

A/DIS CLASS CLIENT INFORMATION

Name: _____ Date: _____

Address: _____

Driver's License Number: _____ Date of Birth: _____

Phone Number: _____

Email: _____

Case/Ticket Number: _____

Have you had a drug and alcohol assessment? Yes No

Who did the Assessment: Alternative Counseling
 Other: _____

Who referred you to our facility? _____

Attorney's name: _____

Attorney's phone #: _____

Attorney's FAX #: _____

Court: _____

I have been provided with a copy of
42 CFR Part 2 summary (confidentiality Law) Yes No

Is your driver's license currently suspended? Yes No

Do you need a Blue Form (Alcohol Form)
for Department of Licensing? Yes No

Signature _____

Alternative Counseling

19435 W. Valley Hwy, S - 109 Kent, WA 98032

Phone: (425) 251-1933 Fax: (425) 251-4996

Authorization for Use, Disclosure and Release of Protected Health Information (PHI), Including Information Related to Alcohol and/or Drug Use and Related Treatment Records

Client Information: Please complete all of the following information:

Client Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Information to be released to and/or received by:

Alternative Counseling May RELEASE Information to and/or May RECEIVE information from

Name of Agency/Person: _____

Address: _____

Phone: _____

Fax: _____

Information requested: *Please select the type of information to be released, shared and/or received*

Only the following specific information about me:

Progress notes Initial Intake(s) Treatment Plan(s) Prescriber's Med Orders & Notes

Psychiatric Evaluation(s) Discharge Summary(ies) Psychological Evaluation And/OR

Specific health information including: _____

Or

All health information about me, including my clinical records, created or received by the Provider, including my health information related to alcohol and/or drug use and related treatment records

Or

All health information as described in the preceding checkbox(es), excluding (unless otherwise required by law):

any information already received from a third party; information pertaining to HIV/AIDS and/or sexually transmitted diseases;

and/or the following: _____

Identify date range, if appropriate: Start Date: _____ through End Date: _____

Purpose/why the Disclosures is being made: (Please select one)

The information being disclosed is for the purpose of: _____

Continuity of Care between both named parties, including both written and verbal information.

Other: _____

Expiration: This authorization expires at the end of my episode of care at Alternative Counseling

Or: _____

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Client's Signature: _____ Date: _____

If the child is 12 years of age or younger or the adult is a Dependent, a Parent, Legal Guardian, health care agent (proxy) or other representative is required.

Legal Guardian's signature (if required): _____ Date: _____

Print name: _____ Relationship to Client: _____

Note if an expiration event is used, the event must relate to the Client or the purpose of the use or disclosure. If the disclosure is to a financial institution or your employer for purposes other than payment, then this authorization expires in 90 days unless you renew it.

I understand that my records are protected under federal regulations governing confidentiality of alcohol and drug abuse patient records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 160 & 164, as well as under RCW 70.02.030, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I have read and understand the terms of this Authorization. I understand that I am entitled to a copy of this Authorization after I sign it.

STATE OF WASHINGTON
DEPARTMENT OF LICENSING
OLYMPIA, WASHINGTON 98504-8001

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION
TO THE DEPARTMENT OF LICENSING**

I, _____
name of the client
authorize **Alternative Counseling** to disclose to the Washington State Department of Licensing information regarding my alcohol and drug assessment, information school involvement, and participation in treatment and program compliance and non-compliance. The purpose of this disclosure is to monitor program involvement as a result of an alcohol and/or drug related licensing restriction, and may be in arriving at a decision regarding my driving privilege in the State of Washington. I further agree for this information to be re-disclosed to the Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse, for purpose of chemical dependency program monitoring.

Understanding that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and except as indicated above otherwise provided for the regulations, cannot be re-disclosed without my written consent. I understand that I may revoke this consent any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically 90 days following the day of termination of services from the program.

Client's Signature

Date

Alternative Counseling

19435 W. Valley Hwy, S - 109 Kent, WA 98032

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Effective March 1, 2014

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Alternative Counseling may not say to a person outside Alternative Counseling that you attend the program, nor may Alternative Counseling disclose any information identifying you as an alcohol or drug treatment patient, or disclose any other protected information except as permitted by federal law.

Alternative Counseling must obtain your written consent before it can disclose information about you for payment purposes. For example, Alternative Counseling must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Alternative Counseling is also required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes, and Alternative Counseling must obtain your written consent before disclosing any of your psychotherapy records. Generally, you must also sign a written consent before Alternative Counseling can share information for treatment purposes or for health care operations. However, federal law permits Alternative Counseling to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluations;
3. To report a crime committed on Alternative Counseling's premises or against Alternative Counseling personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

Before Alternative Counseling can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you orally or in writing.

Your Rights

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. Alternative Counseling is only required to agree to your request if you request a restriction on disclosures to your health plan for payment or health care operations purposes, and you pay for the services you receive from Alternative Counseling yourself (out-of-pocket), unless the disclosure is otherwise required by law. In any other situations, Alternative Counseling is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. Alternative Counseling will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Alternative Counseling, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Alternative Counseling's records, and to request and receive an accounting of disclosures of your health related information made by Alternative counseling during the six years prior to your request. You also have the right to receive a paper copy of this notice.

Alternative Counseling's Duties

Alternative Counseling is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Alternative Counseling is required by law to abide by the terms of this notice and to make new notice provisions effective for all protected health information it maintains.

Complaints and Reporting Violations

You may complain to or receive additional information about your rights with Alternative Counseling by contacting Dwayne Brown at 425-251-1933. In addition you can contact the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA you will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

I hereby acknowledge that I received a copy of this notice.

Signature

Date

Printed Name

The following is a copy of the acts of unprofessional conduct in RCW 18.130.180

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder 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 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) Except when authorized by RCW [18.130.345](#), 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, documents, records, or other items;
- (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 subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena 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.

Alternative Counseling

CLIENTS RIGHTS

“You have the right to”:

1. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
2. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
3. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
4. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
5. Be free of any sexual harassment;
6. Be free of exploitation, including physical and financial exploitation;
7. Have all clinical and personal information treated in accord with state and federal confidentiality;
8. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
9. Receive a copy of agency complaint and grievance procedures upon request and to lodge a complaint or grievance with the provider if you believe your rights have been violated; and
10. File a complaint with the Washington State Department of Health when you feel the agency has violated a WAC requirement regulating behavior health agencies.”

Client Signature

Date

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Counselor Disclosure Statement

Dwayne C. Brown (CP0006325) is a licensed Substance Use Disorder Professional (SUDP) and is the Clinical Supervisor for Substance Use Disorder Treatment at the facility. He has been a SUDP since 2007, and has worked for Alternative Counseling since 2004. He performs group and individual substance use disorder counseling sessions, drug and alcohol evaluations, Marijuana Awareness Class and Alcohol/Drug Information School. The main therapeutic techniques used are Cognitive-Behavioral Therapy and Motivational Interviewing. This counselor is not credentialed to diagnose mental disorders or to conduct psychotherapy as defined in WAC 246-810-010(14).

Oksana P. Kimpel (CP60334884) is a licensed Substance Use Disorder Professional I (SUDP). She has a Master's Degree in Economics from Moscow State Agroengineering University. She has been a SUDP since 2013 and has worked as a SUDP for Alternative Counseling since 2005. She performs group and individual substance use disorder counseling sessions, drug and alcohol evaluations, and Alcohol/Drug Information School. The main therapeutic techniques used are Cognitive-Behavioral Therapy and Motivational Interviewing. This counselor is not credentialed to diagnose mental disorders or to conduct psychotherapy as defined in WAC 246-810-010(14).

Hannah Rosborough (CP60753393) is a licensed Substance Use Disorder Professional (SUDP). She has been a SUDP since August 2017 and has worked in the counseling field since 2005. She performs group substance use disorder counseling sessions and drug and alcohol evaluations. The main therapeutic techniques used are Cognitive-Behavioral Therapy and Motivational Interviewing. This counselor is not credentialed to diagnose mental disorders or to conduct psychotherapy as defined in WAC 246-810-010(14).

Laura M. Schulz, PhD, MA, LMHC is a licensed Mental Health Counselor (LH60801673). She has a PhD. in Psychology from Capella University and a Master's Degree in Mental Health Counseling from City University. She has experience working with veterans, people diagnosed with substance use disorders and autistic children and has previously worked at Auburn Youth Resources, Enumclaw Youth & Family Services and the Washington State Department of Health. She has worked for Alternative Counseling since July 2016. She performs mental health evaluations, as well as individual, couples, family, and group mental health counseling sessions. The main therapeutic techniques used are Cognitive-Behavioral Therapy, and Motivational Interviewing.

James Watts (CO60914707) is a licensed Substance Use Disorder Professional Trainee (SUDPT). He has AA in Chemical Dependency Counseling from Highline Community College. He has worked with the public during his entire career including customer service and started working for Alternative Counseling in 2019. He performs group and individual counseling sessions and drug and alcohol evaluations. The main therapeutic techniques used are Cognitive-Behavioral Therapy and Motivational Interviewing.

Katherine M. Duran (CP61087316) is a licensed Substance Use Disorder Professional (SUDP). She earned a Masters in Addiction Counseling through Grand Canyon University. She has been working as a SUDP at Alternative Counseling since 2019. She performs group and individual substance use disorder counseling sessions and drug and alcohol evaluations. The main therapeutic techniques used are Cognitive-Behavioral Therapy, Rational Emotive Behavioral Therapy, and Motivational Interviewing. This counselor is not credentialed to diagnose other mental disorders or to conduct psychotherapy as defined in WAC 246-810-010(14)

Cognitive-Behavioral Therapy - <http://www.nrepp.samhsa.gov/cbt.aspx>
Motivational Interviewing - <http://www.centerforebp.case.edu/practices/mi>
Dialectical-Behavioral Therapy - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/>

We accept self-paying clients and clients with private insurance. We only charge for services rendered and if there is overpayment, a refund will be issued promptly. Clients are not liable for any fees or charges for services rendered prior to receipt of this disclosure statement.

Alternative Counseling wants you to know that counselors practicing for a fee must be registered or certified with the Washington State Department of Health for the protection of public health and safety. Registration of an individual does not include recognition of any practice standards nor necessarily implies the effectiveness of any treatment. Clients have a right to choose counselors who best suit their needs and purposes.

The purpose of the Counselor Credentialing Act, chapter 18.19 RCW, is to:

- a) Provide protection for public health and safety; and
- b) Empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

You have the right to contact the Washington State Department of Health with any complaints directly at:

Washington State Department of Health

Facilities and Service Licensing

Attention: Investigation

PO Box 47852

Olympia, WA 98504-7852

1-800-633-6828

I have been provided a copy of the required disclosure statement and have read and understood all the information provided.

Client Signature

Date

Zoom Instructions

Step 1: Download Zoom on device (Computer, Ipad, Phone)

Downloading Zoom: <https://zoom.us/download>

Step 2: Read Procedures

Step 3: Click Link to Join Meeting

*if it is an apple device, just click link, if it is an android device, it will ask you for a meeting ID:

82406432977

Procedures:

1. The ADIS Book must be filled out completely prior to attending the class (This counts as 4 hours of your class)
2. All group members must participate verbally.

Zoom Meetings Link:

ADIS Meeting Link: <https://us02web.zoom.us/j/82406432977>