

PATRICIA A. VALDEZ, R.N., L.I.C.S.W., P.S.
STATE OF WASHINGTON REQUIRED DISCLOSURE STATEMENT

“ Counselors practicing 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 effectiveness. “

This is to advise you that I, Patricia A. Valdez, R.N., L.I.C.S.W., am registered as a licensed independent clinical social worker with the state of Washington,(registration number 258- 00-00065147). I am also a registered nurse licensed with the state. I participate regularly in advanced training activities and classes. I work from a Jungian Analytic framework, using a variety of clinical techniques as appropriate for each client. I do not conduct evaluations, and I do not provide diagnoses for any third party other than may be required by insurance.

The standard charge for service is \$120 per session. A session is 45 to 60 minutes. Payment is due at each session unless we arrange otherwise. Once established, your appointment time is reserved for you. You may cancel an appointment without charge 24 hours in advance. If you fail to keep an appointment, you will be charge for that missed or late canceled appointment regardless of the reason. Insurance cannot be charged for missed appointments, therefore you are responsible for the entire amount. You are responsible for tracking your insurance payments to me and expediting payments should the need arise.

All statements made to me are confidential and protected by law. I keep a record of the health care services provided to you. You may ask to see or copy the record. You may also ask me to correct your record. All release of confidential information will be discussed with you. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. No information about you is released to anyone without your verified authorization. There are certain situations where I am not required to treat your communication as confidential. These situations are:

1. If your communication reveals the contemplation or commission of a crime or harmful act;
2. If the person I am seeing is a minor and has been the victim or subject of a crime, I may testify fully upon any examination, trial, or other proceedings in which the commission of a crime is the subject of the inquiry;
3. If you, as a client, waive confidentiality by bringing charges against me;
4. If I am subpoenaed by a court of law or the director of the Department of Licensing;
5. If you inform of abuse of a child or elderly person, or of threats of serious harm to anyone;
6. As may be required by insurance if you elect to use your coverage.

If you elect to use your health insurance benefits, your diagnosis, symptoms, substance abuse history, will become part of your permanent medical record. These records are often accessible to other insurance companies, and on occasion, can be accessed by employers and public investigators. I cannot guarantee confidentiality of these records once released from my office. If you pay privately, you can request that I do not keep written records.

I have been provided a copy of the required disclosure Information and have read and understand the information provided. I have also received a copy of the Notice of privacy practices. I hereby consent to treatment and agreed to the terms outlined above.

Client or Guardian Date

Patricia A. Valdez LICSW

Printed name(s): _____