



Devon Klein, MA, LMHC Licensed
Mental Health Counselor
#LH00009045
Counseling Services
Student Affairs Building Room 227
253-351-6673

Counseling Services Disclosure

Dear Student:

The staff of GRC Counseling Services is committed to providing a caring, relaxed and professional counseling service. As an individual, you have a right to know what the service is and to choose a counselor who best suits your needs and purposes. Please read this disclosure statement, and initial each section to indicate your consent. If you have any questions, discuss them with your counselor. Thank you. **Initials:**

Types of Counseling:

I offer short-term individual and couples counseling, as well as crisis assistance to GRC students who are experiencing personal concerns that interfere with their success at GRC. Short-term counseling is defined as up to seven, fifty-minute sessions. Referrals for continuing counseling off campus are available when appropriate.

I also offer personal growth and support groups as well as educational workshops on a variety of mental health related topics (examples: stress management, test taking anxiety, relationship skills, etc.)

Techniques Used:

My counseling approach is rooted in cognitive-behavioral theory, which assumes that problematic emotions and behaviors can result from how we process information. My style focuses on working closely with you to identify your goals and the skills you already possess that may aid in your achievement of these goals. To do this, we will identify successes to build on, outline the steps needed to move forward, and problem-solve to overcome any barriers. I also bring a holistic perspective that helps us to understand our problems within the context of our identity, relationships and personal history. This is a collaborative process, in which much of the work will be done through your practice of the skills we discuss in your daily life.

Education, Training & Experience:

I hold a Masters in Counseling Psychology from Assumption College in Worcester, Massachusetts. I also hold a Bachelor's degree in Psychology from Smith College in Northampton, Massachusetts. My training includes treatment of adults and adolescents in both an inpatient hospital setting and a community mental health center. My work experience includes working with adults and teens in community mental health agencies, inpatient rehabilitation, residential programs, psycho-educational groups and court-referred programs. I have experience working with a variety of issues and conditions including depression, anxiety, stress, trauma, bipolar disorder, substance abuse, domestic violence, conflict management, self-esteem, transitions, career planning, relationships, communication, sexuality, obsessive compulsive disorder, panic, ADHD, parenting, anger management and personality disorders. I engage in ongoing continuing education to both learn new evidence-based approaches as they emerge and to update or renew my knowledge in previously studied fields.

License: LMHC - Washington State Licensed Mental Health Counselor #LH00009045

Appointments and Cancellations

Intake appointments are up to 75 minutes. Returning appointments are up to 50 minutes.

We ask that you make every effort to keep your scheduled appointment. Your appointment is specifically reserved for you so that you and your counselor can work toward the goals that you have identified. However, when you do not call to cancel an appointment, you may be preventing another student from getting much needed support. Conversely, the situation may arise where another student fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book.

Cancellations: We understand that there are circumstances in which it is not possible to keep your scheduled appointment. We ask that you notify us of your cancellation by 1 pm the day before your appointment. This way we will have ample time to offer your cancelled appointment to another student who is in need of an appointment and we can reschedule your appointment to a more convenient time.

Late Arrivals: If you arrive more than 20 minutes after the start of your appointment, your appointment may need to be rescheduled.

No-Shows:

No-Show for intake appointment: If you do not show up (defined as not cancelling your appointment prior to the start of the appointment) for your scheduled intake appointment, rather than being offered a second intake appointment, you will be asked to use a drop-in hour at your earliest convenience. The drop-in hour is offered on a first-come, first-serve basis. If there is some reason that you are not able to come to a drop-in hour, you will be offered a 30-minute consultation appointment. A second intake may be scheduled after either a drop-in hour or consultation has occurred.

No-Show for returning appointment (defined as any appointment scheduled after the intake appointment is completed): If you do not show up for two appointments you will be asked to use a drop-in hour as opposed to making another appointment.

We understand that there are true emergencies and circumstances that make it impossible to cancel an appointment in advance. Counseling Services will work with students to assess each situation.

Fees

Individual and couples counseling sessions are free of charge. Most on-going groups are free as well, although some groups may ask for a small fee for materials or books.

State Law

Counselors practicing counseling at GRC must be certified or licensed with the Washington State Department of Health. Certification of an individual with the department does not include the recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. The purpose of the Counselor Credentialing Act regulating Counselors is: A) to provide protection for public health and safety; 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.

Confidentiality

All information disclosed by you is confidential and may not be revealed to anyone without your written permission on a Release of Information form. This means that under ordinary circumstances, personal information about you, including the simple acknowledgement that you are a client at this office, will not be revealed to anyone without your permission. In keeping with professional ethics and legal requirements placed on professional counselors, there are special circumstances under which the agreement of confidentiality may be broken, including the following:

- 1) With your written consent or the consent of your personal representative (in case of death or disability).
- 2) In the case of information regarding the commission of a crime or harmful act toward yourself or another. This means if you become a danger to yourself or others, or if you reveal information regarding the abuse or suspected abuse of children, elderly, or developmentally disabled adults. Counselors are required to report incidents of suspected abuse to the authorities.
- 3) If you are a minor and the victim or subject of a crime, the counselor can participate fully in any investigation or legal proceeding about that crime.
- 4) If the client brings charges against the counselor.
- 5) If the counselor receives a subpoena from the court to provide information regarding a legal complaint.

Electronic Communications Policy

Every time you come in, an electronic record is created. This can include, but is not limited to: contact information, demographics, dates of service and details of your visit. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. Personal counseling is one of the most private endeavors in which anyone can engage. The success of this work depends in part on the privacy of what we discuss and awareness that our relationship is not part of our social lives, or our professional lives outside of our work together.

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may blur the boundaries of our therapeutic relationship.

You may find this practice on business review sites such as Yelp, Healthgrades, etc. because many of these sites comb search engines for business listings and automatically add them. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client.

Counseling Services is not placed as a check-in location on any sites, however, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at this office on a weekly basis.

I prefer using email or text only to arrange or modify appointments. Please do not email or text me content related to your therapy sessions, as email and texting is not completely secure or confidential. If you choose to communicate with me by email or text, be aware that all emails and texts are retained in the logs of your and my internet or phone service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator. You should also know that any emails or text that I receive from you and any responses that I send to you become a part of your legal record. The absence of or lack of explicit reference to a specific tool, site, or venue does not limit the extent of the application of this policy.

Your Counseling Records

This office keeps a record of the counseling services provided to you. You may ask to see and copy that record. You may also ask this office to correct that record, if you believe the information within it is in error. This office will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so. You may see your record or get more information about it, at this office. Your counseling records are not part of your other GRC educational records.

Consultation

For your benefit and your counselor's continued professional development, your counselor may occasionally seek consultation from other professionals. Consultation is conducted anonymously so that your confidentiality is preserved. Please notify me if you have any concerns about consultations.

Evaluation

Because Counseling Services is interested in your feedback about the services provided to you, you may be asked to complete an anonymous evaluation form near the time of your final appointment. If you do not return for a final appointment, an evaluation will be mailed to you. Please let your counselor know if you do not wish to receive an evaluation form via postal mail. Your comments are completely anonymous and cannot be traced to you.

Case Closure

When cases are closed due to completing services, an aftercare plan will be discussed and any appropriate referrals will be offered.

If for any reason, a counseling appointment doesn't occur within 30 days, your case will be closed. This is in keeping with best practices of records management. You will be able to re-open your case at any time by simply requesting to do so.

There may be some cases deemed inappropriate, at the Counselor's discretion, for our services. In these cases, your Counselor will provide appropriate referrals.

Dissatisfaction

If you have a complaint or concern regarding your counseling experience, we encourage you to discuss it with your counselor. Our experience suggests that these discussions can be valuable. If this discussion is not to your satisfaction, or you feel you cannot discuss this with your counselor, please contact the Humanities Division Chair, (253) 833-9111, ext. 6822.

If you believe, your counselor has violated professional conduct you may contact Washington State Department of Health Phone: (360) 236-4700 or Department of Health: Health Systems Quality Assurance Complaint Intake PO Box 47857 Olympia, WA 98504-7857. Additional information at www.doh.wa.gov.

Authorization for Counseling

I hereby grant my permission to receive counseling services employing such established methods as may be appropriate in my treatment. I understand that I may ask questions about my counseling and may end counseling at any time. I certify that I have read the GRC Counseling Services Disclosure form and that I understand its contents.

Signed: _____ Date: _____
Client

_____ Date: _____
Devon C. Klein, MA, LMHC
Green River College Counselor