

**LUMMI BEHAVIORAL HEALTH CONSENT FORM**

**Services and Staff:** The Lummi Behavioral Health Division offers a wide range of counseling services: individual, group, and family therapies that are provided by **qualified** Mental Health or Chemical Dependency Professionals/Counselors through a **holistic** approach. The Lummi Behavioral Health Division will keep records of this treatment in an electronic format with Lummi Nation that is safeguarded by IT/IS security systems required by state and federal standards and you have been orally informed of the associated limitations and risk.

The Behavioral Health Division will continue to work as a team in order to provide the best care for you and/or your child/family. Confidential information from counseling sessions will be disclosed only with your written permission or as required by law.

**Confidentiality:** The Lummi Behavioral Health Division transitioned to an electronic health record system on 08/13/2012. The electronic health system is a certified health information system with features that protect and track your health information. All information disclosed in sessions is confidential and may not be revealed to anyone outside the Lummi Behavioral Health Division without your written permission. The only exceptions are in situations where disclosure is required by law:

1. If you present an imminent threat or harm to yourself or to others
2. When there is an indication of abuse of a child or dependent adult, and/or elder
3. If you become gravely disabled
4. By court subpoena or court order
5. Insurance purposes

**Crisis Response:** If you have planned with your primary counselor to call after hours or to make a next day appointment, you will do so. If you feel that you are in crisis and likely to harm yourself or others, you will follow your crisis plan which may include calling afterhours:

**Care Crisis Response Services Line at: 911 or 1-800-584-3578.**

**Risks and Benefits:** There is the possibility of risks and benefits, which may occur in counseling. Counseling may involve the risk of remembering unpleasant events and may arouse strong emotional response, feelings and may not be the right treatment for you. You have the right to discontinue services if desired. The benefits from counseling may be an improved ability to relate with others, a clearer understanding of self, values, goals, increased productivity in daily living skills, a decrease in suicidal or homicidal thoughts, a decrease in anxiety and panic, a decrease in anger or irritability, an increase in the ability to cope, and an ability to deal with everyday stress. Taking personal responsibility for your actions and working with these issues may lead to greater growth and movement forward in your life.

**Eligibility, Appropriateness, and Referrals:** The delivery of services from this agency shall be contingent upon whether you and the Counseling staff can agree that the services are appropriate given the needs and conditions you present. If it is decided that this is not the appropriate agency to meet your needs, you will be given referrals to resources more appropriate to meet your needs and goals.

**Fees:** The Behavioral Health Division will bill Medicaid or other insurance for services. A lack of personal financial resources will not prevent Native American youth and adults from receiving counseling services.

**Acknowledgement of Privacy Practices:** You have rights to privacy regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Your protected health information can and will be used to:

- Provide and coordinate your treatment among a number of health care providers who may be involved in that treatment directly and indirectly
- Obtain payment from third party payers for your health care services
- Conduct normal health care operations such as quality assessment and improvement activities

You may request in writing restrictions as to how your private information is used or disclosed to carry out treatment, payment, or health care operations. We are not required to agree to your requested restrictions, but upon agreement we are bound to abide by such restrictions.

**Client Rights:** You have the right to be treated with respect, dignity and privacy. A full list of your rights is posted in the waiting room.

**Informed Consent and Authorization for Counseling:** With your signature, you acknowledge that Behavioral Health Division read this Informed Consent to me and you understand the terms described above. Also, you have had the opportunity to ask questions, you have received a copy of "Client Rights & Notice of Privacy Practices", and you consent to treatment.

Client Printed Name:	
*Client Signed Signature:	*Date:
Or Authorized Representative:	*Stated Relationship:
Clinician Printed Name:	
Clinician Signed Signature:	Date:

**COUNSELOR DISCLOSURE STATEMENT**

**Lummi Behavioral Health Division**  
 2665 Kwina Rd, Bellingham, WA 98226  
 360.312.2019

Counselors are required by Washington state law to provide written disclosure of the following information to clients before counseling begins, and to obtain signature of acknowledgment. (WAC 388-877-0640 & WAC 246-810-031)

<b>MASTER'S LEVEL COUNSELORS</b>	<b>EDUCATION</b>	<b>WA State credential #</b>
Amanda Willgins, MSW, LSWAIC (Chickasaw Nation of Oklahoma)	Master's Degree in Social Work Boise State University	SC61041228
Brooke Sullateskee-Rincon MS, LMHC, NCC (Cherokee Nation)	Master's Degree in Clinical Mental Health Counseling, Western Washington University	LH61324079
Camille Schaarschmidt, MS, LMHCA, NCC	Master's Degree in Clinical Mental Health Counseling, Western Washington University	MC61204462
Christine Little, MA, AAC (Lummi Nation)	Master's Degree in Social Work, University of Portland	CG61189638
Felicia Molano, MS, LMHC, NCC Gottman Couples Method Certified Sex Therapist Cert Track	Master's Degree in Counseling Psychology Minor in Family Studies, Central Washington University	LH00011036
Marilene Silva, MA, LMFT, CDP (Macuxi Tribe of Northern Brazil)	Master's Degree in Psychology, Antioch University	MG60731233, CP00004987
Melinda Brockie, MA, AAC (Lummi Nation)	Master's Degree in Social Work University of Washington	CG61345186
Natasha McGowan, MS, LMFT	Master's Degree in Marriage and Family Therapy, Fuller School of Psychology	LF60958329
Shaleena Bertram, MSW, LMHC (Lummi Nation)	Master's Degree in Social Work, University of Washington	LH60167632
Rachel Colston, MS, LMHCA	Master's Degree in Clinical Psychology, University of West Alabama	MC61254824
Tamara Mattson, MS, LMHC, Lht, CMHS, CCTP Child Mental Health Specialist	Master's Degree in Clinical Psychology, Minor in Family Studies Capella University	LH60233712, HP60362463
Thrisa Phillips-Jimmy, MA, AAC (Nooksack Tribal Member)	Master's Degree in Social Work, University of Washington	CG61342977
Vicki Derry, MSW, LICSW	Master's Degree in Social Work, Eastern Washington University	LW00009609
<b>CERTIFIED PEER COUNSELORS</b>	<b>EDUCATION</b>	<b>WA State credential #</b>
Alexa Jefferson, CPC-AAC (Lummi Nation)	Certified Peer Counselor Wa. State HCA: DIV of Behavioral Health and Recovery	CG61250006
Farah George, CPC-AAC (Lummi Nation)	Certified Peer Counselor Wa. State HCA: DIV of Behavioral Health and Recovery	CG61414343
Janyha Eil, BA, CPC-AAC (Lummi Nation)	Bachelor of Arts in Native Studies Leadership Northwest Indian College	CG61228874
Keegan Jojola, CPC-AAC (Lummi Nation)	Certified Peer Counselor Wa. State HCA: DIV of Behavioral Health and Recovery	CG61399501
Latisha Toby, CPC-AAC (Lummi Nation)	Certified Peer Counselor Wa. State HCA: DIV of Behavioral Health and Recovery	CG61021503
Lila Brockie, CPC-AAC (Lummi Nation)	Certified Peer Counselor Wa. State HCA: DIV of Behavioral Health and Recovery	CG61412512
Paris Williams, CPC-AAC (Lummi Nation)	Certified Peer Counselor Wa. State HCA: DIV of Behavioral Health and Recovery	CG61376420
Valerie Cultee, BA, CPC-AAC (Lummi Nation)	Bachelor of Arts in Tribal Governance and Business Management Northwest Indian College	CG61014855
Wildena Bunton, BA, CPC-AAC (Lummi Nation)	Bachelor of Arts in Human Services, Western Washington University	CG61139546



**COUNSELOR DISCLOSURE STATEMENT (continued)**

**Methods of treatment modalities and therapeutic orientations includes:** Cognitive-Behavioral Therapy (CBT), Trauma Focused CBT, Eye Movement and Desensitization Reprocessing (EMDR), Family Systems, Solution Focused Therapy, Play Therapy, Motivational Interviewing, Mindfulness, Acceptance and Commitment Therapy (ACT), Gottman Couples Therapy, Client Centered Humanistic Therapy, Dialectical Behavior Therapy (DBT), Emotion Focused Therapy (EFT), and Trauma Informed Therapies.

**Fees:** The Behavioral Health Department will bill Medicaid or other insurance for services. A lack of personal financial resources will not prevent Native American youth and adults from receiving counselor services.

**Client’s Rights and Responsibilities:** You have the right to refuse treatment and the right to choose a counselor and treatment modality which best suits your needs. This is not intended to supersede state or federal laws and regulations, or professional standards.

**Disclaimer by the State of Washington:** Counselors practicing counseling for a fee must be licensed with the Department of Health for the protection of the public health and safety. Licensure of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effective of any treatment. The State’s intent in regulating counselors is to provide a complaint process against those counselors who commit acts of unprofessional conduct as described by State Law (RCW 18.130.180). You can access this information at: <http://www.leg.wa.gov/wsladm.rew.htm>. You may also contact the department of health at:

Washington State Department of Health  
 Health Professions Quality Assurance  
 P.O. Box 47865  
 Olympia, WA 98504-7865  
 (360) 236-4700

**Acknowledgement of Disclosure Statement:** With my signature, I acknowledge that I have read and I understand this disclosure statement. I have had the opportunity to ask questions, and I have received a copy of this disclosure statement.

Client Printed Name:	
*Client Signed Signature:	*Date:
Or Authorized Representative:	*Stated Relationship:
Clinician Printed Name:	
Clinician Signed Signature:	Date:

## CLIENT RIGHTS & NOTICE OF PRIVACY PRACTICES

### Lummi Indian Business Council

Office of the Lummi Behavioral Health Division

2665 Kwina Road Suite 1600 ~ Bellingham, WA 98226 (360)-312-2019 (main)~(360)-380-6976 (fax)

***est-otel silheng-otel ~ Pulling Together Standing Together***

#### Understanding Your Health Information and Record

Your counselor will create records about your counseling process. These records are personal and sensitive. They should be properly documented, stored, retained and released only under specific circumstances. Your counselor has a clear procedure that ensures confidentiality of your records. You have the right to expect that anything you tell your counselor will be held in confidence with just a very few exceptions:

- If you are involved in a civil or criminal lawsuit, a judge can order your file be turned over to the court
- If you make statements that a child, elderly, or disable person has been abused or neglected, the law requires your counselor to report that information to the appropriate authorities
- If you make statements that indicate you intend to harm yourself or others, you counselor may report that information to the appropriate authorities
- If needed for insurance or payment purposes

There may be circumstances, such as inquires from your insurance company, or a need for your counselor to consult with other healthcare providers, caseworkers, agencies, or legal representatives, where your health information would be shared. You will be asked to sign an authorization about your treatment.

- Your authorization is voluntary
- You have a right to revoke this authorization verbally or in writing at any time

Prior to signing this authorization; you should be informed of the reason for such disclosure and are encouraged to ask questions about anything that is unclear to you.

#### Your Health Information Rights

Although your health record is a physical property of the Lummi Behavioral Division, the information belongs to you.

#### **You have the right:**

- To be treated with respect, dignity, and privacy;
- To develop a plan of care & services which meets your unique needs;
- To be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, English proficiency, and cultural differences;
- To refuse any proposed treatment consistent with the requirements in chapter 71.05 and 71.34 RCW;
- To receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation;
- To be free of any sexual harassment; exploitation, including physical and financial exploitation;
- To review your clinical record in the presence of the administrator or designee & be given an opportunity to request amendments or corrections;
- Receive an explanation of all medications prescribed (if applicable), including expected effect and possible side effects;
- To confidentiality, as described in chapters 70.02, 71.05, and 71.34 RCW and regulations;
- To all research concerning consumers whose cost of care is publicly funded must be done in accordance with all applicable laws, state WAC requirements and Lummi Indian Business Council Institution Review Board;
- To make an advance directive, stating your choices and preferences regarding your physical and mental health treatment in the event you are unable to make informed decisions;
- To appeal any denial, termination, suspension, or reduction of services and to continue to receive services at least until your appeal is heard by a fair hearing judge;

Medical Record #: \_\_\_\_\_

- If you are Medicaid eligible you may receive all services which are medically necessary to meet your care needs. In the event that there is a disagreement, you have the right to a second opinion from your provider within LIBC Office of the Tribal Liaison for Medicaid & Medicare services about what services are medically necessary;
- Have written information, before entering therapy regarding fees, method of payment and Medicaid or insurance coverage;
- To lodge a complaint with the provider and/or the Lummi Indian Business Council if you believe our rights have been violated. If you lodge a complaint or grievance, you must be free of any act of retaliation. At your request you can receive assistance in filing a grievance through LIBC;
- To report immoral & illegal behavior by a therapist;
- To ask for and receive information about the therapist qualifications (counselor disclosure), including his/her license, education, training, experience, membership in professional groups, special areas of practice, and limits on practice;
- To refuse to answer any questions or give any information you choose not to answer or give;
- To know if your therapist will discuss your care with others (supervisors, consultants, or students); Ask the therapist to inform you or your progress;
- The right of religious accommodation while in treatment and have family members participate in care decisions

Lummi Behavioral Health Division Responsibilities Required by Law:

Maintain the privacy and security of your protected health information.

1. Inform you about your privacy.
2. Notify you if we are unable to agree to requested restriction.
3. Accommodate reasonable requests to communicate health information by alternative means or at alternative locations.

Lummi Behavioral Health Division will not use or disclose your health information without permission, except as permitted by the Privacy Act and HIPAA.

To exercise rights under this notice, to ask for more information, to report a problem, or to file a grievance contact the Lummi Behavioral Health Director or in writing at:

Lummi Behavioral Health Division  
2665 Kwina Road Suite: 1600  
Bellingham WA 98226

If you believe your privacy rights have been violated, you may file a written complaint with the above individual or contact the Secretary of Health and Human Services, U.S. Department of Health and Human Services, Washington, D. C. 20201. There will be no retaliation for filing a complaint.

Lummi Behavioral Health Division  
Monday-Friday 8:00-4:30  
Phone: (360) 312-2019  
Fax: (360) 380-6976

In case of an EMERGENCY call 911  
For a Mental Health Crisis you can also call 1-800-584-3578 a 24/7 Crisis Line

**Acknowledgement of Client Rights & Privacy:** With my signature, I acknowledge that I have read and I understand the Client Right & Notice of Privacy Practices. I have had the opportunity to ask questions, and I have received a copy of this notice.

Client Printed Name:	
*Client Signed Signature:	*Date:
Or Authorized Representative:	*Stated Relationship:
Clinician Printed Name:	
Clinician Signed Signature:	Date: