

## **CLINICIAN DISCLOSURE – PAULINA GRALOW**

The purpose of this document is to provide you with information about Sendan Center, your rights as an individual, the course of treatment, and the team members who are providing psychotherapy to your child, your family or yourself, as well as costs and billing practices, as per WAC 246-809-710.

### *Information about Sendan Center:*

Pacific Northwest Psychiatry, PS, is a professional services corporation, d/b/a Sendan Center, located at 4201 Meridian Street, Suite 113, Bellingham, WA 98226. Our phone number is 360.305.3275.

### *Information about your Rights:*

As an individual, you have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits your needs. You may contact the Department of Health Customer Service Center with any questions or concerns. Phone: 360.236.4700. Address: 310 Israel Road SE, Tumwater, WA 98501. [www.doh.wa.gov/HSQA](http://www.doh.wa.gov/HSQA)

Psychiatry and psychotherapy clients, in addition, or their representatives, may file a grievance to express dissatisfaction in person, orally, or in writing about any matter other than an adverse benefit determination, as defined in WAC 182-538D-0655, to Sendan Psychiatry and Psychotherapy. Sendan Psychiatry and Psychotherapy through its internal process, is responsible to handle the person's grievances. There is no time limit to file a grievance. The ombuds may assist the person in resolving the grievance at the lowest possible level. **Grievances may be addressed to:**

Psychiatry and Psychotherapy  
Sendan Center  
4201 Meridian Street, Suite 113  
Bellingham, WA 98226

The grievance will be handled by Sendan Center in keeping with the mandates of WAC 182-538D0654 – 182-538D-0680. **If the individual is unsatisfied with Sendan's management of the grievance, they may also file a grievance with the local BHO, or Behavioral Health Organization:**

North Sound Ombuds  
Counties served: Island, San Juan, Skagit, Snohomish, Whatcom  
Telephone: 1-888-336-6164 or 1-360-416-7004  
VOA Crisis Line: 1-800-584-3578

**Any individual may also report an alleged violation of RCW chapters 71.05, 71.12, 71.24 and 71.34, as well as WAC 246-341-0420 to the Department of Health.**

## Costs of Treatment are listed below:

|                |       |
|----------------|-------|
| Evaluation:    | \$180 |
| 30 minutes     | \$100 |
| 31-52 minutes: | \$120 |
| 53+ minutes:   | \$150 |

You are responsible for any costs that are not reimbursed by your insurance company and are responsible for calling your insurance company prior to treatment to identify what is and isn't covered under your insurance plan.

Name of Clinician: **Paulina Gralow, LMHCA, she/her**

Clinician's Licensure #: **MC61550030**

Supervisors' name and Licensure #s:

- Kacey Alleman Bratt, MSW, LICSW LIC: LW60248032
- Sara White, PhD, BCBA-D LIC: PY60169605
- James Harle, MD LIC: MD00039758
- Grace Miller-Tran, MSW, LICSW LIC: LW61075898

### Clinician's Education and Training:

Master's of Education, school counselor, Western Washington University, 2017

Bachelor of Arts, Psychology and Communication Arts, University of Wisconsin-Madison, 2013

### Work Experience:

Sendan Center, Mental Health Therapist, 2024-current

- Work with children, adolescents, and family systems

School counselor, Mount Vernon School District, 2017-2023

- Provided individual and small group counseling to students from diverse backgrounds
- Worked closely with students, families, and staff to help facilitate equitable school environments for students

Counseling practicum, Western Washington University counseling clinic, 2015-2017

- Counseled clients individually on issues of stress and anxiety management, grief and loss, childhood trauma, interpersonal conflicts, and developmental transitions

### Clinician's Methodology and/or Types of Therapy:

Paulina works together with children, adolescents, and their families. She aims to provide a safe, supportive environment for everyone she works with.

# SENDAN CENTER

excellence in child & adolescent  
mental and behavioral health



4201 Meridian Street, Suite 113

Bellingham, WA 98226

www.SendanCenter.com

p 360.305.3275

f 360.734.5503

*Counselors practicing counseling for a fee must be registered or certified by the Department of Health for the protection of public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.*

Patient Name: \_\_\_\_\_

Client or Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Client or Guardian printed name: \_\_\_\_\_

I, the client, or the client's representative, have been provided the Sendan Center Psychiatry and Psychotherapy Clinician Disclosure Statement, and I have read and understood the information provided. I understand that I can always contact Sendan Center with any questions or concerns.

**I request a copy of this signed form.**

**I decline a copy of this form.**

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Clinician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

cc. medical records