

**Family Enrichment Center of Seattle**

10564 - 5<sup>th</sup> Avenue Suite 405

Seattle, WA 98125-7200

(206) 306-9026

**Disclosure and Informed Consent for Counseling  
with David L. Calof, Certified Counselor in the State of Washington  
(credential number: CL60172653)**

*(Please read, sign and return along with completed Confidential Application for Counseling Services)*

**Type of counseling provided and clinical orientation**

I provide a range of counseling, consultation, and pastoral counseling services including individual, couple and family counseling, support groups, professional consultation, and mediation, and personal coaching. I have practiced in Seattle for 47 years.

It is the responsibility of counseling consumers to choose a provider, type of service, and treatment modality that best suits their needs. No one provider can meet the needs of all clients. It is the responsibility of counseling services providers to be frank with themselves and with their intended clients if they think at any time they cannot constructively engage with the client over their problem.

My clinical orientation is best described as a synthesis of family systems theory and [psychoanalytic] object relations, though I am trained in and practice various forms of solution-oriented therapy when indicated. As I am also a pastoral counselor, where appropriate I incorporate aspects of a pastoral counseling orientation into my work. Pastoral counseling means simply respect for the person and for their spiritual beliefs and traditions, whatever they may be. Pastoral counselors see people from many faith traditions, as well as those who espouse no faith tradition. Pastoral counselors come from many faith traditions, as well as from none. Whether you are Buddhist, Christian, Muslim, Jewish, Agnostic, Atheist, or any other sect, or none of the above, my goal only is to be aware of this dimension of your life as a potential resource for you. My private spiritual beliefs, however, whatever they may be, have no bearing on the work we do.

I am a Certified Counselor in the State of Washington (credential number: CL60172653). I am a Registered Hypnotherapist in the State of Washington (HP10001605), extensively trained in the use of hypnosis and hypnotherapy counseling techniques for behavioral control, performance enhancement, self-improvement, and so on. Before attempting any hypnotic work, we would discuss thoroughly the requested work, its potential benefits as well as its possible limitations, complications, or contraindications. I am a Certified Diplomate and Certified Fellow in Clinical Hypnotherapy, National Board for Certified Clinical Hypnotherapists.

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I am Registered Mental Health Counselor with the United Kingdom Council for Psychotherapy and thus able to practice mental health counseling in the U.K.

I trained as a mediator and employ alternative dispute resolution techniques for a variety of family, community, and business issues.

*Washington State law requires that I inform you:*

Counselors practicing counseling for a fee must be credentialed with the department of health for the protection of the public health and safety.

(ii) Credentialing of an individual with the department of health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

(iii) The purpose of the Counselor Credentialing Act, chapter 18.19 RCW, is to:

(A) Provide protection for public health and safety; and

(B) Empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

(iv) Clients have the right to choose counselors who best suit their needs and purposes.

### **Professional fees and billing practices**

You are not liable for any fees or charges for services rendered prior to receipt of this disclosure statement.

**All fees are due and payable at the time of the session. *I do not bill in most cases.***

**Clients may pay by check, debit card, money order, or major credit card (VISA, MasterCard American Express card).**

**My normal fee for a standard 50 minute session is \$190.** (after hours and weekend appointments are \$220). I slide this fee for approximately 20% of my practice hours. My sliding fees typically range from \$140 to \$165. Occasionally, I take on lower fee clients, depending on my availability and the merits of the particular case.

**I do not accept health insurance, Medicare, or medical coupons of any kind.**

My office will not bill your insurance carrier nor will I accept direct payment from your insurance carrier. You may seek reimbursement directly however. If you require a

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statement of charges and a procedure code for your insurance carrier, with your permission, I will provide it. If your insurance company reimburses you, they must send payment payable to you. Any insurance checks payable to me will be returned. I am not able to provide you with a diagnosis for the purposes of insurance billing. You can either use an existing diagnosis, such as the one given you by the professional who referred you, or you can seek an outside psychological examination for the purpose of obtaining a diagnosis.

### ***Missed Appointments***

**Clients are responsible for the fee for any missed sessions, payable at the next session.** No charge will be made *if a minimum 24 hour cancellation notice is given*. It is office policy to keep all scheduled appointments, despite inclement weather. If you must cancel with short notice for weather, you will not be charged.

I do not accept advance payments or barter under any circumstances, as these are expressly forbidden by law.

A \$35 charge will be assessed for returned checks. Past due accounts will be assessed an interest charge of 1.5% per month.

### **After-hour and between-session availability**

**Generally, I am not on call or available after business hours** (office hours: 9 am – 5 pm, Tues-Fri), *unless we have specifically contracted for after-hours support*, which I may do selectively, on a case-by-case basis. If I am not available, and other professional or personal support is not available, clients are directed to contact the trained counselors at the **24 hour crisis line, (206) 461-3222, or, in the case of a life threatening emergency, to call 911.**

You will receive a periodic **Days out of the Office** sheet that provides notice of regular business days when I will be out of the practice and unavailable. Please note that the office **regularly closes on Mondays.**

When I am out of the office for a week or longer, I generally ask a colleague to take call for me. Information concerning this will be available in the greeting for my confidential voicemail box (206-306-9026 ext. 1).

### **Medical and psychiatric emergencies and referral**

During our work, should you ever require medical or psychiatric attention that you do not seek on your own, I will strongly recommend that you obtain appropriate treatment or evaluation. In certain cases, your failure to follow through on such a recommendation can be grounds for termination of my services.

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### **Professional consultation**

The laws of the State of Washington, current standards of practice, as well as the ethical codes of certain professional organizations to which I belong, require that I regularly seek professional consultation regarding my cases and to disclose this fact.

Please note that the consultation process is confidential and neither your identity nor any identifying information about you will ever be revealed to any third party in this process.

In some circumstances, because of relevant legal requirements regarding counselors' scope of practice prohibiting diagnosis or psychotherapy based on the identification of a mental disorder from the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, without a referral to me by a licensed healthcare professional, I might be required to develop a treatment plan for your care with another licensed professional or to seek a diagnosis of your condition. Certified counselors are not credentialed to diagnose mental disorders or to conduct psychotherapy as defined in WAC 246-810-010(14). You have a right to refuse such a referral in writing.

### **Touch**

In general, we will not physically touch as part of our work together. Touch can be confusing and easily misinterpreted. Should touch of any kind ever be considered as an appropriate aspect of our work together, it would occur only after a thorough discussion of its meaning, appropriateness, and possible ramifications, as well as mutual consent.

### **Inebriation and intoxication**

For counseling to be effective, you must be as clear-headed as possible. You must agree not to use alcohol or any recreational (street) drug for 24 hours before your appointments. Should you present to any appointment intoxicated, I will not see you and you will be charged for the time. Should this occur two times, it shall constitute grounds for termination of my services.

### **Weapons and firearms**

At no time, may you bring any weapon (e.g., guns, knives, etc.) to a session. Bringing a weapon to a session shall constitute grounds for immediate termination of my services.

### **Confidentiality and the limits of confidentiality**

I will hold the information exchanged in counseling sessions in strict confidentiality. I highly value confidentiality, both as a provider and a consumer of services. Despite this, the law provides specific exceptions to strict confidentiality. Under certain circumstances, I may disclose otherwise confidential information without your consent or authorization:

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1. I am not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act to self or other.
2. If a client is a minor, and the information acquired by the counselor indicates that the minor was the victim or subject of a crime, the counselor may testify fully upon any examination, at trial, or other proceeding in which the commission of the crime is the subject of the inquiry.
3. If the client waives the confidentiality privilege by bringing charges against the counselor.
4. In response to a subpoena, unless otherwise directed by a lawful authority.
5. If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.
6. If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services.
7. I may disclose your confidential mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

To coordinate your care, we might find it useful under certain circumstances for you to release me to share information with other of your health providers. I may release confidential information, however, only with your express permission, and that permission may be revoked at any time.

### Note-taking, ownership of notes

Clients have the right to ask me in writing not to keep progress notes in their files. This request must be made in advance of treatment in writing. **I have included such a request form in the intake materials you received.**

The law provides that I may keep personal, confidential “therapy notes” outside your case file and also choose not to share them with you if I believe that to do so would harm you in any way. During sessions, I may take notes but these **confidential therapy notes** are not part of your client **case file or record**. Instead, they belong to me and are my personal notes to help me work with you and conduct your treatment. I will never disclose these personal notes unless specifically directed to do so by a lawful order, which I will fight. I keep these notes secure and treat them as confidential. They are not part of your case file or record. I’ll hold them for five years after treatment and then destroy them, along with your case record and notes.

Your **case file or record** contains **the record of your treatment**: your application for treatment, dates of treatment, **charges, payments, procedure code**, correspondence,

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billing information, and any other materials you might give me during treatment. You may see your **case file** upon request.

### Washington State law requires that I inform you:

"We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at . . . ."

### Background and experience

I have practiced psychotherapy and hypnotherapy in Seattle for 46 years, with an increasing emphasis for 25 years on marriage and couples practice.

I hold several advanced national certifications, including Certified Diplomate and Fellow in Psychotherapy, American Psychotherapy Association [D.A.P.A.] and Certified Diplomate in Clinical Hypnotherapy, National Board for Certified Clinical Hypnotherapists. I also am an elected Fellow of the International Society for the Study of Dissociation (1998)<sup>1</sup>, the association of mental health professionals working in the dissociative disorders field. I have written and lectured extensively on the subject of dissociative disorders. Because of my expertise in this field, the Secretary of the Washington State Department of Health appointed me to a working group (1997-1998) charged with advising the Department on current standards of care for mental health counselors working with Dissociative Identity Disorder (DID).

Besides an active counseling and consulting practice, I lecture and consult to mental health professionals internationally on marriage and family therapy, hypnotherapy, strategic [brief] therapy, and the treatment of sexual and physical abuse, posttraumatic stress disorder, and the dissociative disorders. From 1981-1994, I was senior clinical consultant to the Adult Therapy Service of Seattle Mental Health Institute, the city's largest community mental health center. I also have provided in-service training and consultation to mental health agencies across the Northwest, nationally, and internationally.

I have written two books and many other professional papers and publications variously on the treatment of adult survivors of trauma and abuse, the dissociative disorders, hypnotherapy, and marriage and family therapy. I am founder and editor emeritus of the professional journal *Treating Abuse Today*.

### My certifications, memberships, and affiliations

- Certified Diplomate in Psychotherapy and Fellow, American Psychotherapy Association
- Professional Affiliate Member, American Association of Pastoral Counselors
- Certified Diplomate in Clinical Hypnotherapy, National Board for Certified Clinical Hypnotherapists

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<sup>1</sup> For "outstanding contributions to the diagnosis, treatment, research, and education in dissociative disorders."



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**Washington State Law requires that I provide you with the State law that describes unprofessional conduct by credentialed healthcare providers:**

### **RCW 18.130.180 Unprofessional conduct.**

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The 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, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers, documents, records, or other items;

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(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or

(d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;

(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Violations of rules established by any health agency;

(12) Practice beyond the scope of practice as defined by law or rule;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The procuring, or aiding or abetting in procuring, a criminal abortion;

(19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(20) The willful betrayal of a practitioner-patient privilege as recognized by law;

(21) Violation of chapter 19.68 RCW;

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(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient 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 patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;

(23) Current misuse of:

(a) Alcohol;

(b) Controlled substances; or

(c) Legend drugs;

(24) Abuse of a client or patient or sexual contact with a client or patient;

(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

For more information from the Washington State Department of Health, or to file a complaint:

HSQA Complaint Intake  
Post Office Box 47857  
Olympia, WA 98504-7857  
Tele: 360-236-4700  
Email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)  
<http://www.doh.wa.gov/hsqa/HealthProfComp.htm>

rev. 1/2/20

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