

# FAR WEST FAMILY SERVICES

Employee Assistance Program

## DISCLOSURE STATEMENT FOR COUNSELING

**CLIENT INFORMATION:** (PLEASE PRINT)

**EAP-COVERED EMPLOYER OR DISTRICT:** \_\_\_\_\_

**COVERED EMPLOYEE NAME** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

CLIENT NAMES (PRINT)	SIGNATURE	DATE OF BIRTH

**CONTACT INFORMATION:**

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**MESSAGE OKAY AT:**  HOME  WORK  CELL

**PLEASE INDICATE THE TOP THREE ISSUES THAT ARE A CONCERN TO YOU AT THIS TIME (INDICATE 1, 2, 3)**

- |                                    |                            |                                     |
|------------------------------------|----------------------------|-------------------------------------|
| _____ MARITAL/PRIMARY RELATIONSHIP | _____ DOMESTIC VIOLENCE    | _____ COMPUTER/INTERNET ADDICTION   |
| _____ PERSONAL DISTRESS/DEPRESSION | _____ CHRONIC ILLNESS/PAIN | _____ WORKPLACE PROBLEMS            |
| _____ FAMILY DYSFUNCTION           | _____ ANXIETY / PANIC      | _____ ELDERLY PARENTS CARE          |
| _____ DIVORCE                      | _____ GRIEF / TRAGEDY      | _____ TRANSITIONS (E.G. RETIREMENT) |
| _____ PARENTING/CHILDREN           | _____ PERSONAL DEVELOPMENT | _____ ANGER MANAGEMENT              |
| _____ SUICIDAL THOUGHTS            | _____ ALCOHOL / DRUGS      | _____ _____                         |

**IMPACT ON EMPLOYEE'S WORKPLACE (IF APPLICABLE). PLEASE INDICATE TOP TWO ISSUES (INDICATE 1 & 2)**

- |                                    |                                      |                                   |
|------------------------------------|--------------------------------------|-----------------------------------|
| _____ ABSENTEEISM                  | _____ TENSION WITH SUPERVISOR        | _____ INABILITY TO PERFORM DUTIES |
| _____ TARDINESS                    | _____ POOR WORK PERFORMANCE          | _____ LEAVE OF ABSENCE            |
| _____ POOR CO-WORKER RELATIONSHIPS | _____ SUSPENSION                     | _____ POOR MORALE                 |
| _____ ANGER/VIOLENCE               | _____ DISTRACTION/POOR CONCENTRATION | _____ NONE _____ N/A              |

**MEDICATIONS: PLEASE LIST PRESCRIBED MEDICATIONS FOR MENTAL HEALTH ISSUES**

\_\_\_\_\_

\_\_\_\_\_

**COUNSELOR INFORMATION**

My name is \_\_\_\_\_ and I will be your counselor at Far West Family Services. I am a mental health professional with either a master's or doctoral degree and experience in providing short-term counseling. I am registered (License No. \_\_\_\_\_) with the State of Washington as required by law.

Counseling sessions at Far West Family Services are fifty (50) minutes in length. They start at the appointed time and end fifty (50) minutes later; sessions are not extended into another's time if you arrive late. Sessions including couples or several family members are counted as one. Should you require services not available at FWFS or extended care, I will work with you to assess your needs and provide you with appropriate referrals.

If you are unable to keep an appointment, **please cancel at least twenty-four (24) hours in advance** or your appointment will be counted as one of your sessions. Please keep in mind that if there is a natural disaster, a forecast of snow, or other inclement weather in the greater Seattle area, call FWFS first, before keeping your appointment, to assure that our offices are open.

**COUNSELOR'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

REVISED: 8/2018

**Disclaimer from the State of Washington follows:**

"Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the Department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

The following conduct, acts, or conditions constitute unprofessional conduct for any counselor:

- Commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of counseling, whether the act constitutes a crime or not.
- Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof.
- All advertising which is false, fraudulent, or misleading.
- Incompetence, negligence, or malpractice which results in injury to a client.
- Practicing with a license that has been suspended, revoked, or restricted.
- Possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, or violation of any drug law.
- Violation of any state or federal statute or administrative rule regulating the counseling profession, including any statute or rule defining or establishing standards of client care or professional conduct or practice.
- Aiding or abetting an unlicensed person to practice when a license is required.
- Violations of rules established by any health agency.
- Practice beyond the scope of practice as defined by law or rule.
- Misrepresentation or fraud in any aspect of the conduct of the profession.
- Engaging in contact with the public while suffering from a contagious or infectious disease involving serious risk to public health.
- Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service.
- Conviction of any gross misdemeanor or felony relating to the practice of counseling.
- Procuring, or aiding or abetting in procuring, of a criminal abortion.
- Offering, undertaking, or agreeing to treat a client by a secret method, procedure, or treatment.
- Willful betrayal of a practitioner-patient privilege as recognized by law.
- Use of threats or harassment against any client or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any client or witness to prevent or attempt to prevent them from providing evidence in a disciplinary proceeding.
- Evidence of current misuse of alcohol, controlled substances, or legend drugs by the counselor.
- Abuse of a client or any sexual contact with a client.

If you have any concerns about your counselor and the therapy you have been receiving or any issues concerning ethics or inappropriate behavior, please contact our executive director, Katie Frisbie, at 206-406-4540.

If you wish to file a complaint with the Washington State Department of Health, go to: <http://www.doh.wa.gov/> Under the menu labeled "How Do I", go to "File a Complaint."