

Disclosure Information/Informed Consent

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Education, Training, and Experience. I hold a master's degree in social work from the University of Michigan. I am licensed through the Washington State Department of Health as a Licensed Independent Clinical Social Worker (LICSW). My license number is LW60480977. I am additionally credentialed as a Board Certified Diplomate (BCD), a Certified Clinical Trauma Professional-Level II (CCTP-II), a Certified Grief Counselor (GC-C) and I hold a certification in EMDR.

My clinical experience since graduating in 2005 includes settings in community mental health, residential settings, outpatient care and clinical assessment with children, adolescents, adults, older adults and veterans, high risk clients and cognitively impaired adults. My clinical focus includes specialized expertise with trauma or abuse and loss and grief, and training in treating depression, anxiety, and other disorders among adolescents and adults. I have been trained in Cognitive-Behavioral Therapy, Eye Movement Desensitization and Reprocessing therapy, Dialectical Behavior Therapy and Motivational Interviewing.

Therapeutic Approach. My theoretical orientation is humanistic, and is based on the biopsychosocial and person-in-environment models which state that human beings can be affected psychologically by biological, psychological, social and environmental factors, that these are all interrelated and should be included as aspects of care. Treatment involves the use of one or more of the therapies listed above.

Course of Treatment, When Known. The first step is a comprehensive initial assessment. Following the assessment, you and I will develop an individualized goals-based treatment plan that will address the issues that you have identified and treatment will begin. I may assign 'homework' for you to do, to practice skills learned during therapy.

Our Roles. My role is to provide therapy services to you. Counseling varies depending on the personality of the client and the therapist. I believe in partnering with my clients to identify problems, goals and solutions. Treatment requires active effort on your part. This process may require talking about unpleasant aspects of your life. Treatment has benefits and risks. Risks may include feelings of sadness, hopelessness, suicidal ideation, guilt, anxiety, frustration or anger. Benefits may include reduced stress, better relationships, increased insight, self-compassion, self-acceptance and enhanced problem-solving skills. There are no guarantees about what will happen.

Clients' Rights and Responsibilities. As a client, you may end your counseling relationship at any time. Your role in therapy is to make a commitment to change and grow, take responsibility for your own life, set goals for therapy, and work on your goals between sessions. Counseling is most effective when it is viewed as one of the most important things in your life. You are responsible for taking charge of your mental health and following your treatment plan that we create together. Frequent absences, frequent rescheduling of appointments, or not following the treatment plan can result in termination of services. It is important that you are motivated, involved, and willing to attend consecutive appointments to see progress and results.

Notice of Privacy Practices. If you are concerned that I have violated your privacy rights or you wish to discuss a clinical issue with me, please speak to me about it in a session or contact me by phone. You may also contact the Washington State Department of Health. Under the law, clients of counseling services have rights and responsibilities:

1. The right to refuse treatment, to change counselors or receive a referral to another counselor.
2. The responsibility to choose a provider and treatment modality that best suits their needs.
3. The right to raise at any time any question about the counselor's training, the therapeutic approach and/or the progress of treatment.
4. The right to access and review the record of the health care services provided to you. You may request to see and to make a copy of that record. You may also ask to correct the record. The record cannot be disclosed to others unless you direct me to do so or unless the law authorizes or compels me to do so.
5. The right to confidentiality and privileged communications. Information can only be released to others with your signed consent unless one of the exceptions established by law should arise: **a)** If I become aware that you may be abusing, exploiting or neglecting a child under age 18, a developmentally disabled person, or an elderly person, a report must be made to the appropriate authorities (RCW 26.44); **b)** If you become a danger to others, I must protect the other person(s) and you by warning the other person(s) at risk and report the danger to the appropriate authorities; **c)** If you become mentally ill and become unable to take care of your basic needs or become a danger to yourself or others and also refuse treatment, I must report your condition to the authorities; **d)** under certain select circumstances the court may order your treatment records be released to another party involved in litigation with you or as ordered by the court; **e)** as part of third-party reimbursement (typically insurance) or collection of debt; and **f)** in defense of a malpractice suit or a professional complaint.
 - a. Electronic communication. Due to HIPAA regulations regarding protected health information and electronic communication, texting is not permitted.

Legal Proceedings. It is agreed that, should there be legal proceedings (such as divorce, custody disputes, injuries or lawsuits), neither you nor your attorney(s), nor anyone acting on your behalf will call on me to testify in court or at any other proceedings, nor will a disclosure of psychotherapy or counseling records be requested. If subpoenaed or ordered by an authorized court of law, I may be required to release confidential information. Time for preparation and/or attendance in court will be charged as permitted by law. If I am ever placed in the position where I need to resist disclosure on your behalf, you agree you will be responsible for all attorney's fees.

Dual Roles. I abide by the National Association of Social Work Code of Ethics, which precludes dual roles. Counselors are obligated to establish and maintain appropriate professional boundaries with clients. These relationships do not allow for business, social, sexual, or any other dual relationship that impairs clinical objectivity, effectiveness, or the client's welfare.

Consent to Treat (*Please Initial Boxes Below and Sign and Date on the Signature Line*):

_____ I authorize Jason Chastain of Chastain Counseling, LLC to provide therapy services for myself. No guarantees have been given by Jason Chastain as to the results that may be obtained. I indemnify and hold harmless the psychotherapist from any and all claims arising directly or indirectly from services rendered under this agreement. Such indemnification shall include reasonable attorney's fees and costs.

_____ I hereby acknowledge that I have read and understand the privacy practices as explained above. I understand if I have any questions regarding my notice of privacy rights, I can contact my therapist.

_____ I understand that Jason Chastain does not give reminder calls or texts. It is my responsibility to keep track of my appointments.

Print Client Name _____

Client Signature _____ Date _____

Parent/Guardian Signature _____ Date _____