



1160 140th Ave NE, Suite F ♦ Bellevue, WA 98005 ♦ (425) 454-0616 ♦ Fax (425) 637-1289

ABOUT BELLEVUE COMMUNITY SERVICES

Founded in 1974, Bellevue Community Services, Inc. (BCS) is a private counseling practice offering individual, group, marriage, family, and child counseling. In 1985, BCS began providing comprehensive employee assistance programs (EAPs), business consulting, and seminars. Bellevue Community Services offers to the community an exceptional multi-disciplinary team of professionals with a broad range of experience and specialties.

Our mission is to provide quality behavioral healthcare services in the most clinically sound and cost effective manner. With a multi-disciplinary team of providers, equipped with a variety of specializations and certifications, our goal is to match the best qualified provider with the individual client's needs.

The professional staff of Bellevue Community Services includes a consulting clinical psychologist, licensed marriage and family therapists, licensed mental health counselors, a licensed clinical social worker, certified sex addiction therapists, certified sex offender treatment providers, and supervised associate counselors. Degrees range from doctoral level, clinical social worker, and master's degrees. The clinical staff members of BCS hold appropriate licenses and certifications as behavioral health care providers in the state of Washington.

Individualized treatment plans are developed to meet the needs of individuals, couples, families, and groups, spanning a full age range from early childhood through senior adults. A wide range of clinical assessment tools are utilized to determine diagnosis, clinical necessity, and treatment protocols. Clinical assessment and ongoing treatment is provided for a variety of behavioral healthcare conditions, including anxiety and depressive disorders, obsessive compulsive disorders, PTSD and other trauma disorders, drug and alcohol abuse, compulsive behavior disorders, personality disorders, marriage and relationship issues, childhood developmental issues, impulse control issues, and parent/child relationship issues.

We have developed several programs to meet the needs of specialized populations. A significant group of people that we serve are struggling with compulsive sexual behavior issues. This work is highly specialized and calls for training of a specific nature. We have four nationally certified sex addiction counselors on staff to meet the needs of this population, many of whom are struggling with issues such as internet pornography. See our websites at www.bellevuecommunityservices.com and www.sexualrecovery.com.

As an integrated group practice, we are equipped to provide 24-hour on-call clinical coverage for our clients as well as emergency and immediate intervention services. We provide daytime and evening appointments, Monday through Friday, and can typically provide same-day emergency service. In most cases we provide routine services within a week's period of time. If you are in an emergency and cannot reach anyone, please call one of the following numbers for help:

General emergencies: 911
Crisis Clinic: 800-244-5767

If you have any questions please do not hesitate to either ask the front office staff or the counselor you are seeing.



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STAFF PROFILE

At **Bellevue Community Services (BCS)**, we function as a team of clinicians who consult together weekly or as needed about your individual case. You will experience the consistent benefit of the diverse clinical training, skills, and interests that we collectively bring to your treatment plan.

CLINICAL DIRECTOR

DR. JOHN W. (BILL) LENNON, Ed.D, NCSP, LMFT, LMHC, CSAT, CSOTP

President/Clinical Director

Dr. Bill Lennon is a Washington State Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, and Washington State Certified Sex Offender Treatment Provider. He is also trained in Lifespan Integration. Dr. Lennon has 26 years experience working in the field of compulsive sexual behavior, specializing in treatment of individuals, couples and families whose lives have been impacted by the disease of sexual addiction. As a Nationally Certified Sex Addiction Therapist and Supervisor, Bill has been trained by Dr. Patrick Carnes, Ph.D., through the International Institute for Trauma and Addiction Professionals (IITAP). Through the years, Dr. Lennon has founded programs for drug addicted and troubled youth and established a 72 hour foster home program. He has three adopted children and has provided care for many foster children over the years. Bill has taught graduate level classes in counselor education and directed Chapman University's Community Clinical Psychology program for 15 years. He presents workshops on various topics including team building and the prevention of sexual misconduct. He has been a guest on local and national television and radio programs and has received numerous professional honors throughout the years, including Who's Who in America for his leadership and achievements in the area of community service. At Pacific Lutheran University's Centennial Celebration he was designated as one of the top 100 graduates from the University. Bill was also elected to the Ocosta High School Hall of Fame for his football coaching successes during his earlier career as a teacher and coach.

COUNSELORS / CONSULTANTS

BRIE BERGMAN, MA, LMHC, CSOTP, CSAT

Brie Bergman is a Washington State Licensed Mental Health Counselor and has over 20 years experience as a therapist working with individuals, couples, and groups. Brie is also a Nationally Certified Sex Addiction Therapist and a Washington State Certified Sex Offender Treatment Provider. She has specialized in the field of compulsive sexual behavior with a "whole sphere" approach which has included treatment of individuals with addictive behaviors, sexual offenders, non-offending partners, and abuse survivors, as well as the presentation of workshops for school districts and other community groups about the prevention of sexual misconduct. Brie is trained in the Lifespan Integration treatment model (www.lifespanintegration.com). She uses a holistic approach to working with people, and has special interests in spiritual growth, healing, and self-actualization. Brie's work in her field of specialty has been presented at national symposiums and on national television and local radio. Brie has also tutored Swedish and English, and successfully managed two import businesses.



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JONAS RADVIK, MA, LMHC, CSAT

Jonas Radvik, MA, LMHC, CSAT, works with individuals, couples, and groups. His work draws from a humanistic client centered approach utilizing modalities such as Cognitive Behavioral Therapy, Family Systems, Mindfulness, and Lifespan Integration. His background includes a professional career in the performing arts in Europe. He has a Bachelor of Arts in Contemplative Psychology from Naropa University, Boulder, Colorado, and a Master of Arts in Couple and Family Therapy from Antioch University, Seattle, Washington. He is also a Certified Sexual Addiction Therapist.

RODNEY JONG, MS, LMFT, ASOTP

Rodney Jong provides counseling to individuals, couples, and families. He works in the clinical areas of marital and family counseling, substance abuse, crisis intervention, grief and loss, anger management, incest, and compulsive sexual behaviors. His counseling background includes over twelve years of crisis intervention work at the Crisis Clinic and Chemical Dependency Counseling at Square One Alcohol & Chemical Dependency Treatment Program. He has been trained in methods of Virginia Satir, and is a Past President of the Northwest Satir Institute. Rodney received his Master's Degree in Marriage and Family therapy at Seattle Pacific University. He is a Clinical Member of the American Association for Marriage and Family Therapy. Therapeutically, Rodney utilizes a family systems approach in combination with an existential focus.

STEVE DULANEY, MA, MHCA, CSAT

Steve Dulaney is a Washington State Mental Health Counselor Associate (MHCA) and CSAT (Certified Sex Addiction Therapist) who provides group counseling for men who struggle with sexual compulsivity. He utilizes Patrick Carnes sex addiction recovery model which includes Facing the Shadow, Recovery Start Kit and Recovery Zone. He also integrates traditional 12-step recovery methods. Steve completed his M.A. in Counseling Psychology at Mars Hill Graduate School in Seattle and is trained in Lifespan Integration (www.lifespanintegration.com). He holds a B.A. in Business from the University of Washington and spent 17 years in high-technology marketing. Steve has worked in the area of sexual addiction recovery since 2001 and is President of Prodigals International, a faith-based recovery program for men and women impacted by sexual addiction. He is a founding member of the Christian Network Forum for Sexual Health.

ALISON DAVIS, MA, MHCA, ASOTP

Alison Davis brings extensive experience working with both groups and individuals in the area of addiction, healing and recovery. Alison's warm and compassionate style promotes a safe atmosphere for exploring life's sensitive issues, and she is skilled at helping others find emotional healing through difficult circumstances. Her approach to counseling is a collaborative one. She believes the relationship between a client and counselor is an important part of the healing process, for having a safe place to explore ones issues can enable honest reflection and lead to healthier living. Alison received a Master's Degree in Counseling Psychology from Mars Hill Graduate School in Seattle, Washington, and a



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Bachelor's Degree in Social Work from the University of Texas where she completed her internship at the Center for Battered Women. Alison uses a variety of counseling approaches and is a trained practitioner in the Lifespan Integration method of counseling (www.lifespanintegration.com). Alison holds a special interest in the area of spiritual healing and growth, and the restoration of marriages.

SAM LOUIE, MA, MHCA, ASOTP

Sam Louie received his master's degree in Clinical Psychology (emphasis in marriage & family therapy) from Azusa Pacific University and is a licensed mental health counselor associate. Prior to counseling, he spent more than a decade as an Emmy Award-Winning broadcast journalist where he researched, produced, and reported on a number of stories related to psychotherapy, recovery, and treatment. In addition to working with clients privately, Sam also enjoys advocating for cultural awareness focusing on Asian honor and its impact on addictions.

MICHELLE PEADON, MA, MHCA

Michelle Peadon received her MA in Counseling Psychology from Northwest University in the spring of 2011. Previously, Michelle spent five years working with children with autism and their families as a behavioral interventionist. She utilizes cognitive-behavioral techniques to help people explore their issues and challenges. Michelle received her Bachelor's degree in Psychology from Western Washington University in 2004. Michelle's reflective, genuine and sensitive approach allows clients to discover their path to healing in a safe, non-judgmental environment. She offers a multicultural perspective and believes strongly that it is important to embrace the differences in all of us. Michelle currently facilitates groups for couples and partners, in addition to providing personalized counseling for individuals and families.

LINDSEY McDOWELL, INTERN

Lindsey McDowell graduated from Seattle Pacific University in 2004 with her Bachelor of Arts in Sociology and Psychology. She will graduate from Northwest University with her Masters in Counseling Psychology upon completion of her internship at Bellevue Community Services. Lindsey's therapeutic focus is to increase greater awareness of self and others, while helping the client identify past influences and present barriers. She views the therapeutic process as one in which the client's capacity for self-awareness is strengthened and thereby allows the client to have more freedom and choice in life. Lindsey facilitates group therapy at Bellevue Community Services, as well as providing personalized counseling for individuals and families.

COUNSELING PROGRAMS

PRIVATE COUNSELING. Therapy for individuals, couples, children, and families.

GROUP COUNSELING. A variety of groups are always forming, concluding, and ongoing. When available we offer sexual addiction groups, groups for survivors of sexual abuse and couples groups.

SEXUAL ABUSE/ADDICTIONS PROGRAMS. The sexual abuse programs include diagnostic testing, assessments, individual therapy, and group therapy. These programs take a comprehensive approach toward the problem of sexual abuse and addiction, for victims, offenders, families, and involved community members.

CHEMICAL DEPENDENCY AND OTHER ADDICTIONS. Our services include initial assessment, interventions, referral, after-care, and individual therapy.

TERMINAL ILLNESS COUNSELING and **TRAUMA RECOVERY.** For individuals, families, and within companies.

TRANSITION COUNSELING. For individual, families, and organizations.

MEDIATION. Dispute resolution, dissolution mediation, and custody/visitation plans.

STRESS MANAGEMENT. Both counseling and technique training.

CAREER COUNSELING and **LIFE PLANNING.** Counseling and/or testing services.

TESTING. Diagnostic psychological testing is done in conjunction with counseling therapy, assessment, and workshops.

WORKSHOPS and **RETREATS.** We do many workshops and retreats for a variety of company and church organizations. These may be on any of the above subjects, as well as customized for your organization.

QUESTIONS TO ASK A POTENTIAL THERAPIST

My concerns or problems are:

1. What would your approach be in working with me?
2. How long have you been in practice? Briefly describe your experience.
3. How much of your practice consists of working with people with similar kinds of problems as mine?
4. How successful have you been at helping people with my problem?
5. Do you believe family members should be involved at any point of my treatment?
6. What are your thoughts about medication?
7. What is your fee schedule?

It is perfectly acceptable to be assertive and cautious when you make this important choice. Trust your "hunch."



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Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____

Patient ID #: _____

I hereby acknowledge that I have received a copy of Bellevue Community Services, Inc.'s Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

_____ Signature of Patient or Legal Representative	_____ Date
_____ Printed Name of Patient's Representative (if applicable)	Relationship to Patient (if applicable) <input type="checkbox"/> Parent or guardian of unemancipated minor <input type="checkbox"/> Court appointed guardian <input type="checkbox"/> Executor or administrator of decedent's estate <input type="checkbox"/> Power of Attorney

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date, _____ but acknowledgment could not be obtained because:

- Patient/representative refused to sign
- Emergency situation prevented us from obtaining acknowledgement at this time (will attempt again at a later date)
- Communication barriers prohibited obtaining acknowledgement (Explain)

- Other (Specify)



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WELCOME TO BELLEVUE COMMUNITY SERVICES!

While you are waiting, please look through the information included in this packet. The forms that need to be completed and returned before your session are:

1. Individual Data Sheet
2. Contract and Disclosure
3. Statement of Confidentiality
4. Mental Health Questionnaire

Some pages in the packet contain information about Bellevue Community Services, Inc., including profiles of our staff and a list of counseling services available through our program. These pages are for your information, and you may feel free to take them with you.

Please return the packet to the front office staff after you have completed the forms.

PAYMENT:

Payment in full is required at the time the service is rendered. See information regarding insurance billing below.

INSURANCE:

BCS is not contracted with any insurance companies, which means we are not “contracted providers”. You will be responsible for the full amount of fees for the service rendered to you. If you have “out of network” benefits, as a courtesy we are willing to bill your insurance provider. In the event that BCS receives a check for services from your insurance provider for “out of network” benefits your account will be credited or you may receive a reimbursement check upon request. If your insurance company imposes their own rate of usual and customary fees, you will be responsible for the difference between the amount of the fee and the amount that the insurance company allows for the service.

Your signature below indicates that you have read and understood this information regarding terms of payment and insurance considerations, and that you have had the opportunity to ask any questions you may have about these issues.

I agree to the above terms:

Client (print name) _____ **Witness** _____

Signature _____ **Date** _____

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INDIVIDUAL DATA

Date _____ Sex: M F SS# _____

Client Name _____ Date of Birth _____

Address _____

City/State/Zip _____

Email Address: _____

Phone: Home _____ OK to call you at Home? _____

Phone: Work _____ OK to call you at Work? _____

Phone: Cell _____ OK to call on cell Phone? _____

Employer: _____

Name of Spouse or Partner (if applicable) _____

Person to Contact in Event of Emergency _____ Phone # _____

GUARANTOR INFORMATION (Complete only if not client)

Person Responsible For Payment _____

Billing Address _____

City/State/Zip _____

Phone: Home _____ Work _____ SS# _____

Relationship to Client _____ Employer _____

INSURANCE INFORMATION (Please provide your card for photocopy)

Name of Insurance Company _____ Phone _____

Ins. Co. Address _____

Name of Insured _____ Relationship to Client _____

Insured Date of Birth _____

Policy # _____ Group # _____ ID# _____

Is This a Managed Care Plan? YES NO Have You Obtained Authorization? YES NO

Name of Managed Care Company _____

Do You Have a Referral From Your Primary Care Physician? YES NO

Name of Primary Care Physician _____ Phone _____

MEDICAL INFORMATION

Current Medications _____

Pertinent Medical History _____

REFERRAL SOURCE

Name of Person Who Referred You To This Office _____

Signature of Client or Guardian _____

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Mental Health Questionnaire

Name (<i>Last, First, M.I.</i>): <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

Mental Health History

Have you previously sought counseling/therapy? Yes No

If yes, please give the purpose of counseling, the length of time of counseling, and, if not current, the reason for terminating counseling:

Have you ever been hospitalized (inpatient) due to mental concerns? Yes No

If yes, please give the name and location of hospital, dates of hospitalization, the diagnosis (if known), and types of medications or treatments:

Have you ever received medications or outpatient treatment due to mental health concerns? Yes No

If yes, please give diagnosis (if known), dates of outpatient treatment, and types of medications or treatments:

Behavioral History

Is stress a major problem for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel depressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you panic when stressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have problems with eating or your appetite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you cry frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever attempted suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever seriously thought about hurting yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have trouble sleeping?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Check any behaviors that have applied to you in the past (P), or are a current concern (C), or both.

	P	C		P	C		P	C
Overeating			Suicidal attempts			Cannot keep a job		
Taking drugs			Compulsions			Insomnia		
Drinking too much			Smoking			Taking too many risks		
Odd behavior			Withdrawal			Laziness		
Vomiting			Nervous tics			Eating disorder		
Working too hard			Concentration difficulty			Aggressive behavior		
Procrastination			Sleep disturbances			Crying		
Impulsive reactions			Phobic avoidance			Outbursts of temper		
Losing emotional control			Distractibility			Isolating		

Family History

Does any member of your family currently suffer from or have a history of mental illness (i.e. depression, bi-polar disorder, anxiety, etc.?) Yes No

If yes, please explain:

Current Concerns

Please, in your own words, state your reason for seeking counseling.

Thank you for taking your time to fill out this questionnaire. This information will help your therapist know how best to proceed with therapy.

STATEMENT OF CONFIDENTIALITY

Bellevue Community Services' (BCS') staff consists of a team of clinicians who may, when clinically appropriate, consult one another about your individual case to allow you, the client, the benefit of the diverse clinical training, skills, and interests that we collectively bring to your treatment plan. Our policy at BCS is that all information given by a client in an individual session with a therapist/counselor is confidential and will not be revealed to any person or agency **outside of BCS** without the client's written release. **The laws of Washington State are more lenient than our company policy.** However, it is our philosophy and policy to uphold the maximum client confidentiality possible, under the laws.

Washington State law requires healthcare professionals to reveal information to others, **with or without the client's permission**, in the following situations. Our policy is to inform the client if at all possible before reporting such a situation.

- a. If a client intends grave bodily harm to another person.
- b. If a client intends grave bodily harm to him/herself.
- c. If a court of law issues a court order to reveal information.
- d. Counselors must report abuse or neglect of a child, dependent adult or developmentally disabled person if the counselor has reasonable cause to believe that such an incident has occurred.

A healthcare provider may disclose healthcare information about a patient without the patient's authorization to the extent that the recipient needs to know the information, if the disclosure is to:

- a. A person who the provider reasonably believes is providing healthcare to the patient;
or
- b. Members of the patient's immediate family, or any other individual with whom the patient is known to have a close personal relationship.

BCS, Inc. keeps a record of the healthcare services we provide you. We will not disclose your record to others unless you direct us to do so or unless the law compels us to do so. You may also ask us to correct that record. You may see your record or get more information about it from your therapist.

I have read and fully understand this statement of confidentiality.

_____ Signature of Client or Guardian	_____ Date
_____ Witness	_____ Date

CONTRACT AND DISCLOSURE

BELLEVUE COMMUNITY SERVICES, INC. (BCS, Inc.) agrees to provide professional counseling services on the terms set forth below. The undersigned client agrees to such terms.

1. **FEES.** There is a one time \$20.00 initial administrative fee (in addition to session fee). Payments should be made at the beginning of each session. The fee(s) charged for a specific session will be determined by 1) the counselor(s) fee and the length of the session(s); or 2) a flat fee that is a portion of an evaluation fee.

As follows, each counselor has an individual fee per 50-minute session.

Dr. Bill Lennon, Ed.D., LMFT, LMHC, SOTP, CSAT	\$175.00
Brie Bergman, MA, LMHC, SOTP, CSAT	\$135.00
Rodney Jong, MS, LMFT, ASOTP	\$100.00
Jonas Radvik, MA, LMHC, CSAT	\$135.00
Steve Dulaney, MA, MHCA, CSAT	\$100.00
Alison Davis, MA, MHCA, ASOTP	\$110.00
Sam Louie, MA, MHCA, ASOTP	\$110.00
Michelle Peadon, MA, MHCA	\$100.00
Lindsey McDowell, Intern	\$ 65.00

If the client's check is returned to BCS, Inc. by the bank for any reason, the client agrees to pay an additional \$35.00 NSF fee on the next visit or on the next billing, whichever is sooner.

Fees may be adjusted at BCS discretion.

2. **CANCELLATION.** If an appointment is cancelled by the client with less than 24 hours notice, the client shall pay the full fee for the scheduled session. If the appointment is cancelled by BCS, Inc. with less than 24 hours notice to the client, client shall not be charged for said session.
3. **CONFIDENTIALITY.** Matters disclosed to BCS, Inc. by clients will not be shared with any party outside of BCS consultation without the prior written consent of the client, unless required by law (please reference our Statement of Confidentiality). We expect each individual client, as well as individual group member, to respect the confidentiality of each individual participating in the opportunities offered by BCS, Inc.
4. **RESPONSIBILITY.** BCS, Inc. understands and respects its full responsibility for the delivery of its professional services, and the client hereby acknowledges his, her, or their responsibility for their own personal growth as clients.
5. **CONSULTATION.** For the purpose of consultation, your case may be discussed in our staff meetings by licensed, certified, or associate clinical members of our treatment team.
6. **COUNSELOR INFORMATION.** BCS, Inc. provides the enclosed Staff Profile about each counselor's education, training, experience, and expertise.

The client has been provided a copy of this required disclosure information and the client has read and understands the information provided.

CLIENT (Print Name): _____ **WITNESS:** _____
CLIENT SIGNATURE: _____ **DATE:** _____

Notice of Privacy Practice

Effective: April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

We understand that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

When you receive care from us, we may use your health information for treating you, billing for services, and conducting our normal business known as health care operations. Examples of how we use your information include:

Treatment: We keep records of the care and services provided you. Health care providers use these records to deliver quality care to meet your needs. For example, your doctor may share your health information with a specialist who will assist in your treatment.

Payment: We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services provided to you to claim and obtain payment from your insurance company or Medicare.

Health Care Operations: We use your health information to improve the quality of care, train staff, provide customer service, manage costs, conduct required business duties, and make plans to better serve our patients.

To use your health information for other than the above uses requires your signed authorization.

There are limited situations when we are permitted or required to disclose health information without your signed authorizations. These situations include:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drug problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings.
- When otherwise required by law.
- When requested by law enforcement as required by law or court order.
- To coroners, medical examiners, and funeral directors.
- To reduce and prevent a serious threat to public health and safety.
- For other limited situations, see the full copy of our Notice of Privacy Practices.

We are required by law to:

- Maintain the privacy of your health information.
- Provide this notice that describes the ways we may use and, share your health information.
- Follow the terms of the notice currently in effect
- We reserve the right to make changes to this notice at any time and make the new privacy practices effective with all information we maintain. You may request a copy of any notice from our Privacy Officer.

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions -carefully but are not required to agree to any restrictions.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances we may deny you access to some portion of your health information and you may request a review of the denial.
- Request amendments or additions to your health record.
- Request an accounting of certain disclosures of your health information made by us.

All the above requests must be made in writing through our Privacy Officer.

This notice summarizes our Privacy Practices. If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information:

Contact our Privacy Officer:

Brie Bergman
1160 140th Ave NE, Suite F
Bellevue, WA 98005
(425) 454-0616

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

We are required by law to have you sign an ***Acknowledgement of Receipt of Notice of Privacy Practices***. We would appreciate your cooperation by obtaining a copy from the receptionist.

Professional Codes of Ethics

American Association for Marriage & Family Therapy

aamft.org

American Counseling Association

counseling.org

American Mental Health Counselors Association

amhca.org

National Association of Social Workers

socialworkers.org

Clinical Social Work Federation

cswf.org



Washington State Department of

Health

Customer Service Center

310 Israel Road SE

Tumwater, WA 98501

Phone: (360) 236-4700

Fax: (360) 236-4818

Web Site: www.doh.wa.gov

Email: hpqacsc@doh.wa.gov

What to Expect from your Licensed

- Mental Health Counselors (LMHC)
- Marriage & Family Therapists (LMFT)
- Advanced Social workers (LASW)
- Independent Clinical Social Workers (LICSW)

The intent of this brochure is to provide you with some general information regarding what you might expect from Licensed Counselors in Washington State.

Our goal is to assist you to have a more positive counseling experience based on your ability to determine the type of services and the best provider to meet your needs.

DOH 670-125 (Rev. September 2009)

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127. (TTY/ TDD 1-800-833-6388)

What You Can Expect From Your Licensed Counselor

Your counselor is required by law to provide you with a document referred to as a *Personal Disclosure Statement* that should contain the following information: their qualifications, education, areas of expertise, and a valid license number; a description of the types of counseling proposed, along with some explanation of potential risks and benefits of such counseling.

- *Your licensed counselor **should inform** you of the **costs** of your treatment, billing practices, and the way your medical records are kept and maintained.*
- *Your licensed counselor should give you the opportunity to discuss matters of confidentiality, privacy, and release of information, as well as limitations on confidentiality.*
- *Your licensed counselor should assist you in referral to other professionals when necessary or requested.*
- *Your licensed counselor should treat you with respect and dignity, especially in regard to age, color, culture, disability, ethnicity, gender, race, religion, sexual orientation, marital status, or socio-economic status.*

Remember: *Your involvement in developing treatment goals and directions, in requesting a change in approach to treatment, or in decisions about termination of treatment is vital and encouraged!*

Once signed and dated by you and your counselor, the *Disclosure Statement* essentially becomes a treatment contract and is kept as part of your treatment record.

(DISCLOSURE INFORMATION - WAC 246-809-700)

Licensed Counselors are permitted by law to diagnose and treat mental and emotional disorders. In doing so, they may work with individuals, couples, families, groups, and organizations. Goals may include specific behavioral changes, symptom relief, personal growth, and/or the enhancement of well-being. If you have questions that require legal, medical, or other specialized knowledge that is outside the scope of practice of your counselor, you should be referred to another category of professional for assistance with those questions.

The public should be aware that there are other licensed professionals in the state of Washington who also provide counseling services. In addition, there are unlicensed counselors who carry the designation of “registered counselor” who provide these services, but aren’t required to meet the licensed counselor standards.

Each of these licensed counselor categories has its own training, experience, supervision, and continuing education requirements. The differences generally affect the types of services offered and the cost. Determining the ‘best fit’ for you, your children, or your family will be your responsibility and challenge. You are encouraged to review the *Personal Disclosure Statement* of the clinicians you are considering, and to ask questions about your particular situation.

To Be Licensed, Your Counselor Must Have Successfully Completed

- A master’s or doctorate degree from a program approved by the Department of

Health and accredited by nationally recognized standards.

- An approved examination.
- A supervised post-graduate practice of between 3,000 and 4,000 hours.
- 36 continuing education hours each 2 years, including Ethics and the Law.

Confidentiality and Health Care Information Access and Disclosure

Your counselor will create records relating to your counseling process. These records are personal and sensitive and therefore should be properly documented, stored, retained and released only under specific circumstances. Your counselor should have a clear procedure to ensure confidentiality of your records. You have the right to expect that anything you tell your counselor will be held in confidence with just a very few exceptions:

- If you are involved in a civil or criminal lawsuit, a judge can order your file be turned over to the court.
- If you make statements that a child, elderly or disabled person has been abused or neglected, your counselor is required by law to report that information to the appropriate authorities.
- If you make statements that indicate you intend to harm yourself or others, your counselor may report that information to the appropriate authorities.

There may also be circumstances where you are asked to sign an authorization for release of information regarding your treatment. These may include inquiries from your insurance company, or a need for your counselor to con-

sult with another of your healthcare providers, You should be informed of the reason for such disclosures and are encouraged to ask questions about anything that is unclear to you, prior to signing this authorization.

(Chapter 70.02 RCW-Uniform Health Care Act and Federal Health Insurance Portability and Accountability Act (HIPPA) standards regulate these policies.)

Maintaining A Professional Relationship

Your relationship with your counselor should be strictly professional in nature. Since counseling by its very nature deals with the most private aspects of your life, it is your licensed counselor's responsibility to ensure an atmosphere of safety for you, free from any exploitation. For example, a licensed counselor should not invite you into a business venture, ask you for personal favors, subcontract with you for services, or engage in any sexual contact with you. If you are involved with a licensed counselor in another relationship, such as a personal friend or a business relationship, you and your counselor should discuss the effect of these multiple relationships on services you may receive and take precautions so that your treatment is not at risk.

The process of counseling often deals with difficult and emotionally charged issues. You need to feel as safe as possible in order to work on these issues. There may be times when you find yourself feeling confused or troubled by something that occurs in the course of counseling.

You are encouraged to talk with your counselor to come to a more comfortable resolution.

If you don't feel the issue has been resolved, you may wish to get a second opinion from another counselor, and/or review the section of the law that describes forms of unprofessional conduct.

Unprofessional conduct includes, but is not limited to:

- Misrepresentations or false advertising
- Incompetence, negligence, or malpractice
- Violation of any state or federal code
- Willful betrayal of confidentiality

If for any reason you are unable to resolve such a concern with your counselor, you may wish to file a complaint with the Department of Health. Contact the **Department of Health Customer Service Center** for assistance.

In July 2001 the Washington State Legislature authorized the licensing of counselors and gave the Department of Health regulatory power (WAC 246-810). The intent of the rules and laws developed (18.255 RCW) is to protect the public and ensure the competence of professionals providing counseling services. Licensed counselors act in accordance with state law and Department of Health rules, as well as the Codes of Ethics of their national professional organizations.

An advisory committee made up of members from each of the four licensed counselor professions, plus three public members, meets regularly to advise the Department of Health and to assure collaboration between profes-

sionals, the Department of Health, and the public. The public is welcome and encouraged to attend these meetings. Contact the Department of Health for meeting information.

Provider Credential Search Website

The Department of Health's Office of Health Professions Quality Assurance provides easy access to information on the 300,000 health care professionals in the state, including license status of professionals throughout the state and current restrictions or disciplinary actions. If you have a question regarding a specific provider, you are also encouraged to contact the Department of Health.

https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp

Licensed Counselor Websites

For more information regarding ethics, please view the following websites for ethics information.

https://fortress.wa.gov/doh/hpqa1/hps7/marriage_family_therapist/default.htm

https://fortress.wa.gov/doh/hpqa1/hps7/mental_health_counselor/default.htm

https://fortress.wa.gov/doh/hpqa1/hps7/social_worker/default.htm