**Palouse River Counseling**

**DISCLOSURE STATEMENT FOR**

**Danielle Vander Velden, MS, CRC, LMHC**

EDUCATION

Master of Science (MS) Rehabilitation Counseling University of Wisconsin-Madison, 2013

Bachelor of Science (BS) Rehabilitation Psychology University of Wisconsin-Madison, 2008

EXPERIENCE

2016 – Ongoing Mental Health Counselor Palouse River Counseling, Pullman, WA

2013-2016 Case Manager/Clinician Pauquette Center, Portage, WI

2012-2013 Residential Counselor Goodwill Industries, Fitchburg, WI

2011-2012 Line Staff Therapist Achieving Collaborative Treatment, WI

TYPES OF COUNSELING PROVIDED

Individual counseling and case management services, psychoeducation and symptom management, crisis stabilization and intervention services, mental health evaluation for voluntary and involuntary treatment.

METHODS AND TECHNIQUES USED

* Eclectic approach to counseling with holistic, person-centered, and strengths-based focus.
* Counseling services are strongly influenced by emotion focused, acceptance and commitment therapy, cognitive-behavioral, interpersonal process theory, motivational interviewing, dialectical-behavioral, internal family systems, and compassion-focused modalities.
* Emphasis on mindfulness-based approaches and utilization of meditation and deep breathing to promote stress reduction, relaxation, and self-efficacy with managing symptoms. In-session exercises and skill building included as well as experiential therapy and creative interventions (i.e. nature therapy, art, and therapeutic writing).
* Psychoeducation, accessing resources, providing support, advocacy, and empowerment.

OTHER QUALIFICATIONS

* Licensed Mental Health Counselor (LMHC) – *MHC LH* *60660457* (Active) Washington
* Licensed Professional Counselor (LPC) - # *5946-125* (Inactive) Wisconsin
* Certified Rehabilitation Counselor (CRC) - # *0011*7903 (Active) Nationwide
* Designated Crisis Responder (DCR) – (Active) Washington

SUPERVISION

Anna Hernandez, M.Ed., LMHC, CMHS

**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