

Pursuant to WAC 246-810-031 the following information is provided to all clients:

CLINICAL DISCLOSURE STATEMENT

PURPOSE OF DISCLOSURE: This statement provides information about my treatment provisions and the types of treatment I offer to assist clients in choosing the treatment and provider that may best suit their needs. I ask that all clients read the following information carefully and ask any questions to help clarify any part of this statement which is inadvertently confusing or unclear.

COUNSELOR INFORMATION

Trevor N Aerts, LMHC, CDP
Master's level Mental Health and Substance Use Counselor

Independent practitioner working out of the Cooler shared workspace:
1319 Commercial St, Suite 201-E
Bellingham, WA, 98225
425-954-7662
bespokecounseling@gmail.com

CREDENTIALS:

Masters of Psychology, Child, Couple, and Family Therapy, Antioch University
Seattle
Bachelor of Arts Degree, Psychology, University of Washington
Member of Associates in Mental Health, Whatcom County

PROFESSIONAL LICENSURE:

WA Mental Health Counseling License: LH 60534212
WA Chemical Dependency Professional License: CP 60416971

THEORETICAL ORIENTATION AND PROFESSIONAL PHILOSOPHY:

My view on the counseling process is rooted in a strength based, collaborative relationship between the counselor and client(s) with the intention of resolving conflict in order to increase interpersonal and/or relational peace and quality of life. My training and education in child and adolescent development, family dynamics and addiction are put into practice primarily through a Systems and Cognitive-Behavioral lens, with a focus on development of both internal stress management techniques and an appropriate community based support system.

I hold the belief that all of humankind do the very best with what they have to work with and that when additional services are sought or indicated; it is because the skills and tools we have acquired are no longer serving us to the level of our needs. I believe the counseling process is a safe and purposeful environment to explore and develop the strengths we already have to better serve us.

COURSE OF TREATMENT:

I strive to tailor my work with clients to their individual or relational needs and so it is important to me to collaborate with my clients on how their course of treatment will

best serve them. I believe the first step in that process is to have a brief consultation session to determine whether or not we seem like a good fit, followed by a comprehensive and accurate assessment of need and outline of some treatment goals. The level of need and type of goal helps determine course and schedule of treatment, generally consult sessions are 30 minutes, individual sessions are 50 minutes, couple and family sessions are 75 minutes and the initial assessment sessions are 90 minutes.

CONFIDENTIALITY:

I am bound by my professional ethics as well as the HIPPA guidelines to protect client rights to confidential communication in regard to their involvement in counseling. For this reason, if the client desires that I release information about their participation in therapy to anyone, I will require their signed "Release of Confidential Information." This confidentiality has the following mandated reporting exceptions as provided by law (RCW 18.19.180 1-6):

1. In the event of a medical emergency, emergency personnel or services may be given necessary information.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
3. In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
4. If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
5. If you bring a complaint against me with the State of Washington, Department of Health, information will be released.
6. If records are subpoenaed by an attorney in the State of Washington, they will be released unless you file a Protective Order within 14 days of the subpoena.
7. In the event a client's death or disability, the information may be released if the patient's personal representative or the beneficiary of an insurance policy on the patient's life signs a release authorizing disclosure.
8. In the event the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriate authorities.
9. In the case of a minor client, information indicating that the client was the victim of a crime may be released to the proper authorities.

If I am served a legitimate subpoena for your records, I will use every legal means available to me to block such action and protect your confidentiality. However, if the particular legal authorities involved do not support this ethic, I will be required to release the records and possibly be required to appear in court.

I participate regularly in confidential consultation with other mental health professionals. This association provides an important dimension to my professional development and supports the quality of service I provide my clients. When I consider it beneficial to the therapeutic process, I may use these professional opportunities to discuss issues pertaining to my work with a particular client. If I do so, it will always be in a manner that protects their anonymity and honors this most

basic principle of confidentiality.

FEES AND CANCELLATION POLICY:

My rate for consultation sessions are \$20.00, individuals are \$100.00, couple and family sessions are \$140.00 and the initial intake/assessment session is \$150.00. I also have a sliding scale fee schedule based on income, family size and current life circumstances which has a minimum fee of \$20.00 per session and is available on a case by case basis.

I ask that cancellations and rescheduling of sessions occurs at least 24 hours prior to the scheduled meeting time. Cancellations and missed appointments without at least 24 hours notice may incur a fee of half the session rate.

INSURANCE BILLING: I am a part of Associates in Mental Health and as such, I am credentialed with several insurance companies including Molina, Kaiser Permanente, Regence, Primera and Aetna.

EMERGENCIES: A message may be left on my cell phone, which is what I use for all business calls, at any time by calling 425-954-7662. In a crisis situation, a client may need assistance before I have the opportunity to receive their call. **If this is the case, they may call 911 or the VOA Crisis Line at (800) 584-3578.**

REVIEW OF RECORDS: While I make it my practice to keep minimal notes for each client, each client has the right to see and copy those notes. The client may also ask to correct that record.

NOTICE TO CLIENTS: As required by RCW 18.19.060, this will inform clients of certified or registered counselors in the State of Washington that they may file a complaint with the Department of Health at any time they believe a counselor has demonstrated unprofessional conduct. The purpose of the law regulating counselors (the Counselor Credentialing Act) is: (A) To provide protection for public health and safety; and (B) to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. Counselors practicing counseling for a fee must be registered or certified 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 standard, nor necessarily imply the effectiveness of any treatment.

Assurance of Professional Conduct

Thousands of people in the counseling or hypnotherapy professions practice their skills with competence and treat their clients in a professional manner. If you and the counselor agree to the course of treatment and the counselor deviates from the agreed treatment, you have the right to question the change and to end the counseling if that seems appropriate to you.

We want you to know that there are acts that would be considered unprofessional conduct. If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number in

this publication to find out how to file a complaint against the offending counselor or hypnotherapist. The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling or hypnotherapy services. The conduct, acts, or conditions listed below give you a general idea of the kinds of behavior that could be considered a violation of law as defined in RCW 18.130.180.

1. The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RC;
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 nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
5. Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
6. The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
7. Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
8. Failure to cooperate with the disciplining authority by:
 1. Not furnishing any papers or documents;
 2. Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;
 3. Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceedings; or
 4. 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 9.96 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:
 1. Alcohol;
 2. Controlled substances; or
 3. 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.

If you want more information about the law regulating counselors or want to file a complaint, please write to: Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, Washington, 98504 or call (360) 236 4700

The client(s), as evidenced by the signature below, has read and understands this statement, and signifies a copy of this Disclosure Statement has been provided to the client.

Client's Signature _____

Date _____

Referred by: _____

Provider's Signature _____

Date _____