yourself or someone else or if there is suspected child or elder abuse, or abuse of the disabled. If my records are subpoenaed, then I am required to provide them. This is rare and would only occur if you were involved in a court case. In addition, I regularly review my work with a professional psychotherapy consultant and a professional consultation group. If and when it is necessary to consult with these individuals regarding our work together, I will make every effort to protect your anonymity. If you choose to use your insurance to cover the payment of my services, information will be released to your insurance company to process the claim.

Please Initial I understand the parameters of confidentiality.

*Fees*

My current fee for services is \$170 per 53-minute hour. Sessions start at the appointed time and are not extended into another client's time if you arrive late.

Please Initial If you are unable to keep an appointment please cancel with at least forty-eight (48) hours notice to avoid being charged *the full amount* for the missed session.

My signature below indicates I have read and understand the information in this disclosure statement. It also authorizes any payment of insurance benefits to Rebecca Brabo Silva, MA, LMHC for covered services, and further authorizes release of any information necessary to process this claim. I am responsible for any co-pay, including deductible, and other amounts not covered. If I fail to pay for services, I accept that my account can be pursued by a collection agency. All fees are due at the time of service unless prior arrangements have been made.

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Client Signature

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Date