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Disclosure Statement

Washington State - Social Worker Independent Clinical License: LW 60193264

Purpose

I am required by the Washington Administrative Code 246-809-710 to disclose the following information to people seeking counseling services.

Qualifications

I obtained my Social worker Independent Clinical License in 2011. I am an ethnic minority specialist for the Asian and Pacific Islander population, which allows me to provide consultation to other mental health counselors who have clients of that cultural background. I am also a mental health professional and can give a mental health diagnosis, and provide non-medical treatment for people with or without a diagnosis.

Education

In 2007, I received a master degree in social work from the University of Washington. In 2005, I graduated with two honors for a bachelor's degree in Education - Family and Human Services at University of Oregon. Prior to that, I received my education in Hong Kong.

Practice Orientation

I believe in the healing power of therapeutic relationship through fostering an open, non-judgmental, supportive, and collaborative environment. This relationship creates a safe place for you to work through unresolved issues and unhealed emotional wounds that are keeping you from moving forward or causing you distress. We will look at components of your life that have impacted your current values, relationships, and behaviors. We will examine thoughts, feelings and beliefs that influence your choices and your reactions to situations in which you find yourself today. Therapy is a process, a way to help you improve your understanding and acceptance of yourself. It can provide insight on how you can improve the quality of your life.

I have been providing individual counseling services since 2007. I have worked with clients from different cultural backgrounds who suffered from depression, anxiety, panic attacks, and Post Traumatic Stress Disorder (PTSD). My professional interests are mindfulness, multiculturalism, healing from past sexual trauma, and empowerment from within. I utilize mindfulness, thought field therapy, "the work" by Byron Katie, cognitive behavioral therapy, dialectical behavioral therapy, and other therapy theories in my sessions with clients.

Billing and Payment Policies

My full session fee is \$100 per 50-minute session.

I am a contracted provider for Aetna, Group Health, and First Choice Health. If you have other insurance that has out-of-network coverage, I will submit the claim for you. You are required to pay me the full \$100 fee at the time of service. Reimbursement from your insurance should be mailed directly to you, from your insurance carrier.

If you have no insurance coverage, are uninsured, or underinsured, I offer a sliding scale according to your household size and income. We will discuss and come to an agreement on the counseling fee that you can afford. A payment contract will be signed and payments are expected at the time of service.

If you need to cancel your appointment, please do so by 9pm the day before your appointment. Otherwise, you will be responsible to pay the full session fee.

I will charge for other services that you may request, including but not limited to: phone conversation lasting over 15 minutes, writing reports, attending meetings with other people that you have requested and authorized, and preparation of requested records or treatment summaries. I will provide a fee schedule for other services outside of counseling, if the need arises.

Communication Policy

Ideally, all communication between us occur in-person during our sessions. When you need to communicate with me outside of our scheduled appointments, please call me at the telephone number listed above and leave me a message if I don't answer the phone. I do not communicate with clients online, through email, or by text to protect the privacy of our relationship. I also do not communicate on social media sites with clients for the same reason. If I receive any message from you other than a phone call, I will not read the messages and delete them. I take my commitment of confidentiality to you very seriously. This communication policy is in place to ensure that. It is not a regular part of my practice to search for clients on Google, Facebook, or other search engines.

Emergencies

I am often not available by phone. You may leave me a message when you cannot reach me. I will make every effort to return your call within 24 hours, with the exception of Sunday and public holidays. If you are in crisis and I am not available, you need to call the Kitsap County Crisis line at: 1-800-843-4793. If you cannot keep yourself safe, or are in imminent danger, call 911, or go to the nearest hospital emergency room.

If you think your current situation will involve a great need of crisis intervention or after-hours response, choosing another therapist may be more appropriate, as my availability is limited.

Limits of Confidentiality:

All communications between a client and the therapist are confidential and protected by law. For this reason, if you want me to release information about your participation in therapy to anyone, I will require you sign a "Release of Confidential Information." This confidentiality has the following exceptions as provided by law:

1. In the event of a medical emergency, emergency personnel or services may be given necessary information.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
3. In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
4. If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
5. If you bring a complaint against me with the State of Washington, or Department of Health, information will be released.
6. If records are subpoenaed by an attorney in the State of Washington, they will be released unless you file a Protection Order within 14 days of the subpoena.
7. In the event of a clients' death or disability, the information may be released if the patient's personal representative or the beneficiary of an insurance policy on the patient's life signs a release authorizing disclosure.
8. In the event the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriate authorities.
9. In the case of a minor client, information indicating that the client was the victim of a crime may be released to the proper authorities.
10. If the client chooses to use health insurance, the name and some information about diagnosis and treatment are usually required. Many managed health care policies will require regular progress reports to them and often to the primary care physician.
11. If the client does not pay for services rendered and the account is turned over to a collection agency, some identifying confidential information will be released.
12. The therapist may seek consultation or supervision with other mental health professionals, but the client's identity will not be revealed. The laws pertaining to confidentiality will also strictly bind any consultant or supervisor used.

Review of Records

I keep a record of health care services that I provide to you. You have a right to see that record. You may also ask to correct the record. I will charge a fee to you (or to other requesting party) for photocopying any portion of the record.

It will cost \$0.65 for each of the first 30 pages and \$0.50 for each additional copy. There is also an additional \$15 clerical fee if it is over 50 pages.

Notice to Clients

As required by RCW 18.130.080, this will inform clients of certified or registered counselors in the State of Washington that they may file a complaint with the Department of Health at any time they believe a counselor has demonstrated unprofessional conduct. Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of public health and safety. Registration of an individual with the Department does not include recognitions of any practice standards, nor necessarily imply the effectiveness of any treatment.

Questions or complaints may be directed to:

Department of Health Business & Professional Administration
P.O. Box 9012
Olympia, WA 98504-8001
(360) 753-1761

Social workers are required to provide to clients the following list of conduct, acts, or conditions which constitute "unprofessional conduct" for any license holder of applicant under the jurisdiction of RCW 18.130.180:

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.
2. Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof.
3. Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed.
4. False, fraudulent, or misleading advertisement.
5. Continuing to practice when a certification or registration has been suspended, revoked, or restricted by the Director of the Department of Health.
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, the violation of any drug law, or prescribing controlled substances for oneself.
7. Violation of any state or federal status or administrative rule regulating the profession, including any statute or rule defining or establishing standards of patient care or professional conduct or practice.
8. Failure to cooperate with the Department of Health.
9. Failure to comply with an order issued by the Department of Health or an assurance of discontinuance entered into with the Department.
10. Aiding or abetting an unlicensed person to practice when a license is required.
11. Violation 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 conduct 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.
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 Department of Health.
20. The willful betrayal of a practitioner/patient privilege as recognized by law.
21. The violation of the rebating laws which includes payment for referral of clients.
22. Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the Department of Health 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.
23. Current misuse of alcohol, controlled substances, or 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 or medical or health-related products or services intended for patients.

Client Consent to Counseling

I have carefully read and understand this statement. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Diana Chan. I may end therapy at any time and refuse any requests or suggestions made by Ms. Chan. I have been provided with a copy of this form. I have had the opportunity to ask questions and received needed clarification.

Signature: _____ Date: _____

Printed Name: _____