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Disclosure Statement

Purpose of This Document:

The American Psychological Association as well as both State and Federal law require me to provide you with information intended to assist you in making informed choices along your therapeutic journey. As a therapy client, you have the legal right and responsibility to choose a therapist and treatment philosophy that best suits your particular needs. Should you, at any time, have questions or concerns about your therapeutic care or the information contained in this document, please do not hesitate to discuss them with me.

Education, Training, and Experience:

I completed my undergraduate education at the University of Central Florida in 2004 with a Bachelor of Science in Psychology. During my undergraduate coursework, I worked as a counselor at a women's chemical dependency rehabilitation clinic serving both adolescents and adults in an individual and group capacity. In 2013, I received my Masters of Arts in Psychology with a focus in Existential-Phenomenology from Seattle University, one of only a few schools in the country that teaches this particular perspective. During my graduate coursework, I interned at Sound Mental Health working in adult services as well as children & family services outpatient treatment. Over the course of my work, I have had experience in and been drawn to issues surrounding relational conflict, trauma & post-traumatic stress, anxiety, depression, survivors of severe bullying, alienation & isolation, grief and loss, creative struggles, existential crises, major life transitions, crises of identity, microaggressions and insidious trauma, addictions, and boredom/meaninglessness. I have experience leading and co-facilitating group sessions and am continually inspired by the power of community towards healing and recovery. Since 2014, I have been giving research-backed presentations at conventions related to harassment in online gaming communities, culture and identity in online gaming, and the importance of representation in media. Since 2016, I have been a part of an intensive Gestalt training community and have a passion for bringing the potency of this modality into my work. Additionally, I regularly seek inspiration, education, and training in order to grow as an individual and as a psychotherapist. As a result, I routinely attend relevant workshops and seminars as they become available.

Treatment Philosophy:

Above all, I feel the therapeutic process to be a unique, creative collaboration in which healing and growth are made possible through the shelter of a relationship where you can feel unconditionally safe and respected. Because of this, I place a great focus and importance on our relationship and creating a supportive, non-judgmental environment in which you can more comfortably and freely explore potentially uncomfortable or painful topics.

I choose to use an integrated therapeutic approach that is continually informed through a wide range of studies, but is always at the core client-centered and humanistic. This means that *I am concerned*

with your experiences as lived and understood by you. Together, we will pay special attention to the meanings you carry from your experiences and how they may affect the quality of your relationships, sense of self, and fundamental ways of being in and navigating the world.

Though we may often discuss the past, including your family of origin, our work will not be fixed on what has been. Rather, we will reflect on how you embody your personal history in the here and now of the present moment. In other words, we will consider how the “what-has-been” influences the “what-is” and how this can shape the “what-could-be.” Through this narrative process and dialogue, we will create new meaning and understandings together. Working with the strengths you already possess, it is my goal to help you be able to live a life that is more stable, connected, meaningful, and open to more possibilities and choices.

Please note that therapy is also a complex and non-linear process where ups and downs are more than common; they are an invaluable part of the growth and healing process. Take solace in that you are not in this alone. We are partners in this process and I am committed to assisting you throughout it.

Payment and Scheduling Policy:

I currently accept cash, credit cards, and personal check payments made payable to **Face the Sea, PLLC**. I can always provide a receipt for services upon request. My regular fee for therapy services is \$200 per 50-minute session for individual appointments and \$225 or \$360 for couples/family appointments per 50-minute session or 80-minute session, respectively. Over the course of our work together, if there is ever a time when you believe you will be unable to manage the financial obligation of therapy, please feel free to discuss your particular situation with me.

I am currently considered an out-of-network provider for all insurance plans. I can supply you with the appropriate documentation required for you to obtain reimbursement from your insurance carrier directly.

Payment is due in full at the beginning of each session and scheduling regular, weekly sessions is therapeutically encouraged. Clients will be financially responsible for sessions cancelled with less than 48-hours notice. I will do my best to work with your schedule and offer alternative appointment times if you are unable to make your scheduled session. If I am unable to make contact with you and you do not schedule for four (4) consecutive weeks, I will assume that you have terminated your therapy with me. Lastly, I do occasionally take vacations and observe major holidays. I will always give you advanced notice of any time I will be out of the office and together we will make the appropriate scheduling arrangements.

Confidentiality:

Any information you share with me, including the fact that you are or have been a therapy client, is protected under strict confidentiality regulations and guidelines. Please note that there are legal exceptions to this confidentiality. These exceptions are: 1) if there is suspected abuse of a child, developmentally disabled person, or a dependent adult; 2) when there is a clear threat to do serious bodily harm to yourself or others, including knowledge that you are HIV positive and there is an unwillingness to inform individuals with whom you are intimately involved; and 3) when required by court order. Additionally, specific information may be disclosed if you sign a written release authorizing this disclosure, which you may revoke in writing at any time.

In an effort to provide the best possible care to you, I regularly meet with a licensed supervisor and am a member of a professional consultation group. Should I discuss our work together with my colleagues, I will maintain your confidentiality by discussing only the content of our sessions and omitting any details that could identify you.

Please see my Notices of Privacy Practices for more information on confidentiality.

State Information:

Counselors practicing counseling for a fee must be registered or licensed with the Department of Health. Registration of an individual with the Department of Health does not include 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: 1) to provide protection for public health and safety; and 2) 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 and Complaints:

If you suspect that my conduct has been harmful or unprofessional in any way and you do not feel safe to discuss it with me directly, please contact the Department of Health at (360) 664-9098 to formally register your complaint.

Emergency Contacts:

If you believe you are in crisis and cannot reach me directly, please call one of the following numbers for immediate assistance:

General Emergencies: 911

24-hour Crisis Clinic: (800) 244-5767 or (206) 461-3222

I have had an opportunity to review this document and have my questions, if any, answered. My signature below represents that I have read and understood the above Disclosure Statement. I further acknowledge that I seek and consent to treatment with Stacey Weber, MA, LMHC of Face the Sea, PLLC. I may obtain a copy of this Disclosure Statement at any time from www.facethesea.com.

Client Signature

Date

Stacey Weber, M.A., LMHC

Date