

Disclosure and Scope of Practice information

Because I hold three Washington State Licenses, in East Asian medicine (acupuncture), as a massage practitioner, and as a Mental Health Counselor. The following disclosures, scope of practice statements and privacy practices are required.

There is a synergy to my education and 18-years of health care experience. The benefit of my depth of experience is that I'm an excellent diagnostician. The following services are available from someone who knows how they fit together and what conditions they are most useful in treating: acupuncture, Chinese herbs, cupping, moxa, tui na/shiatsu, nutrition, dietary, and lifestyle habits, relaxation and breathing techniques, craniosacral, aromatherapy and acupressure reflexology, matrix energetics, emotional health related self-hypnosis, diet and nutrition as affects the emotions, goal setting strategy, psychodynamic inter-relationship information, and resolving trauma through the body via felt-sense.

Acupuncture Disclosure and Scope of Practice

Law requires the Department of Health to develop a form for East Asian medicine practitioners [acupuncturists] to use to inform the public of the practitioners' scope of practice and qualifications. (18.06.130 RCW) The practitioner must fill out this form and give it to each patient in writing prior to or at the time of the initial patient visit. (246-803-300 WAC)

Patient Notification of Qualifications and Scope of Practice

East Asian medicine means a health care service using East Asian medicine diagnosis and treatment to promote health and treat organic or functional disorders.

1. My qualifications include the following education and license information:
 - (a) Masters in Traditional Chinese Medicine, NIAOM, Seattle, 2001. WA Lic#1856
 - (b) NCCAOM Certified Diplomate in Acupuncture
 - (c) NCCAOM Certified Diplomate in Chinese Herbs
 - (d) 800 continuing ed hours since 2003
2. The scope of practice for an East Asian medicine practitioner in the state of Washington includes the following:
 - (a) Acupuncture, including the use of acupuncture needles or lancets to directly or indirectly stimulate acupuncture points and meridians;
 - (b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;
 - (c) Moxibustion;
 - (d) Acupressure;
 - (e) Cupping;
 - (f) Dermal friction technique;
 - (g) Infra-red;

- (h) Sonopuncture;
 - (i) Laserpuncture;
 - (j) Point injection therapy (aquapuncture); and
 - (k) Dietary advice and health education based on East Asian medical theory, including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements;
 - (l) Breathing, relaxation, and East Asian exercise techniques;
 - (m) Qi gong;
 - (n) East Asian massage and Tui na, which is a method of East Asian bodywork, characterized by the kneading, pressing, rolling, shaking, and stretching of the body and does not include spinal manipulation; and
 - (o) Superficial heat and cold therapies.
3. Side effects may include, but are not limited to:
- (a) Pain following treatment;
 - (b) Minor bruising;
 - (c) Infection;
 - (d) Needle sickness; and
 - (e) Broken needle.
4. ***The patient must inform the East Asian medicine practitioner if the patient has a severe bleeding disorder or pace maker prior to any treatment.***

Counseling Disclosure

Counseling Approach --My role is to assist you with meeting your specific goals for counseling, which we will outline together and set periodic “check-ins” to insure we stay focused on your desired outcomes. Common goals include better interpersonal relations, professional achievements and greater authenticity and autonomy. I do offer counsel based on my experience, and expect that you best are able think and make decisions about your own well-being. There is an assumed equality between practitioner and client.

Credentials and Experience--I began taking classes and working with clients in the wellness field in 1993. I received a Washington state acupuncture license in 2002, and a massage practitioner license in 2007. My education includes a Master of Arts in Mental Health Counseling with licensure in 2009.

My work is informed by my East Asian medicine (acupuncture) background/license and the fact that I am a licensed massage therapist. My counseling training runs the gamut between British Object Relations and more recently discovered trauma recovery methods like Somatic Experiencing, EMDR, Lifespan Integration. In general I support bringing story through the body through the felt sense. I do bring in all of my knowledge bases to support your optimal health.

For your benefit and my professional growth, I engage in regular consultation with colleagues. If I discuss your case, I will do so in such a way as to insure your confidentiality.

The Counseling Process--At our initial meeting we will discuss your current needs and concerns and set a strategy in place to decide if we can work together to address them. We will evaluate the results of our work together, and determine the need for additional sessions, termination, or outside referral for further counseling or assistance. I will make every effort to professionally facilitate the resolution of your needs and concerns. Ultimately you must decide to use what you gain from the counseling process.

Your Rights and Responsibilities--You have the right to ask me to explain my reasons for making certain recommendations or for using certain procedures. You also have the right to refuse to follow these recommendations, and/or to terminate the counseling process at any time and for any reason. I have the right and ethical responsibility to terminate counseling and offer a referral to another counselor if you choose not to follow my recommendations. Either of us may request a final session to discuss the reasons for termination, and to decide on an appropriate referral if desired. Please inform me if you are seeing another counselor or mental health professional during the course of our work together, so that we may provide consistent treatment for you. You have the right to confidentiality in the counseling relationship as described in the next section. Our work can only be effective with commitment and continuity. If you must cancel a scheduled appointment, please inform me no sooner than one full business day before the appointment. You will be responsible for payment for any missed or uncancelled appointments, except in the case of personal emergency. Please be on time for your scheduled sessions, as other clients may have appointments with me immediately following yours. Note that if you are late, the session will still end on time, and you will still be responsible for full payment.

My Responsibilities as Your Counselor--As a Licensed Mental Health Counselor, I adhere to the Code of Ethics and Standards of Practice approved by the Washington Board of Examiners in Counseling and the American Counseling Association. These ethics and standards are intended to protect the welfare of both my clients and the community I serve. A primary provision of these is my responsibility to protect your right to privacy: I must keep all details of our counseling relationship, including anything you tell me, in strict confidence, unless I have your expressed permission to inform or consult with someone else. I may consult with colleagues for supervision with the understanding that I will not disclose your name or other identifiable personal information. This code of confidentiality has only a few exceptions:

1. I must disclose information to a third party if I learn of any potential abuse or neglect of a child or elderly person, or if I learn that you pose a threat of danger to yourself or any other person.
2. If I receive information confirming you have a disease known to be communicable and fatal, I must disclose this to a third party who by her/his relationship with you is at high risk of contracting the disease.

Before making the disclosure, I must first determine that you have not already informed the third party, and that you have no intention to do so.

3. In short, I have a “duty to protect” you and others from harm.
4. I will not disclose any information without first consulting my colleagues or other professionals regarding the validity of these exceptions. Should you request that I reveal information about our counseling relationship to others, I will ask you to first sign a release of information form specifying exactly what you wish revealed and to whom.

Fees--Psychotherapy Session (50 minutes) \$150.00 - Extended Sessions (90 minutes) \$225.00
Fees are payable at the beginning of each session by credit card, check or cash. Make checks payable to Kathleen Kenneally, LMHC. Please have your check prepared in advance so that session time can be best utilized.

Please sign below indicating that you understand all the information in this document.

Signature

Date

Counseling Privacy Practices

Mental Health Counseling Notice of Privacy Practices and Client Rights Effective Date January 1, 2011

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I am required by applicable federal and state law to maintain the privacy of your health information. I only release information in accordance with state and federal laws and the ethics of the counseling profession. You will find the Washington State Administrative code (WAC 246-809-035) that details what mental health information must be part of your record at the end of this notice. I am required to give you this notice about my privacy practices, legal obligations and your rights concerning your protected health information (PHI). I follow the privacy practices described in this notice, which will be amended as laws evolve.

Uses and disclosures of protected health information

A. permissible uses and disclosures without your written authorization.

1. **Treatment.** I may use and disclose your PHI in order to provide treatment to you. For example, I may use your PHI to diagnose and provide counseling services to you.
2. **Payment.** I may use and disclose your PHI necessary to verify insurance coverage, process claims, and collect fees. For example, I may disclose your PHI to permit your health plan to approve or pay for services.
3. **Required or Permitted by Law.** I may use or disclose your PHI when I am required or permitted to do so by law. For instance, I may disclose PHI to appropriate authorities if I believe you are a possible victim of abuse, neglect, domestic violence, or other crimes. I may disclose your PHI to the extent necessary to avert a serious threat to your safety or the safety of others. In Washington State, I am required to disclose your PHI in response to a subpoena from the Secretary of Health, or if you waive confidentiality by bringing charges against me.
4. **Other Uses and Disclosures without Consent.** I may disclose relevant phi to schedule an appointment, to send you information about treatment alternatives or other health related services, or to family members involved in your mental health or physical care.

B. Uses and Disclosures requiring your written authorization.

1. **Psychotherapy Notes.** Psychotherapy notes are used to document the contents of a session. These are used only by me and cannot otherwise be used or disclosed, except with psychotherapy professional consultation, without your written permission.
2. **Marketing Communications.** I must have your written consent to use your health information for marketing communication.
3. **Testimonial Privilege.** Under a new Washington State law (2009), licensed mental health counselors cannot be compelled to testify or provide PHI that was necessary to treat patients without their written authorization. This law, RCW 05.60.060 (9), has not yet been tested in court.
4. **Other Uses and disclosures.** Any uses or disclosures of your PHI other than those described in Section 1.A above requires your written authorization, or in the case of death or disability, the written authorization of your representative. For example, you will need to sign a written authorization before I can consult with or send your PHI to a school, or to your attorney, or before I may use and disclose your PHI to other health care providers involved in your treatment.

You may revoke any written authorization at any time. However, revocation is not valid to the extent that I have acted in reliance on previous authorization.

2. Your Individual Rights

- a. **Right to Inspect and Copy.** You may request access to your mental health and billing records in order to inspect and request copies of these records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any requested records.
 - b. **Right to Alternative Communications.** You may make a reasonable request to receive your PHI by alternative means of communication or alternative locations.
 - c. **Right to Request Restrictions.** You may request a restriction on your PHI disclosure for treatment, payment, or health care operations. You must request these restrictions in writing. You may request that I not keep medical records such as progress notes or treatment plans. I am not required to agree to any restriction you request.
 - d. **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after the effective date of this notice. This right applies to disclosures for purposes other than treatment, payment, or health care operations, and excludes disclosures made to you or disclosures otherwise authorized by you and is subject to other restrictions and limitations.
 - e. **Right to Request Amendment.** You may request in writing that I amend your health information. You must explain why the information should be amended. I may deny your request under certain circumstances.
 - f. **Right to Obtain Notice.** You have the right to obtain a paper copy of this notice at anytime by submitting a written request.
 - g. **Questions and Complaints.** If you desire further information about your privacy rights or are concerned that I may have violated your privacy rights, please contact me first if possible. You may file a written complaint with the Director, Office for Civil Rights, US Department of Health and Human Services, 200 Independence Ave SW, Washington DC 20201. I will not retaliate for any complaint you may make.
3. **Change to this Notice.** I may change the terms of this Notice at any time, with new terms effective for all PHI that I maintain, including information created or received prior to issuing the new notice. I will post the revised notice in the waiting room of my office and you may obtain it by contacting me.

4. Washington State Administrative Law, WAC 246-809-035: Record Keeping and Retention

(1) The licensed counselor or associate providing professional services to a client or providing services billed to a third-party payer, must document services, except as provided in subsection (2) of this section. The documentation includes:

- (a) Client name;
- (b) The fee arrangement and record of payments;
- (c) Dates counseling was received;
- (d) Disclosure form, signed by licensed counselor and client or associate and client;
- (e) The presenting problem(s), purpose or diagnosis;
- (f) Notation and results of formal consults, including information obtained for other persons or agencies through a release of information;
- (g) Progress notes sufficient to support responsible clinical practice for the type of theoretical orientation/therapy the licensed counselor or associate uses. The associate must provide adequate information about their clinical work to the approved supervisor. This can be in the form of progress notes, case discussions/analysis, or reports from collaborating professionals. The approved supervisor must have an understanding of the clinical work that the associate is doing.

(2) If a client requests that no treatment records be kept, and the licensed counselor or associate agrees to the request, the request must be in writing and the licensed counselor or associate must retain only the following documentation:

- (a) Client name;
- (b) Fee arrangement and record of payments;
- (c) Dates counseling was received;
- (d) Disclosure form, signed by licensed counselor or associate and client;
- (e) Written request that no records be kept.

(3) The licensed counselor or associate may not agree to the request if maintaining records is required by other state or federal law.

(4) The licensed counselor or associate or the associate's supervisor must keep all records for a period of five years following the last visit. Within this five-year period, all records must be maintained safely, with properly limited access.

(5) The licensed counselor or associate or the associate's supervisor must make provisions for retaining or transferring records in the event of going out of business, death, or incapacitation. These provisions may be made in the practitioner's will, an office policy, or by ensuring another licensed counselor is available to review records with a client and recommend a course of action; or other appropriate means as determined by the licensed counselor or associate.

5. Revised Code of Washington, RCW 5.6.060 Subsection (9): Privileged Communications

(9) A mental health counselor, independent clinical social worker, or marriage and family therapist licensed under chapter 18.225 RCW may not disclose, or be compelled to testify about any information acquired from persons consulting the individual in a professional capacity when the information was necessary to enable the individual to render professional services to those persons except:

- (a) With the written authorization of that person or, in the case of death or disability, the person's personal representative;

(b) If the person waives the privilege by bringing charges against the mental health counselor licensed under chapter 18.225 RCW;

(c) In response to a subpoena from the secretary of health. The secretary may subpoena only records related to a complaint or report under RCW 18.130.050;

(d) As required under chapter 26.44 or 74.34 RCW or RCW 71.05.360 (8) and (9); or

(e) To any individual if the mental health counselor, independent clinical social worker or marriage and family therapist licensed under chapter 18.225 RCW reasonably believes that disclosure will avoid or minimize and 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.