P A L O U S E R I V E R C O U N S E L I N G

Disclosure Statement for

**Kayla Spangler, LMHC, CMHS**

**EDUCATION**

MS: Clinical Psychology Eastern Washington University 2010

BS: Psychology Eastern Washington University 2008

AA: University & College Transfer Degree Skagit Valley College 2003

**EXPERIENCE**

Child Outpatient Therapy Palouse River Counseling 2017 – Present

Treatment Coordinator The Bair Foundation 2013 – 2017

Adult & Child Outpatient Therapy Compass Health 2011 – 2013

Adult Outpatient Therapy-Intern Spokane Mental Health 2009-2010

**TYPES OF COUNSELING PROVIDED**

Individual, family, children’s group counseling, psychoeducational, case management, and crisis intervention.

**METHODS AND TECHNIQUES USED**

An integrative approach of therapeutic theories is provided including techniques from Person-Centered Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Motivational Interviewing.

**SUPERVISION**

 Supervision is provided by Anna Hernandez, M.Ed., LMHC, CMHS.

**QUALIFICATIONS**

Licensed Mental Health Counselor (LH60792099)

Child Mental Health Specialist

Mental Health Professional

**THE PURPOSE FOR DISCLOSURE**

A counselor is any person who charges a fee for assisting another person in resolving or adjusting to mental, emotional, or behavioral problems, or in achieving awareness of yourself or others. A counselor is required to be registered or certified with the Washington State Department of Licensing unless exempt (see RCW 18/19) to protect the public health and safety. Registration does not include recognition of any practice standards nor does it imply the effectiveness of any treatment.

You are to receive information from your counselor that explains the type of treatment provided, their education or training, and their experience. This disclosure statement, as well as your rights as a client and rights regarding confidentiality must be reviewed and acknowledged by your signature.

This information is provided, as required by law, to ensure that you are able to make informed decisions about your treatment and to choose a counselor suited to your needs. You have the right to ask questions about your counselor or your treatment. Your treatment should put you in control of your life and therapy. You have the right to have all information regarding your treatment kept confidential with the following exceptions:

1. If you give written consent for your counselor to speak to someone else;
2. If you confide that you have hurt or plan to hurt another person;
3. You are under 18 years of age and have been the victim of a crime, which includes physical or sexual abuse;
4. Your counselor is subpoenaed to testify or required by law to testify;
5. If you bring charges against your counselor.

**GRIEVANCES**

You may file complaints with the Department of Licensing against your counselor for the following reasons:

* False, fraudulent, or misleading advertising or counseling practices.
* Acts involving dishonesty, corruption, or moral turpitude relating to the practice of counseling.
* Incompetence, negligence, or malpractice resulting in injury or unreasonable risk to you.
* Practicing when registration or certification has been revoked, suspended, or restricted by the Department of Licensing.
* The possession, use, or distribution of controlled substances for other than legitimate therapeutic purposes.
* Violations of Federal, State, or health agency laws.
* Aiding or abetting unregistered or uncertified persons in engaging in the practice of counseling.
* Counseling while suffering from a contagious disease involving serious risk to the public health.
* Promotion of unnecessary or useless drugs, devices, treatments, services, or procedures for personal gain.
* The procurement or aiding in procuring a criminal abortion.
* The offering to cure by or use secret methods.
* The willful betrayal of client confidentiality.
* Violation of rebate laws, which includes payment for referral of clients.
* The use of threats or harassment against clients or witnesses during disciplinary investigations.
* Drunkenness or impairment from the use of alcohol.
* Abuse of a client or sexual contact with a client.

Questions or grievances may be directed to:

 Mental Health Chemical Dependency

 Greater Columbia RSN Department of Licensing

 Ombuds Service P.O. Box 9012

 3311 W. Clearwater Ave., Suite 1000 Olympia, WA 98504-8001

 Kennewick, WA 99336

(360) 753-1761

 (509) 735-8681

In addition to the above rights, you should also be given information regarding the cost of services. This information will be presented on your pay contract. After reviewing this information, and the attached disclosure statement from your counselor, please acknowledge receipt of the information by signing this form below.

Client Date

PRC Representative/Counselor Date