

## COUNSELOR DISCLOSURE FORM (Per WAC 246-810-030)

### **Name of Agency:**

Skagit Pediatrics  
2101 Little Mountain Ln.  
Mount Vernon, WA 98274  
(360) 428-2622

### **COUNSELOR'S EDUCATION, TRAINING AND EXPERIENCE:**

Behavior Specialist: Kara Smith, LSWAIC  
Washington State Department of Health  
Social Worker Associate Independent Clinical License: SC61058045  
Master of Social Work, University of Washington 2020  
Bachelor of Psychology, University of California, San Diego 2012

### **TYPE OF COUNSELING PROVIDED:**

The intention for counseling received at Skagit Pediatrics is for it to be short-term brief intervention therapy, psychoeducation, and cognitive behavioral therapy. Seattle Children's developed curriculum FAST-B for behavioral problems, FAST-A treatment for anxiety, and FAST-D treatment for depression through behavioral activation.  
\*It is clinic policy that the assessment, evaluations, counseling and treatment is not intended to fulfill court requirements or for other legal purposes.

### **AVAILABILITY:**

Skagit Pediatrics Behavioral Specialist is available 8am -5pm Monday- Friday. If you or your child are in a mental health crisis, please call the crisis line at (888) 693-7200, 911, or present to the nearest emergency department.

### **DETERMINING YOUR INSURANCE BENEFITS:**

Insurance Benefits vary widely, and it can be difficult and confusing trying to determine your coverage. Unfortunately, you are ultimately responsible for your health care costs, regardless of insurance coverage. We do not want you to be surprised by any unexpected costs! Therefore, it is important that you contact your insurance carrier prior to your first visit to make sure you understand your current coverage for outpatient mental health services. A list of billing codes is provided below. Regardless of insurance coverage, you are not excluded from these services. Please contact our billing department with any questions, 360-542-1354.

The following codes may be billed by Skagit Pediatrics' Behavioral Specialist. Please verify with your insurance company as to whether these codes are covered under your benefit plan.

\*99492      \*99493      \*99494      \*99484      \*G2214

### **CONFIDENTIALITY:**

Skagit Pediatrics and its employees will take measure of confidentiality to the extent of confidentiality requirements provided by RCW 18.19.180(1) through (6). a. Federal confidentiality regulations supersede every item in RCW 18.19, so following the federal regulations for informing the client of the federal confidentiality regulations satisfies this requirement.

1. Skagit Pediatrics may consult with other mental health providers who are obligated to keep client information confidential.
2. As a mandated reporter we are obligated to report suspected abuse or neglect of a child or vulnerable adult. We are also mandated to report when there is a clear threat to harm self or others.

**DOH COUNSELOR DISCLOSURE LAW:**

The purpose of the law regulating counselors is:

- To provide protection for public health and safety.
- Clients have the right to choose counselors who best suit their needs and purposes.
- To empower the client by providing a complaint process against counselors who commit acts of unprofessional conduct.

**The following contact information is provided to report unprofessional conduct or further concerns:**

Washington State Department of Health Professions  
 Quality Assurance Counselor Section  
 Post Office Box 47869  
 Olympia, Washington 98504-7869  
 (360) 236-4700

**With my signature I acknowledge that I have read and understand this disclosure. I consent to therapy at Skagit Pediatrics according to the terms described here.**

I, the legal Parent/Guardian of \_\_\_\_\_ have read, understood, and received a copy of this form:

Parent/Guardian Signature: \_\_\_\_\_

Patient Signature (if over 13yo): \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In the state of Washington, the RCW 18.19 requires that all counselors, counselor interns, and volunteer counselors to be registered. WAC 246-810-031 requires all clients to sign a copy of a client disclosure information form. WAC 246-810-030 requires all clients to be provided certain disclosure information, which is described in WAC 246-810-031. Skagit Pediatrics, LLP hereby follows all codes as described above, enforced by Washington State.