

MARIJUANA CLASS CLIENT INFORMATION

Name: _____ Date: _____

Address: _____

Driver's License Number: _____

Date of Birth: _____

Phone Number: _____

Are you here for a work related incident? Yes No
Have you had a drug and alcohol assessment? Yes No

If so who did the Assessment: Alternative Counseling
 S.A.P.: _____
 Other: _____

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 Anger Management 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: _____

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.

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.

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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

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

*Additional copies available upon request.

Marijuana Awareness PRE-Test

Name: _____

Date: _____

1. Marijuana is made up of parts of a _____:
 - a. hibiscus plant
 - b. hemp plant
 - c. fern
 - d. ivy plant

2. The chemical in marijuana that causes the user to feel “high” is ____:
 - a. dopamine
 - b. cannabis sativa
 - c. tetrahydrocannabinol (THC)
 - d. serotonin

3. Marijuana users experience short-term memory loss because of the drug’s effect on:
 - a. the heart
 - b. the cerebral fluid
 - c. the neurotransmitters

4. Tetrahydrocannabinol acts on the brain by_____
 - a. coating the skull
 - b. binding to specific receptor sites in the brain
 - c. causing brain tissue to grow
 - d. killing brain cells

5. Smoking marijuana may increase the risk of_____
 - a. kidney stones
 - b. heart attacks
 - c. pregnancy

6. Heart rate can increase _____ right after smoking marijuana:
 - a. 20%
 - b. 50%
 - c. 100%
 - d. 200%

7. Heavy marijuana use impairs a person’s ability to ____:
 - a. form memories
 - b. shift attention from one thing to another
 - c. perform intricate tasks involving coordination
 - d. All of the above

8. If marijuana is consumed in food or drink, the short term effects begin:
 - a. more rapidly but last longer
 - b. more slowly and end quicker
 - c. more slowly and last longer
 - d. more slowly and are weaker

9. THC activates the reward system in the same way that nearly all drugs do, by stimulating brain cells to release:
- a. Dopamine
 - b. GABA
 - c. Serotonin
 - d. All of the above
10. Marijuana smoke is less damaging to the lungs than tobacco smoke:
- a. True
 - b. False
12. The discovery of THC receptors in the brain led to the discovery of _____:
- a. cholene
 - b. acidosis
 - c. keriment
 - d. anandamide
13. If you have a state of Washington medical marijuana recommendation you may:
- a. be exempt from receiving a DUI
 - b. not be fired for failing a work place UA
 - c. not feel high from smoking if you have a medical problem
 - d. none of the above.

Marijuana Awareness POST-Test

Name: _____

Date: _____

1. Marijuana is made up of parts of a _____:
 - a. hibiscus plant
 - b. hemp plant
 - c. fern
 - d. ivy plant

2. The chemical in marijuana that causes the user to feel “high” is ____:
 - a. dopamine
 - b. cannabis sativa
 - c. tetrahydrocannabinol (THC)
 - d. serotonin

3. Marijuana users experience short-term memory loss because of the drug’s effect on:
 - a. the heart
 - b. the cerebral fluid
 - c. the neurotransmitters

4. Tetrahydrocannabinol acts on the brain by_____
 - a. coating the skull
 - b. binding to specific receptor sites in the brain
 - c. causing brain tissue to grow
 - d. killing brain cells

5. Smoking marijuana may increase the risk of_____
 - a. kidney stones
 - b. heart attacks
 - c. pregnancy

6. Heart rate can increase _____ right after smoking marijuana:
 - a. 20%
 - b. 50%
 - c. 100%
 - d. 200%

7. Heavy marijuana use impairs a person’s ability to ____:
 - a. form memories
 - b. shift attention from one thing to another
 - c. perform intricate tasks involving coordination
 - d. All of the above

8. If marijuana is consumed in food or drink, the short term effects begin:
 - a. more rapidly but last longer
 - b. more slowly and end quicker
 - c. more slowly and last longer
 - d. more slowly and are weaker

9. THC activates the reward system in the same way that nearly all drugs do, by stimulating brain cells to release:
- Dopamine
 - GABA
 - Serotonin
 - All of the above
10. Marijuana smoke is less damaging to the lungs than tobacco smoke:
- True
 - False
12. The discovery of THC receptors in the brain led to the discovery of _____:
- cholene
 - acidosis
 - keriment
 - anandamide
13. If you have a state of Washington medical marijuana recommendation you may:
- be exempt from receiving a DUI
 - not be fired for failing a work place UA
 - not feel high from smoking if you have a medical problem
 - none of the above.