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CLIENT INFORMED CONSENT

The Client Informed Consent is a required document per WAC 246-810-031. Washington State law mandates counselors disclose the following information to clients:

1. DBT Tri Cities is a mental health counseling business owned and operated by Sharon Stowe, Ph.D, LMHC, LPC, NCC, CGP. Sharon is a Licensed Mental Health Counselor in the State of Washington. Her license number is LH00003928. Sharon has a Bachelor's degree in psychology and a Master's degree in Counseling and Guidance. Further she completed a two-year, Post-master's degree study in group therapy and a one-year, Post-master's degree study in human and child development. She has a doctorate in psychology completed in 2012 through Capella University, Minneapolis, MN. Major course work included testing and evaluation, understanding the brain and neurology, assessment, treatment, and treatment planning, human development, ethics, etc. She has practiced as a Mental Health Counselor for over twenty years. Furthermore, she is licensed to practice as a LPC in the State of Oregon, Nationally Certified Counselor, and a Nationally Certified Group Psychotherapist.
2. The types of counseling practiced are DBT, cognitive-behavioral and animal-assist therapy. These modalities are research based and have been found to be very effective treatments. Sharon has been extensively trained in using cognitive therapy for the last ten years. Further, as stated, she completed a two-year study in group psychotherapy through the Fielding Graduate University. She and her dog are a trained and registered AAT team with the Delta Society.
3. When a client enters treatment, an assessment will be completed. When the assessment is completed, the therapist and client(s) discuss the course of treatment and how this will take place. Throughout the counseling the course of treatment will be reassessed by the client and therapist to determine if the outcome is helpful to the client(s). Notable, a client/clients must always take an active role in his or her own treatment. This includes, and is not limited to: completing homework assignments, attending scheduled sessions on a regular basis, and following the treatment plan.
4. The following is required information, "Counselors practicing counseling for a fee must be registered or licensed with the Department of Health 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 implies the effectiveness of any treatment. " The purpose of the Counselor Credentialing Act is: (1) To provide protection for public health and safety, and (2) to empower the citizens of the State of Washington by

providing a complaint process against those counselors who would commit acts of unprofessional conduct. Clients have the right to choose a counselor who best suits their needs and purposes.

5. As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, and by the Washington State Department of Health, I abide by each board's Code of Ethics. To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.
6. Billing and fees: The fee is \$125.00 per hour for individual, couple's, and family counseling sessions. The fee for group is \$10.00 to \$25.00 per meeting. This fee is due at the time of each meeting unless otherwise specified per insurance payment per meeting and client copay. The therapist is willing to bill the insurance company and the client is responsible for any and all fees an insurance company will not pay. When the therapist sends a bill to the insurance company, the following is disclosed: name, address, date of birth and client ID number, diagnosis, and dates of meetings. Some insurance companies require written reports of client progress so the assessment, symptoms, treatment plan, prognosis, and progress may also be disclosed. When a client is severely delinquent of payment, they will be sent to a collection agency for full payment of unpaid fees. There is a fee for reports written.
7. The fee for Court time is \$180.00 per hour. An advance fee of \$180.00 per hour is due before actual Court testimony. The client(s) agrees to be responsible to pay this fee regardless of the outcome of the Court action. I do not write letters to the Court.
8. All clients are to be informed the extent of confidentiality of their counseling. RCW 18.19.060 provides a Licensed Counselor will obtain written permission from the client to disclose confidential information except in the following cases: (1) Any communication that reveals the contemplation or commission of a crime or harmful act, (2) If the client states they are in danger to harm themselves or another person, (3) If the client is a minor, and the information acquired by the counselor indicates that the minor was the victim or subject of a crime. Also, the counselor may testify fully upon examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry, (4) If the client waives the privilege by bringing charges against the counselor, (5) In response to a subpoena from a Court of law or the secretary, (6) In the case of a client death or disability, with the written permission of the client's personal representative, (7) Further the Health Insurance Portability and Accountability Act (HIPPA) indicates an insurance company may audit or obtain client information.
9. 24 HOUR NOTICE IS REQUIRED TO CANCEL AN APPOINTMENT UNLESS THE SITUATION IS EMERGENT.

"I have read and fully understand this document. I have been provided a copy of the form indicating client rights and responsibilities and acts of unprofessional conduct. In addition, as it applies, I agree and give full authorization and consent my information may be disclosed to my insurance co. for billing purposes."

Signature

Date

Witness signature

Date

All counselors subscribe to the ethical standards of the American Counseling Association. Licensed professional counselors (LPCs) and licensed marriage and family therapists (LMFTs) are bound by the Oregon Code of Ethics and the Washington State Code of Ethics adopted by the licensing board. These standards and laws protect your confidentiality and rights. All professional staff have agreed to and signed a code of ethics statement that is available to clients.

Client's Bill of Rights

As a client of an Oregon licensee [or Registered Intern] you have the following rights:

- * To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- * To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- * To obtain a copy of the Code of Ethics;
- * To report complaints to the Board;
- * To be informed of the cost of professional services before receiving the services;
- * To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against licensee;
- * To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE, #250, Salem, OR 97302-6312 Telephone: (503) 378-5499 Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT For additional information about this counselor or therapist, consult the Board's website.