

**Beatriz “Bea” M. Roskopf, M.S.W., LICSW**  
**Emmaus Counseling Center**  
(425) 869-2644, Ext. 49

**CLIENT DISCLOSURE AND OFFICE POLICY STATEMENT**

**My Experience and License**

I received my Master’s degree in Social Work in 2001 at the University of Texas - Pan American in Edinburg, Texas and have worked with a wide variety of clients since then. My Bachelor’s degree is also in Social Work from the same University.

While attending graduate school I worked for The Department of Family and Protective Services. I investigated child abuse and worked with the families involved in my caseload. I remained with the TDFPS until August 2002 when I began working for the Diocese of Brownsville as a School Counselor. I rotated between five private Catholic School where I provided an array of services, including classroom guidance, individual and group counseling, and worked closely with teachers to develop positive working strategies when dealing with challenging children. While at the school, I also delivered a Child Sexual Abuse Prevention Program for children ages 5 to 13. While at this position, I worked closely with parents and maintained a Self-Esteem, Anger and Grief/Loss Group for children of various ages/developmental levels.

In 2007 my family and I moved to Ada, Oklahoma where I began my Clinical Social Work Supervision. Also from 2007-2015 I worked for Oklahoma Families First, Inc. as a therapist. At this agency, I saw an array of clients and had the opportunity to treat many disorders. Also, in this agency, I worked with children in Foster Care and parents who were seeking help in learning the skills they needed to get their children back home. In 2012, and due to a personal matter, I was introduced to Neurofeedback. Neurofeedback, or EEG-based Biofeedback, is a learning strategy that enables individuals to alter their brainwaves. As my interest in Neurofeedback grew, in 2013 I accepted a full-time position with Biofeedback and Counseling in Ada, OK and attended a week-long introduction to EEG-Biofeedback in LA to learn more about the technique. The conditions I treated with EEG-Biofeedback have been; Traumatic Brain Injury, ADD/ADHD, Bipolar Disorder, Seizures, Panic Disorder, Anxiety, Anger, Sleep Disorders, Tourette’s Disorder, Conduct and Rage Disorders, Chronic Pain, Enuresis, Depression, PTSD and many more. While at this agency I also treated clients while using Tapping technique and help parents learn “*Love and Logic*” parenting skills. In June 2016, I left Oklahoma to relocate with my family to Washington State.

Since obtaining my LCSW, I have received continuing education in the following areas: Trauma, parenting, attachment theory, mental health law and ethics, solution focused therapy, play therapy, crisis intervention, anxiety disorders, trauma, and mood disorders. Through case consultation and supervision, I have informally received further education in a number of additional areas as well. I attend educational seminars and participate in educational webinars several times a year to continue my professional education.

I have a Washington Clinical Independent Social Work License LW60648038.

**Fees, Cancellation Policies, and Emergencies**

Please note that I am a provider on some but not all insurance panels. If you are planning on using your insurance for mental health services, please verify that I am contracted with your plan prior to the first visit. Emmaus Counseling Center’s billing staff will submit claims to your insurance company following each office visit.

My rate for those paying full fee (i.e., no mental health insurance coverage) is currently \$150 for the initial assessment and \$130 for each 50-minute session thereafter.

If for some reason you do not come to a scheduled session, I request that you either cancel at least 24

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hours in advance or pay a missed session fee of \$80. Insurance cannot be billed for missed sessions. However, I will not charge you for sessions missed due to a sudden illness or accident. If this occurs, please call as soon as you can. My voice mail will take your calls any time, but I don't carry a beeper and may need up to a day to respond.

### **Termination of Treatment**

If one-month lapses between appointments, your chart will be terminated and closed. All legal responsibilities concerning your care will also be terminated. The month lapse includes when you may have been on the calendar but ended up cancelling appointments or "no-showed". Basically, you have to be physically seen in the office once a month to hold your space. If you are going away from treatment for more than one month or if you decide to spread out your appointments for longer, you have to discuss that with me to be able to hold your chart open. Once your chart is closed, another patient on our waiting list will take your place. Appropriate referral will be given at the last session if necessary. You have the right to decide to start, stop, or end treatment at any time and receive referral elsewhere. We encourage an open discussion about this, or any questions you may have throughout treatment.

### **Confidentiality**

In general, whatever is said during your sessions with me is held in strict confidentiality, meaning I will not discuss you or our work with anyone else except in my own strictly confidential professional consultation, unless you sign a release of information form allowing me to discuss our work with another person (e.g. your physician, school counselor, previous therapist), or unless a judge orders me to release my records to the court and/or testify.

In the State of Washington, all clients age 13 and older are legally required to sign a release of information in order for mental health information to be shared.

There are some exceptions to confidentiality. State law requires that professional counselors must respond protectively by notifying the appropriate authorities if we are informed of the physical or sexual abuse of a child, a disabled person, or an elderly adult. State law requires me to report knowledge of a client's serious threat or intent to harm self or others, or inability to care for oneself. In instances where I am required to take such action, I also want to carry out this responsibility in a way that promotes the best counseling or therapy for my client's individual needs.

The rules of confidentiality can on rare occasions create dilemmas. For instance, say that perhaps during therapy you tell me you have a new friend, or romantic partner or boss, and it turns out that some years ago that person was a client of mine. Despite my desire to be open with you, I can't tell you that I know him or her, because I would be breaking the confidentiality of my work with that person.

If you have any questions about confidentiality, please discuss them with me.

### **Professional Practice and Orientation**

Based on your needs, our work can be focused in one of three ways:

**Consulting** involves a brief exploration (sometimes only a few sessions) of a specific concern or crisis. My aim is to help you mobilize your thinking and develop strategies for action about the matter in question.

**Counseling** is a more extended exploration of a particular problem, because some problems require more attention and more time for resolution. Career changes or relationship concerns could apply in this context.

**Psychotherapy** involves a close attention to personal experience. In this mode of work, we try to discover the patterns and periods in one's development that have been formative in impacting the current

barriers to a fully vital, productive, and satisfying life. Psychotherapy offers an opportunity to reflect safely upon, understand, and integrate problems of fear, doubt, immobility, shame, and confusion. More profound experiences of depression, anxiety, trauma, and developmental privations can be thoroughly addressed and resolved.

Depending on your needs and the goals that you want to accomplish, my therapeutic approach may include elements of Psychodynamic, Cognitive Behavioral, Narrative, Solution Focused, Emotionally Focused, Family Systems, Cognitive Restructuring, and/or Developmental Theory. As a systems therapist, I believe that it is helpful to explore the impact of relationships on issues that a client brings into counseling or therapy. When appropriate and especially when working with youth, I believe in involving significant family members in at least some aspects of therapy. Depending on the client’s age, this may require a Release of Information to be signed.

I encourage you to ask me questions about my orientation and approach to counseling and therapy.

**Professional Consultation**

In order to provide the best service possible, I may seek professional consultation on the dynamics and process of your case, if needed. If I discuss your situation in that context, I will not use information that would identify you personally.

**Social Media Policy**

Professional/ethical standards prohibit me from having contact with clients through social media. If you have any questions, please ask.

**Additional Language Required by State Law to Appear on Disclosure Statements**

(WAC 308-109-040) Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing 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’s purpose is (A) to provide protection for the 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.

(SHB 1828) You may ask to see the records of any mental health care provided to you kept by this office. You may ask to copy these records. You may ask this office to correct those records, if you believe the information within your record is in error, and a copy of your correction will be placed in those records at your request. This office will not disclose your record to others unless you direct us to do so, or unless the law authorizes/compels us to do so.

Counseling clients are to be informed that they as individuals have the right to choose the counselors who best suit their needs and purposes.

For additional information on state laws governing counseling and client rights, please read the state’s brochure (attached).

**Addendum**

All clients receiving mental health services at Emmaus Counseling Center are welcome to contact the clinic director, Richard Wemhoff, Ph.D., with any concerns about their treatment at the Center.

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After you sign the attached consent, please keep this Disclosure Statement for your records.



By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, that you read and fully understand these rights, and have been given the opportunity to ask questions.

By signing this document, you are attesting to your consent to participation in counseling services provided by Beatriz M. Roskopf, M.S.W., LICSW.

_____	_____
Client Signature	Date
_____	
Print Name	
_____	_____
Beatriz M. Roskopf, M.S.W., LICSW	Date