

## PROFESSIONAL DISCLOSURE STATEMENT

Craig Griffin, LMHCA

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Phone: (360) 719-0926

Welcome to my independent, private practice Craig Griffin Counseling LLC. Each Counselor and Therapist act as an independent contractor within the I.H.S. office. This document contains important information about my professional services and my business policies. You have the right to know something about my background and qualifications, and to know what to expect from our work together. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, relevant state and federal laws, and your rights as a client. If you have other questions or concerns, please ask at any time as we continue to meet. Once you sign this form, it will constitute a binding agreement between us.

**Qualifications and Background of Craig Griffin, LMHCA:** I am a Licensed Mental Health Counselor Associate (Credential Number MC 60708619) to practice in the State of Washington. I received my master's degree in Counseling from Multnomah University (2016) and my bachelor's degree in Criminal Justice from Thomas Edison State College (2011). I have over 7 years in the helping profession engaged in various roles: Counseling youth and adults in non-profit organizations, facilitating faith based recovery, sexual addiction and growth support groups, and counseling people with dual diagnosis in a recovery center.

**PSYCHOTHERAPY SERVICES:** Psychotherapy is a process of examining the feelings, thoughts, behaviors, and relationships that trouble you with the goal of helping you evaluate and perhaps change them. The specific goals of psychotherapy – what you want to change or achieve – are up to you. Reaching your goals calls for active effort on your part. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

I practice a range of different modalities, including Cognitive Behavior Therapy (CBT), Emotional Focused Therapy (EFT) and addiction treatment. I see adolescents (14-19), adults and couples. I specialize in depression, anxiety, couples counseling spiritual issues and sexual addiction treatment. I work focus on the whole person (mind, body, spirit) and offer practical solutions to real problems. My goal in therapy is to equip you with the skills to become your own therapist. I want you to take charge of your own mental health. I have a Christian world view and actively seek to integrate spirituality into the counseling session. I will work with anyone regardless of their religious beliefs and will respect each person's spiritual journey.

**SUPERVISION AND CONSULTATION:** I seek ongoing supervision and consultation from colleagues in order to provide you with the best services possible. I may disclose information about your counseling session in consultation with colleagues, in which case I will withhold your name and limit the information I disclose to the minimum necessary. I have a current supervision agreement with Ericka

Martin, LMHC (LH60337793, ACS02120) and I may disclose information about your counseling session as part of ongoing supervision. I also have an agreement with Ericka Martin to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Ericka Martin accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

**ETHICS AND PROFESSIONAL STANDARDS -- STATE OF WASHINGTON DISCLOSURES:** You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want. You have the right to choose a Counselor who best suits your needs and purposes.. A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake Post Office Box 47857 Olympia, WA 98504-7857  
Phone: 360-236-4700 E-mail: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

If a therapist is being paid for services. Washington State Law requires that the following paragraphs appear on this disclosure statement: "Counselors practicing counseling for a fee must be registered or Certified 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 implies the effectiveness of treatment" "The purpose of the Counseling Credentialing Act (chapter 18, 19 RCW) is (A) to provide protection for public health and safety; And (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct." I affirm that I am a licensed mental health counselor associate in the state of Washington in good standing since 2017. My license number is: MC 60708619

**Termination of Therapy:** Therapy is a joint effort between therapist and client. In order for the therapy to work, it is vital to keep the lines of communication open. Please come and talk to me about any concerns you have at any time during our work together. At any point in treatment you have the right to terminate therapy and receive a referral to another therapist. Please be aware that a therapist also has the right to terminate therapy: 1) If a therapist feels that it is in the client's best interest to be treated by another professional who has specialized expertise in the area needed by the client; 2) If a therapist feels threatened by a client or they are being treated abusively by a client; 3) If a client repeatedly attempts to violate the boundaries of the therapeutic relationship; 4) If the therapist should lose objectivity; and lastly; 5) If a therapist is not being paid for services.

**Professional Records:** You may examine and/or receive a copy of your Psychotherapy Notes unless I determine that knowledge of the health care information would be injurious to your health or the health of another person, or could reasonably be expected to lead to your identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate, or contain information that was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes, or is otherwise prohibited by law. Please submit requests in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents.

**Limits of Confidentiality:** A fundamental part of our therapeutic contract is confidentiality, an understanding that whatever you tell me in our sessions and your clinical record will not be revealed to

anyone else, unless you specifically authorize me in writing to do so. There are exceptions to this confidentiality standard which are discussed in this section. As my profession dictates I am in regular consultation with other mental health professionals regarding client cases that I am currently treating. In these consultations I do not give out any identifying information

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer and the Department of Labor and Industries.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice:

- If I have reasonable cause to believe that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once a report is filed, I may be required to provide additional information.
- If I reasonably believe that there is an imminent danger to the health or safety of the patient or any other individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can help provide protection.
- If a client becomes aware that she/he has AIDS or has become HIV-positive and she/he refuses to be under medical care. (This may include knowledge that a client is HIV positive and is unwilling to inform others with whom he or she is intimately involved). If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

Although this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future.

**Contacting Me:** When I am with clients or out of the office, you may leave a confidential voice mail, at 360-719-0926 which I monitor frequently. I will make every effort to return your non-emergency call on the same day you make it, with the exception of vacations, weekends and holidays, or at night. If you need to contact me between sessions, the best way to do so is by phone. Direct email at

counsel@craiggriffincounseling.com is second best for quick, administrative issues such as changing appointment times. Please do not email me content related to your therapy sessions.

**Emergencies:** In emergencies, you can try me at 360-719-0926. A message can also be left for me there if I am unavailable. Again, if I miss your call, I will make every effort to return your message at the earliest possible moment. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the County Crisis Line (360 696-9560). You may also call 911 or go to the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time I will provide you with the name of a colleague to contact, if necessary.

**Statement of Agreement - Informed Consent:** Your signature(s) below indicate that you have read (or have been read) the information included in this document and agree to abide by it during our professional relationship. I certify that I understand and will act in accordance as a client of Craig Griffin's regarding his policies and my rights described in this form. I have had the opportunity to ask questions and discuss them, and give my informed consent for services. I have received a copy of this agreement and HIPAA notice of privacy practices. If I have questions, I agree to address them today and in the future. My signature below indicates that I freely agree to participate in therapy at this time.

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Client Signature

Date

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Client Signature / Parent or Guardian

Date

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Craig Griffin, LMHCA

Date

Please sign below if you intend to seek reimbursement from your insurance company. I permit Craig Griffin, LMHCA to release information necessary for billing purposes, managed care utilization review, and coverage by my insurance company. This may include symptoms, diagnoses, prognosis, treatment plans and progress, dates of office visits, type(s) of service provided, fees, and other information required by the insurance company. This authorization will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether reimbursed by said insurance. I hereby authorize Craig Griffin, LMHCA to release all information necessary to secure reimbursement. If my insurance will not authorize payment of services, I understand that I am financially responsible for all charges.

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Client Signature

Date

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Client Signature / Parent or Guardian

Date

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Craig Griffin, LMHCA

Date