Jeri Richards, MA, LMHC (LH 00004606) 102 E Division Arlington WA 98223 (425) 290 2218

Disclosure of Information

This disclosure statement introduces you to my work and the counseling process in general, with an overview of my education, experience and office policies. It also details your rights and responsibilities as a client. Please read it carefully. If you have any questions or concerns, please let me know, and we can talk through them now or at any time we're working together.

Provision of the following information and written acknowledgement of its receipt are required by Washington State law.

Services and Approach to Therapy

I provide counseling for children, teenagers, adults and families utilizing a systemic perspective from a humanistic and strengths-oriented approach. Therapeutic methods are client-centered and tailored to the unique needs of the individual, or family.

Issues that are commonly addressed are depression, sadness, worry, anxiety, panic disorders, life transitions, stress management, anger, grief and loss as well as parenting skills, troubled teens, and childhood trauma.

If I believe that you could benefit from working with someone who has a specific expertise beyond what I can provide, I will refer you to another professional.

Education, Training and Experience

I am a Licensed Mental Health Counselor in the state of Washington, with more than 20 years

of experience working with children, adolescents, adults, couples and families.

I earned a Bachelor's Degree in Counseling in 1993 and my Master's Degree in Psychology from Antioch University Seattle in 1995.

I have worked for non-profit agencies with children, adolescents, adults and families for 19 years. I am a Child Mental Health Specialist and an Ethnic Minority Mental Health Specialist for Native Americans. I am a clinical member of the Washington Mental Health Counselor Association.

Emergencies:

If you are experiencing a life threathening emergency or crisis dial 911 immediately for help. If you are in need of crisis counsel and cannot immediately reach me, then call the 24 hour local crisis line at (800) 584-3578 or (425) 258-4357.

Legal Rights & Confidentiality:

You have the right to choose a counselor who best suits your needs and purposes and you have the rights to refuse and/or end therapy at any time.

As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality. There are legal exceptions to confidentiality. The following situations that may require or allow me to break confidentiality and share information with others:

- 1. You provide me written authorization for me to share confidential information with a specific person or persons. You have the right to revoke this authorization by providing a written statement of revocation;
- 2. Where there is reason to suspect the occurrence of abuse or neglect of a child, dependent adult, or a developmentally delayed person (RCW 26.44, Washington State's mandatory child abuse reporting law);
- 3. Where there is a clear threat to do serious bodily harm to yourself or others (this may include knowledge that a client is HIV positive and is unwilling to inform others with who he or she is intimately involved);
- 4. In response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint;
- 5. If you are involved in some legal action, it is possible that a court order might require that I provide the court with evidence relating to your sessions. If this should occur, I would prefer to work with you to prevent or limit such action.
- 6. If you bring charges against the counselor.

For a more detailed explanation of these items please consult the Washington State Department of Health, Health Professions Quality Assurance Office, <u>http://www.doh.wa.gov/hsqa/</u> or (360) 236-4700. When it is possible we will discuss exceptions to confidentiality as they arise.

Payment by check will potentially permit bank employees to view clients names associated and if you have a caller identification on your phone, my name may appear on the monitor.

There is a legal privilege in this state protecting the information that you share with me. If you become involved in legal proceedings, you may be entitled to obtain a judicial ruling that my records and my recollections pertaining to you are privileged and should thus be excluded from admission into evidence. You are responsible for claiming privilege in a timely and acceptable manner. I recommend you seek your own legal counsel for a full explanation of privilege and for possible assistance in properly asserting a privilege claim.

As an ongoing part of my clinical development and to provide you with the best care, I occasionally consult with other counseling professionals. These consultations are conducted in such a way that confidentially is maintained. I will not share your name or other details that could identify you. If you have questions or concerns about this, please let me kow.

Responsibilities as a Client

1. *Scheduling*: Consistency in keeping appointments is integral to the counseling process. I prefer to schedule each subsequent appointment at the end of each session. You may also schedule appointments by calling my confidential voicemail at 425-290-2218. If you and I agree that you have a standing appointment at a certain day/time, I will not schedule another client during that time, as long as you are consistent with attendance. If you miss a counseling appointment with less than 24 hour notice, you will be charged for the appointment no exceptions.

2. *Session Length*: Therapy sessions are 45/55 minutes, unless we have negotiated a different length of time in advance. If you arrive late for a session, you will be seen for the remaining time and will be charged for the full fee. If I begin a session late, I will either see you for a full 50 minutes if my and your scheduled permit, charge you a pro-rated fee, or schedule a subsequent (and proportionately longer) session.

3. *Attendance*: I see most clients on a weekly basis and prefer to start all new clients on this frequency. If another arrangement is appropriate for you, let's discuss it. If you have a regular weekly appointment time, I will reserve it for you. If you come on a less regular basis or do not know your schedule week to week, I will offer you what openings I have. I will give you at least two weeks' notice of any scheduled vacations.

4. *Temporary Distress*: Counseling can be difficult and even painful at times. Talking about therapeutic material may leave you temporarily feeling worse or may make your symptoms stronger for a time. Please know that this is normal or even to be expected, and please let me know how you are feeling. It is important that I am aware of your feelings, so that I may provide the appropriate support and work with you effectively.

5. *Fees*: My fee per session if \$125.00. Payment or co-payment is due at the beginning of each session. Sessions include telephone consultations of more than 10 minutes, reports & letters billed on a pro-rated basis.

6. *Payments:* My counseling fee will be \$_____ per session, which I agree to pay at the beginning of each counseling session.

I also understand that if my insurance carrier fails to cover my counseling session I will be responsible for the entire fee. Interest on outstanding balances per 30 day cycle is 1%. A collection charge of \$25.00 will be added for default of payment or check with insufficient funds.

Signature:	Date:
Credit Card #:	MasterCard Visa
Expiration Date:	

Acknowledgement and Consent

My signature below acknowledges that I have read, understood and received a copy of this Disclosure, Privacy Practices Notice and have been given an opportunity to discuss my questions with the counselor, Jeri Richards, MA, LMHC

Client Signature (or personal representative)	Date	
Client Name (printed)		
Jeri Richards, MA	Date	
If a personal representative on behalf of the clien	nt signs this acknowledgement, complete the following:	
Personal representative's name:		
Relationship to client:		

This form will be retained in your medical record.

REGULATION OF HEALTH PROFESSIONS --UNIFORM DISCIPLINARY ACT Unprofessional conduct (RCW 18.130.180)

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the

practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading?

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care

profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of

the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the

complaint filed with the disciplining authority;

(c) Not responding to subpoen issued by the disciplining authority, whether or not the recipient of the subpoen is the accused in the proceeding; or

(d) Not providing reasonable and timely access for authorized representatives of the disciplining

authority seeking to perform practice reviews at facilities utilized by the license holder;

(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Violations of rules established by any health agency;

(12) Practice beyond the scope of practice as defined by law or rule;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment,

procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's

profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The procuring, or aiding or abetting in procuring, a criminal abortion;

(19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(20) The willful betrayal of a practitioner-patient privilege as recognized by law;

(21) Violation of chapter 19.68 RCW;

(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of

facts before the disciplining authority or its authorized representative, or by the use of threats or

harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;

(23) Current misuse of:

(a) Alcohol;

(b) Controlled substances; or

(c) Legend drugs;

(24) Abuse of a client or patient or sexual contact with a client or patient;

(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

Counselors practicing for a fee must be registered or licensed with the Department of Licensing for the protection of the 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.

Additionally, licensed or registered therapists are required to inform clients of the purpose of the Counselor Credentialing Act (the law regulating counselors). The purpose of the

Counselor Credentialing Act is (A) to provide protection for public health and safety; and (B) to empower the citizens of the State of Washington by providing a complaint process against those therapists who would commit acts of unprofessional conduct. Please see the attached list of actions considered to be "unprofessional conduct." Clients of licensed or registered therapists in the State of Washington may file a complaint with the Department of Health at any time they believe a therapist has demonstrated unprofessional conduct.

4. If you believe that I have acted in an unprofessional or unethical manner, please let me know so that I have the opportunity to address and resolve the problem. If you feel that discussion has not worked, you may contact one or both of the following: a. HSQA Complaint Intake

P.O. Box 47857

Olympia, WA 98504-7857

Email: HSQAComplaintIntake@doh.wa.gov

DOH Consumer Hotline - (800) 525-0127

Health Profession Licensing - (360) 236-4700

The law in Washington State regarding counselors is covered under statutes RCW 18.130, which you can access by going to www.leg.wa.gov. Should you find me in violation of any aspect of the law, please take the appropriate action promptly.