

BART J. FOWLER, M.A., PSY.D.
CHARIS Counseling Associates
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DISCLOSURE STATEMENT

This statement has been provided for your information and protection. Please read it carefully.

CREDENTIALS AND APPROACH TO COUNSELING

Dr. Fowler offers compassion, understanding, and a broad range of experience to those struggling with anxiety and depression; interpersonal, couple, family, parenting skills; grief and loss; life transitions; addictive patterns; trauma, stress and mood management. He makes use of evidence-based research and sound psychological understanding that is consistent with Biblical truth to promote emotional health and reconciliation in relationships. This approach involves partnering with clients to explore and change thoughts, feelings, behaviors, and patterns in relationships in order to promote healing, reconciliation, and growth. His approach draws from cognitive-behavioral research, object relations and family systems theories. Dr. Fowler respects the dignity and worth of all people and their rights to privacy, their own beliefs and to make their own decisions. He doesn't discriminate based on age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

The course of your treatment begins with a discussion of your reasons for seeking counseling and any relevant personal history and background information. You and Dr. Fowler will then develop an initial treatment plan. Clients who actively engage the counseling process both in session and between sessions have the best lasting benefits. Therefore, as a part of Dr. Fowler's approach, he may ask you to do specific activities, complete assessments, and/or read specific materials that will help you make efficient use of therapy.

Dr. Fowler has worked in the mental health treatment field since 1985 and has experience with a wide variety of clients and ages. He completed a doctorate degree in Clinical Psychology at George Fox University in Newberg, Oregon. He previously obtained a master's degree in Marriage and Family Ministries from Talbot Seminary in La Mirada, California. His bachelor's degree was attained at Biola University also in La Mirada, California. Dr. Fowler is a Clinical Trauma Professional and a member of the International Association of Trauma Professionals. He is a licensed psychologist in Washington (PY60153263) who abides by the laws and code of ethics of the Washington State. As professional, he participates in annual continuing education, workshops and conferences, reads relevant books, articles and magazines, and consults with other professional psychologist and counselors to learn new concepts, approaches and skills.

Sessions between a counselor and client may be very intimate emotionally and psychologically. This therapeutic relationship is a context that promotes self-understanding, healing, and growth. The counseling relationship will also remain on a professional level. Therefore, contact will be limited to the paid sessions in the office or over the phone. Dr. Fowler and you will not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the professional counseling relationship. Counseling sessions focus exclusively on your concerns.

CONFIDENTIALITY

Everything said in therapy is confidential and will not be disclosed except when reporting is required or permitted by the HIPAA Privacy Standard or Washington state law, including the following: (1) suspected abuse of a child, developmentally disabled person, or a dependent adult; (2) potential suicidal behavior; (3) threatened harm to another, which may include knowledge that the client is HIV positive when there is an unwillingness to inform individuals with whom the client is intimately involved; (4) unprofessional conduct of a license holder, a license holder who may not be able to practice with reasonable skill and safety, or any unlicensed healthcare practice; and (5) when required by compulsory process. Information may also be disclosed if you sign a written authorization or in the event that a complaint is filed by you against Dr. Fowler. Payment by check permits bank employees to view your name. If you have caller identification on your phone, the name of CHARIS may appear on the monitor. Dr. Fowler and the CHARIS staff do use cell phones to contact clients. Further, if insurance reimbursement is sought, confidentiality is waived with your insurer. CHARIS may use outside professional businesses for billing, administrative assistance, communication, record management, and collection purposes.

In keeping with generally accepted standards of practice, periodic supervision and consultation is made regarding the best practices and procedures with other mental health professionals, including other counselors and staff at CHARIS, who are bound by the same rules of confidentiality as previously stated herein.

RIGHTS OF CLIENTS

Therapy is a choice made by you to find the treatment which best suits your needs. Options include other centers, psychologists or counselors, therapy orientations, support groups, self-help resources, medications, and other modes of treatment. You may also choose not to seek treatment at this time. Even if therapy is chosen, your symptoms may worsen before improving, fail to improve, or even continue to worsen. Dr. Fowler will collaboratively work with you to promote your self-understanding and healthy change. Some clients need only a few sessions to achieve their goals, while others may require months or even years of counseling. It is impossible to guarantee your course of treatment. You have the right to request a change in approach or to terminate at any time for any reason. Premature termination, however, may result in the return or worsening of the initial problems and symptoms.

It is appropriate for you to raise questions about the Dr Fowler's orientation and training, diagnoses, fee policies, and course of treatment. All communication between you and Dr. Fowler is considered to be part of the clinical record, which is accessible to you upon written request to view or to obtain copies. Records are maintained for a period of eight years from date of termination. You are encouraged to talk with Dr. Fowler directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments. If Dr. Fowler is not able to resolve your concerns, a complaint can be filed with the Department of Health, Health Professions Quality Assurance Division, PO Box 47869, Olympia, WA 98504-7869 (360) 236-4902. The purpose of the Counselor Credentialing Act is to provide protection for public health and safety and to empower the citizens of the state of Washington by providing a complaint process against those counselors who commit acts of unprofessional conduct. The Examining Board of Psychology may also be reached at (360) 236-4700. "Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of the 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 any treatment."

EMERGENCY SERVICES

If in need of emergency services, you should call the crisis line at (360) 696-9560 or (800) 626-8137 or (503) 988-4888 or call 911. To access the next available, non-emergency appointment with Dr. Fowler call 360-981-2000 ext. 109.

ACKNOWLEDGMENT

I/We _____ have received a copy of *What to Expect* published by the Washington State Department of Health, a copy of the *Notice of Privacy Practices*, and this disclosure statement about the counselor. I/We have read the information, were afforded the opportunity to ask questions, and understand the contents of all three documents.

I/We _____ agree to pay the counseling fee at the start of each session. I/We understand that the standard fee for one session (45 minutes) of counseling is \$160.00 and \$320 for initial assessments (90–120 minutes), other assessments will depend upon cost of materials and the prorated standard hourly rate. Fees can be discounted in cases of financial need. I/We understand that if I/we do not cancel a minimum of 24 hours prior to any scheduled appointment, I/we will be held financially responsible for that appointment. I/We further agree to pay the prorated standard hourly fee (in 15 minute increments) for phone calls, letters, reports, as well as preparation for legal testimony made by the counselor at my/our request. I/We agree to pay three times the standard session rate for court appearances. A \$50 fee will be charged for returned checks in addition to any bank charges. Any payment plan and/or discounts may be modified and/or discontinued should a check be returned from the bank. I/We understand that CHARIS may use outside businesses for billing and collection purpose and that I/we will be charged for any costs to collect on past due balances. I/We understand that the standard fees or rate of discount will be periodically reviewed and adjusted.

I/We _____ agree to be fully responsible for all financial obligations, regardless of any insurance coverage. In the event that insurance reimbursement is requested, I/We will be billed at the standard session rate of \$160.00 per hour and \$320 for initial assessment.

Date

Client/Guardian Signature

Counselor Signature

Client/Guardian Signature