

**Barbara Dunn, PhD, LICSW, MT-BC**  
**Clinical Social Worker • Music Therapist**  
**P.O. Box 842, Langley, WA 98260 ☐☐☐206-491-5047**  
**Email: barbaradunnmusic@gmail.com Web Site: www.barbaradunn.com**

### **TREATMENT PHILOSOPHY**

My approach to therapy is eclectic and practical. Individuals and the complex challenges they face are unique and require creative efforts to inspire and promote change. In general, my theoretical orientation utilizes cognitive behavioral therapy along with mindfulness practices. Music therapy is integrated into the therapeutic process when appropriate. Music can get to the heart of an issue in the matter of a few notes into a song; it can communicate ideas and truth in feeling that exceeds the spoken word.

### **TREATMENT SPECIALTIES**

- Cognitive Behavioral Therapy
- Music Therapy
- Pain Management
- Adjustment to Medical Illness
- Personal Growth/Life Transitions
- Grief and Loss
- Relaxation Techniques
- Mindfulness Training/Buddhist Psychology
- Conflict Transformation

### **PROFESSIONAL QUALIFICATIONS**

- Licensed Independent Clinical Social Worker, LW00006935
- Music Therapist - Board Certified/ Certification Board for Music Therapists, Inc. #04908
- National Provider Identifier (NPI), 1881928943
- Doctor of Philosophy (PhD), Union Institute and University, 2008
- Diploma of Arts, Victoria University, 1988
- Master of Social Work, University of Washington, 1987
- Bachelor of Music - Music Therapy, Michigan State University, 1982

### **CONFIDENTIALITY**

Information obtained in the course of therapy is confidential. Exceptions to this are the following: When information or consultation is indicated with other professionals regarding a specific client, a written release of information will be obtained from the client prior to the consultation. In instances where client's safety, safety of others or a child's welfare is at risk, appropriate reporting will be made, as required by the law. If at all possible, this will be discussed with the client prior to reporting. Additionally, I use regular consultation and supervision with other mental health clinicians. Client names are not disclosed and those clinicians are bound by these same rules of confidentiality.

For clients who are using health insurance to pay for sessions, minimal information is submitted to the insurance company to assist with billing. You will be notified and asked to sign a *Release of Information* for any session content or records requested by your insurance company.

### **BILLING INFORMATION**

1. **Cancellations** made less than 24 hours before scheduled appointment will be charged \$100. No charge for cancellations made with more than 24-hour notice.

2. **Fees:** Session Rates \$115 (45 minutes), \$135 (60 minutes), Assessment/Intake \$175. Sliding Scale available upon request.
3. All fees (including co-pays or co-insurance) will be billed to you via Square, unless other arrangements are made. For in-person sessions, CoPays are payable at time of service. I accept Cash, Check, and Credit Card payments.
4. Client is responsible for any bank fees on returned checks.
5. **Insurance billing** is done through Office Ally. You will be invoiced for any unmet deductibles, co-pays or co-insurance.

### **CONTACT and COMMUNICATION INFORMATION**

My preference is to communicate via Email; I try and limit that to scheduling and nonclinical issues. This is because emails are not secure or confidential.

Please only use Text for last minute notices regarding appointments, e.g. running late, illness...

You can call me at 206-491-5047; please feel free to leave a message of any length on my confidential voicemail. When indicated, I will try and get back to you as soon as possible.

I do not correspond with clients via social media sites, such as Facebook or Linked-In. This is to maintain confidentiality and to protect professional boundaries.

Please note that I do not necessarily check my phone or email messages every day. For emergencies, please call 911 or the Crisis Line: (King Co) 800-244-5767 or 206-461-3222.

*Counselors practicing counseling for a fee must be registered, certified, or licensed with the department of health for the protection of the public health and safety. Registration, certification or licensure 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 (RCW 18.19) is the law regulating counselors. Its purpose 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. Please refer to RCW 18.130.180 for a list of acts of unprofessional conduct as defined by the State of Washington.*

Contact for additional information:

Washington State Department of Health, PO BOX 47890, Olympia, Washington 98504-7890

### **TeleHealth Protocol and Practices**

1. At the start of our call, I will ask you where you are and for a phone number I can call, if we get disconnected.
2. If we have problems with connection or technical challenges, we will simply move to telephone.
3. If our connection gets dropped, even if close to the end of the session, we will need to reconnect to formally end the session.
4. Understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.
5. TeleHealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
6. I do not provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
7. To maintain confidentiality, please do not share my TeleHealth appointment link with anyone not authorized to attend the appointment.
8. Please be on time. You can click on the link 5-10 minutes prior to your session and you will be connected to a waiting room. I will invite you in at your appointment time.
9. Make sure you are in a space for privacy during the session.
10. These sessions are not recorded. I request that you do not record them either.
11. If you are having a difficult time logging in, call or text me: 206-491-5047.

Here are some suggestions in preparation for our session:

- Use a computer or device with a good internet connection and webcam. If you run into issues connecting, try restarting your computer.
- Only have 1 browser open if you are using a laptop or desktop
- Headphones might help, if you are experiencing feedback
- It is best if you have light behind your computer and shining on your beautiful face. Less shadows, more light!
- Try and arrange computer so camera is eye level

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SIGNATURE PAGE

I hereby acknowledge that I have received a copy of my clinician's Disclosure Information. This includes information on TeleHealth practices. I have also been given an opportunity to her Notice of Privacy Practices. Any questions regarding this Disclosure or Notice of Privacy Practices will be directed to Dr. Dunn.

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Client (or Guardian) Signature

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Date

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Client Name (print)

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Date