



## **CLINICIAN DISCLOSURE – Brock Knowles**

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: Brock Knowles, MA, LMHCA

Clinician's Licensure #: MHCA.MC.70090096

Supervisors' names and Licensure #s:

- Grace Miller-Tran, MSW, LICSW LIC: LW61075898
- Kacey Alleman Bradt, MSW, LICSW LIC: LW60248032

## Clinician's Education and Training:

Colorado Christian University - Master of Arts in Clinical Mental Health Counseling, 2023-2026

National Board of Certified Counselors – National Certified Counselor, 2026

Sendan Center, Certified Behavior Technician, September 2022 – current

- Gained awareness and understanding of functions of behavior
- Implemented Applied Behavioral Analysis therapy with children and young adults diagnosed with Autism Spectrum Disorder
- Used behavior modification to prevent and deescalate problem behaviors

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

- Person Centered
- Cognitive Behavioral Therapy
- Cognitive Therapy
- Existential Therapy
- Applied Behavioral Analysis

*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: \_\_\_\_\_

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

Printed name (if signed on behalf of patient): \_\_\_\_\_

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.**

Clinician Signature: \_\_\_\_\_  
cc. medical records

Date Signed by Clinician: \_\_\_\_\_