Disclosure of Information, Policies, and Client Agreement

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WWCC Counseling Services offers, free of charge, short-term, solution-focused counseling. Appropriate referral to additional counseling can be arranged if you or I feel that it would be beneficial, or if your needs go beyond what can be addressed here.

Education, Training, and Experience: Agency Affiliated Counselor Credential: License # CG 60323771. I earned an MA in Counseling and Community Psychology through St. Martin’s College, a BS in Psychology through University of Puget Sound, and completed training through Tacoma Community College as a Chemical Dependency Professional. My experience includes: individual, group and family therapy, crisis response and aftercare in these settings: inpatient chemical dependency treatment, inpatient eating disorder treatment, outpatient chemical dependency treatment, middle and high schools, group home for youth and community college.


Student Rights and Responsibilities: You have the right to ask questions and seek clarification any time you are unsure about the counseling process. Appointments are scheduled for 50 minutes. Please call if you need to cancel an appointment. Counseling offers no guarantees that you will reach particular goals or experience specific outcomes. You have the right to request a change in counseling approach or a referral to another counselor. If you have a reason to believe that I have acted in an unprofessional or unethical manner, please bring this to my attention. If you think I have not responded adequately to your concerns, you may contact the Vice President of Student Services, Dr. Wendy Samitore at (509) 527-4300. You can also bring a complaint against me through the Washington State Department of Health, Professional Licensing Services, Counselor Registration/Certification at 360-236-4700 or email: www.hpqacsc@doh.wa.gov.

Counseling Approach: Counseling services might include brief consultation and referral, brief counseling, and/or crisis intervention. Counseling services do not include providing diagnosis for the purposes of treatment, insurance reimbursement, American’s with Disabilities Act (ADA) documentation, or the courts. Counseling is expected to support the student’s progress at WWCC.

My approach to counseling is primarily a cognitive-behavioral orientation with a focus on finding solutions. Counseling is about making positive choices that lead to personal growth, a fulfilling personal life and movement toward goals. Part of this process is identifying obstacles and ways to overcome them. Methods used in counseling include: talk therapy, coping skills training, relaxation, and homework assignments. My goal is to assist you in identifying your personal strengths and building upon them in order to make needed changes.

Confidentiality: Student/Client confidentiality is protected under Washington law (RCW 18.225.100) and information cannot be released except (RCW 18.225.105):

1. When a student/client signs a written consent (Release of Information) or, in the case of death or disability, the client’s personal representative gives consent.

2. When the student/client has reasonable cause to believe that physical or sexual abuse or neglect of a child, dependent adult, or developmentally disabled person has occurred or might occur; if the student/client presents as

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a danger to self/others (chapter 26.44 or 74.34 RCW or RCW 71.05.250).

3. When the student/client brings charges against the person licensed under this chapter (the student/client waives the privilege).

4. In response to subpoena from the secretary. The secretary may subpoena only records related to a complaint or report under RCW 18.130.050.

5. To any individual if the person licensed under this chapter reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.

I reserve the right to consult on occasion with another professional counselor in order to provide you with the best possible service and ethical treatment.

**Records:** I keep a written record of the services that I provide you. You may ask to see and copy that record. You may also ask me to correct that record. These records are kept for five years after termination of the counseling relationship.

**Fees:** Counseling services at WWCC are free. Payment for counseling obtained outside of WWCC is the student’s responsibility.

**Emergencies:** If you need emergency counseling, referral or assistance, please call one or both of the following (24-hour availability):

- Crisis Line: 509.524.2999; OR
- 911

My signature below indicates that I have read and fully understand the information presented here and agree to counseling under the above terms. I also acknowledge that I have received a copy of this statement.

_________________________________________________________               __________________________
Student Name (printed)  SID

_________________________________________________________           __________________________
Student Signature  Date

_________________________________________________________           __________________________
Counselor Signature  Date

Copies:
Student
Counselor
Student File:
Student Data Sheet
Intake Form
Release of Information Form
Notes

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