**PALOUSE RIVER COUNSELING**

Disclosure Statement for

**CHRISTINE A. HICKS**

**EDUCATION:**

B.S. **Sociology with Emphasis on Race, Gender and Society**

*University of Idaho, 2017*

Minor**Women and Gender Studies**

Certificate**Diversity and Stratification**

*University of Idaho, 2016*

**EXPERIENCE:**

2018 - Current **WISe Care Coordinator** - Children’s Mental Health Counselor  *Palouse River Counseling - Pullman, Washington*

2017 **Internship: Virtual Facilitator** - Family, Violence, and Society

*University of Idaho - Moscow, Idaho*

**SERVICES PROVIDED:** Wraparound Services, Group and Individual Facilitation, Crisis Intervention, Behavioral Analysis, Psychotherapy (Talk Therapy), Motivational Interviewing, and Mindfulness.

**METHODS AND TECHNIQUES:** I strive to help clients build self-efficacy and develop the necessary tools to build lasting relationships with their families, communities, and peers. I primarily focus on using Psychotherapy and Motivational Interviewing to encourage the growth of clients and their families through strength-based counseling methods.

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

**OTHER QUALIFICATIONS:** Agency Affiliated Counselor (CG60883951)

**PURPOSE OF THIS 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