

PALOUSE RIVER COUNSELING

Disclosure Statement for **Benjamin Thew, M.A., LMHC**

EDUCATION

- M.A. Community Counseling, Washington State University, 2015
B.S. Applied Developmental Psychology, Eastern Washington University, 2009

EXPERIENCE

- 2021 - present Adult Mental Health Counselor, Palouse River Counseling, Pullman, WA
2017 - 2021 Child, Youth, and Family Therapist, Tulalip Tribes, Tulalip, WA
2015 - 2017 Youth Mental Health Counselor, Palouse River Counseling, Pullman, WA

TYPES OF COUNSELING PROVIDED

Outpatient individual and group counseling, crisis intervention.

METHODS AND TECHNIQUES USED

Therapeutic strategies focus on the individual needs of each client and may come from a variety of different therapeutic modalities including person centered therapy, Acceptance and Commitment Therapy, and Eye Movement Desensitization and Reprocessing therapy.

SUPERVISION

Supervision is provided by Rhonda Allenger, M.S.W, A.C.S.W.

OTHER QUALIFICATIONS

Mental Health Counselor License (LH 60819512)
Child Mental Health Specialist

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
Greater Columbia RSN
Ombuds Service
3311 W. Clearwater Ave., Suite 1000
Kennewick, WA 99336
(509) 735-8681

Chemical Dependency
Department of Licensing
P.O. Box 9012
Olympia, WA 98504-8001
(360) 753-1761

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