



20/20 LIFESTYLES CLIENT INFORMATION

OFFICE HOURS

Appointments are available from 8:00 AM to 9:00 PM, Monday through Friday.
In the event of an emergency, please call 911 or the Crisis Clinic at (206) 461-3222.

LICENSED MENTAL HEALTH COUNSELOR

A Licensed Mental Health Counselor (LMHC) must have a Master's Degree from an accredited university and have supervised pre and post-graduate experience. He/she has passed a national written examination given by Washington State.

LICENSED CLINICAL SOCIAL WORKER

A Licensed Clinical Social Worker must have a Master's Degree from an accredited university and have supervised pre and post-masters experience. He/she has passed a national written examination administered by the State of Washington Department of Health. Upon completion and documentation to the State of Washington, Licensure is awarded allowing the social worker to provide services to the public.

For additional information on State Licensure contact the Washington State Department of Health, Health Professionals Quality Assurance at 800-525-0127.

CLIENT'S RIGHTS AND RESPONSIBILITIES

- Clients have the right to decide whether or not to receive psychotherapy from a Counselor; they also have the right to refuse any treatment or treatment method. If a client wishes, their Counselor will provide the names of other qualified therapists.
- Clients have the right to end treatment at any time. We recommend that if patients are considering ending their treatment, they schedule a final session together to discuss treatment termination. The Counselor has the right to recommend termination if he believes it is in the best interest of the client or if the client fails to keep commitments to the Counseling Center.
- Clients are encouraged to ask questions about all procedures used.
- Clients have a right the review clinical or financial records other than raw data at any reasonable time. Information and copies may be provided at no cost.

CONFIDENTIALITY

All information provided by a client in an individual session with a Counselor is confidential and may not be released to any person or agency without a client's written consent. When it is useful for your Counselor to review specific issues of treatment with another professional, the client's anonymity will be protected.

There are certain situations in which health care professionals including Counselors are required by law to release information to others without the client's permission. These situations are:

- 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 release information or if a subpoena is received from anyone authorized to issue subpoenas
- d. If a situation of child abuse or abuse of a dependent adult is revealed



- e. If a release of information is provided to report results of evaluations, client attendance or progress, or other pertinent treatment considerations.
- f. There are certain other situations where information release is permitted. Please feel free to discuss this with your Counselor.

GENERAL CONSIDERATIONS

Psychotherapy may involve remembering unpleasant events, may arouse unpleasant emotions and intense feelings. Benefits can be: improved abilities to deal with family relationships or personal problems, better self-understanding, clarification of personal goals or values and growth in maturity, and thus experience more satisfaction in life.

A Counselor is not a physician and cannot prescribe medications or medical procedures. If medical treatment is indicated, clients will be referred to their personal physicians, or if the client desires, a physician will be recommended.

I understand that PRO Sports Club Counseling Center has a 48-hour cancellation policy and that a charge of \$130 will be billed to me directly if I miss any appointment or fail to provide the required 48-hour notice when cancelling an appointment. I further understand that arriving late to a scheduled appointment may result in a shortened or rescheduled appointment.

PAYMENT OF FEES

Cost for counseling visits while in the 20/20 Lifestyles Program are included in your program fee. If additional counseling visits are needed or requested these costs will be arranged for in a separate financial agreement.

PROTECTED HEALTH INFORMATION

I agree my Counselor, their staff, agents and business associates may use my health information for the purposes of payment, treatment and health care operations.

MUTUAL EXCHANGE OF INFORMATION

The purpose of your sessions with your Counselor is to facilitate your progress toward your goals in the 20/20 Lifestyles program. All reports, treatments notes and other information generated in these sessions will be transmitted for that use and for storage by the 20/20 Lifestyles Program staff. This information will not be used or disclosed for any reason other than those listed above. By signing this statement you agree to this information exchange.

I have read and understand all of the information above. I have received a copy of this information.

CLIENT NAME: (please print): _____

CLIENT SIGNATURE: _____

DATE: _____

COUNSELOR NAME: _____

COUNSELOR SIGNATURE: _____

DATE: _____

Counselors practicing counseling for a fee must be licensed with the department of health for the protection of public health and safety.