



## COUNSELOR DISCLOSURE FORM

(Per WAC 246-810-030)

In the state of Washington, the RCW 18.19 requires that all counselors, counselor interns, and volunteer counselors to be registered. WAC 246-810-031 requires all clients to sign a copy of a client disclosure information form. WAC 246-810-030 requires all clients to be provided certain disclosure information, which is described in WAC 246-810-031. Discovery Behavior Solutions LLC hereby follows all codes as described above, and enforced by Washington State.

1. **Name of Agency:** Discovery Behavior Solutions, LLC

2. **Certified Counselor's Business Address & Telephone Number**

- Address: 2605 NE 152<sup>nd</sup> Circle Vancouver, WA 98686
- Phone: (503) 462-5888

3. **The name and Washington State Registration or Certification Number for each Staff Member working with the individual:**

- Behavior Specialist: Carla-Marie Myers, MA
- Certification: BCBA #1-13-14384
- Department of Health Certified Counselor Credential Number: CL 60638027

Under the circumstance where more than one counselor is treating the client, this form will list the name and registration number of each person currently working with the client in a counseling capacity in the facility at the time of admission. This includes all counselors, counselor trainees, and volunteer counselors. If the counselors change during the course of treatment, this form will be updated with new Parent/Guardian signatures.

4. **TYPE OF COUNSELING PROVIDED:**

All employees of Discovery Behavior Solutions utilize Applied Behavior Analysis for course of treatment.

5. **THE METHODS AND TECHNIQUES THE COUNSELOR USES:**

All employees of Discovery Behavior Solutions will utilize Applied Behavioral Analysis services as outlined in client's individual treatment plan.

6. **THE COUNSELOR'S EDUCATION, TRAINING AND EXPERIENCE:**



All Applied Behavioral Analysis professionals are required to meet the minimum education, training, and experience requirements of a Mental Health Professional and then add each counselor's qualified or certified status and any degrees awarded from a college or university.

1. Board Certified Behavior Analyst: Master or Doctorate level degree approved by the Behavior Analysis Certification Board™ (BACB), in addition to post-graduate degree courses in Applied Behavior Analysis, and supervision requirements as outlined by the BACB. BCBA’s also must pass the BCBA exam and have a current, active credential.
2. Registered Behavior Technician™ must possess at least a high school diploma or equivalent, and have completed 40 classroom hours of training in ABA as approved and outlined by the BACB. Following the classroom training, RBT’s must demonstrate competency of skills when working with clients in a clinical setting and/or by role-play scenarios, and then pass the Registered Behavior Technician examination by the BACB.
3. Behavior Technician: Behavior Technicians must possess a minimum of a high school diploma and receive the 40-hour training in ABA, as designated by Discovery Behavior Solutions, LLC.
4. All employees must pass a 50-state criminal background check as well as other necessary requirements at the discretion of Discovery Behavior Solutions.

**7. Client’s Cost per each counseling session and the course of treatment where known:**

Services are typically provided through the client’s insurance carrier. The cost per session is dependent upon each individual’s insurance plan and policy. There may be co-pays, deductibles, and other fees for ABA therapy, dependent upon the client’s policy. It is the responsibility for the client’s legal parent/guardian to know the fees associated with ABA therapy, including, but not limited to co-pays and deductibles. If you have trouble paying your copays and/or deductibles, please contact Discovery Behavior Solutions for assistance in accessing potential resources available.

**8. FEES PAID IN ADVANCE:**

Discovery Behavior Solutions does not collect fees for services in advance. If a client’s parent/guardian wishes to pay co-pays in advance, arrangements can be made with Discovery Behavior Solutions, LLC.

**9. I, the legal Parent/Guardian of \_\_\_\_\_ have read, understood, and received a copy of this form:**

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Parent/Guardian Signature Date:

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Supervising BCBA Signature Date:



## DOH COUNSELOR DISCLOSURE LAW

1. The purpose of the law regulating counselors is:
  - a. To provide protection for public health and safety.
  - b. To empower the client by providing a complaint process against counselors who commit acts of unprofessional conduct.
2. Clients have the right to choose counselors who best suit their needs and purposes.
3. Discovery Behavior Solutions and its employees will take measure of confidentiality to the extent of confidentiality requirements provided by RCW 18.19.180(1) through (6).
  - a. Federal confidentiality regulations supersede every item in RCW 18.19, so following the federal regulations for informing the client of the federal confidentiality regulations satisfies this requirement.
4. Clients will be provided a list or copy of the acts of unprofessional conduct in RCW 18.130.180
5. The following contact information is provided to report unprofessional conduct or further concerns:

**Washington State  
Department of Health  
Health Professions Quality Assurance Counselor Section  
Post Office Box 47869  
Olympia, Washington 98504-7869  
(360) 236-4700**



## UNPROFESSIONAL CONDUCT

Counselors are subject to discipline by the Department of Health. Cause for disciplinary action for unprofessional conduct is found in RCW 18.130.180 and includes the following:

1. False, fraudulent, or misleading advertising.
2. The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of counseling.
3. Incompetence, negligence, or malpractice resulting in injury or unreasonable risk of harm to the client.
4. Continuing to practice when a certification or registration has been suspended, revoked or restricted by the Secretary of the Department of Health.
5. The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way except for legitimate therapeutic purposes.
6. Violation of any federal or state law or rules and rules of any health agency.
7. Aiding or abetting an unregistered or uncertified person to engage in the practice of counseling, unless exempt by law.
8. Misrepresentation or fraud in any aspect of counseling.
9. Counseling involving contact with the public while suffering from a contagious or infectious disease involving serious risk to the public health.
10. Promotion for personal gain of any unnecessary or useless drug, device, treatment, procedure, or service.
11. Conviction of any gross misdemeanor or felony relating to the practice of counseling.
12. The procuring, aiding, or abetting in procuring a criminal abortion.
13. The offering or undertaking or agreeing to cure by secret method, procedure, or treatment.
14. The willful betrayal of a counselor/client privilege as recognized by law.
15. Violation of the rebating laws which includes payment for referral of clients
16. The use of threats or harassment against clients or witnesses to prevent them from providing evidence in a disciplinary proceeding or legal action.
17. Drunkenness or habitual intemperance in the use of alcohol or addiction to alcohol.
18. Abuse of a client or sexual contact with a client.
19. Practice beyond the scope of practice as defined by law or rule. Anyone having any questions or wishing to file a complaint should write or call:

**WA State Department of Health: Professional Licensing Services Division Counselor Section**  
**PO box 47869**  
**Olympia, WA 98504-7869**  
**(360) 236-4915**



## Notice Regarding Disclosure Requirements

Information disclosure is a requirement for counselors registered under Chapter 18.19 RCW. A brochure entitled “Counseling or Hypnotherapy Clients” published by the Department of Health contains some of the necessary disclosure information.

Excerpts from the “Law Relating to Registered Counselors and Hypnotherapists,” which pertain to disclosure to clients included on this notice.

If you have questions, please contact the Registered Counselors and Hypnotherapists Program at (360) 236-4915 or Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, Washington 98504-7869.

You can click on the links below to review the following WACs and RCWs on disclosure information:

1. RCW 18.19.060 Information disclosure to clients  
<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.19.060>
2. WAC 246-810-030 Client disclosure information  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-810-030>
3. WAC 246-810-031 Required disclosure information  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-810-031>
4. WAC 246-810-032 Failure to provide client disclosure information  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-810-032>