

Kelly Hadley, MSW, ACSW, LICSW
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DISCLOSURE STATEMENT

Washington State Licensed Clinical Social Worker # LW00005445
National Academy of Certified Social Workers # 870376

Purpose of Disclosure Statement: This statement provides information about the treatment provider and the treatment offered to assist the client in choosing the treatment and the provider which best suits their needs. It is every client's right to refuse treatment at any time, with or without notice to the treatment provider.

Approach to Treatment: I use an eclectic approach. This means that I draw from a number of systems, theories and techniques, and employ them based upon the needs of each individual client. Thus, the client's needs determine the process of therapy. These therapies include, but are not limited to cognitive, behavioral, Gestalt, psychodynamic, family systems (including family of origin therapy), parent-effectiveness education, and skill-building techniques.

I see counseling as a process of learning and change. Any decisions or changes lie with the client. My role is to act as a consultant or guide to assist each individual to find resolutions to their particular problems and also to enhance healthy living. I believe all people have within them the capacity to change and grow. I encourage your questions and comments throughout this process.

Education and Experience:

Bachelor of Science (social work emphasis)
Washington State University
Masters Degree in Social Work
University of Washington

Fee Information and Payment Policies: The initial diagnostic session and subsequent treatment sessions are 50 to 60 minutes long. If a client requests written treatment reports or evaluations to be sent to individuals or agencies, you will be billed for the time required to complete such reports.

I am covered by most health insurances and will bill them for you. The co-pay is due at each session. If you do not have insurance or choose not to use it, the full fee is due at each session unless you negotiate a payment plan with me. Another option is for you to pay me at each session and bill the insurance yourself.

It is the clients' responsibility to get pre-authorization for mental health services if so required by your insurance carrier. If you do not get this and the insurance does not pay, you will be responsible for the bill.

If for any reason your insurance fails to provide payment, you will be responsible for the full cost of services rendered. If the client is under 18, the parents or legal guardian are/is responsible for the bill.

I accept VISA, MasterCard, and American Express. There is a \$50.00 service charge on all returned checks.

Cancellation Policy: There is a charge for missed appointments and cancellations.

Notification must be made at least 24 hours before the scheduled appointment, and if not you will be charged the full fee. Insurances will not pay for missed appointments. Emergency situations may be discussed with your therapist.

Emergencies: In case of emergency, after hours, weekends, and when you cannot reach me, call the 24-hour Crisis Clinic at 479-3033, dial 911, or go to the hospital emergency room. If you think your current situation will involve a great need for crisis or after-hours response, you may wish to choose another therapist, as my availability for this is limited.

Confidentiality: I am bound by my professional ethics to protect client rights to confidential communications in regards to their involvement in counseling. For this reason, if you want me to release information about your participation in therapy to anyone, I will require your signed "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 and copy that record. You may also ask to correct the record. I may charge a fee for photocopying any portion of the record.

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 a recognition 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

The client, as evidenced by signature below, has read and understands this statement. A copy of this Disclosure Statement has been provided to the client.

Client

Therapist

Date

Date

**Disclosure Statement For
Kelly Hadley, MSW**

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 statute 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 of medical or health-related products or services intended for patients.