

**Lisa M. Hunter, M.A., LMFT**  
**3310 E. Lake Sammamish Pkwy SE, Ste. I**  
**Sammamish, WA 98075**

**WASHINGTON STATE RESPONSIBILITIES AND RIGHTS STATEMENT FOR COUNSELING OR  
HYPNOTHERAPY CLIENTS**

***Client and Counselor Responsibilities and Rights***

Counselors must provide disclosure information to each client in accordance with chapter 18.19 RCW prior to implementation of a treatment plan. The disclosure information must be specific to the type of counseling service offered; in language that can be easily understood by the client; and contain sufficient detail to enable the client to make an informed decision whether or not to accept treatment from the disclosing counselor.

If you have concerns about being dependent upon your counselor or hypnotherapist, talk to him or her about it. Remember, you are going to that person to seek assistance that helps you learn how to control your own life. You can and should ask questions if you don't fully understand what your counselor or hypnotherapist is doing or plans to do.

***Requirement for Registration or Licensure***

Your counselor or hypnotherapist must be either registered under chapter 18.19 RCW or certified under chapter 18.25 through the Washington State Department of Health unless otherwise exempt. To be registered, a person fills out an application and pays a fee. To become licensed, a person fills out an application form and pays a fee, but he or she must also show proof of appropriate education and training. There are some people who do not need to be either registered or certified because they are exempt from the law. You should ask your counselor or hypnotherapist if he or she is registered or licensed and discuss his or her qualifications to be your counselor or hypnotherapist.

***Definitions***

Counseling means using therapeutic techniques to help another person deal with mental, emotional and behavioral problems or to develop human awareness and potential. A registered or certified counselor is a person who gets paid for providing counseling services.

***Confidentiality***

Your counselor or hypnotherapist cannot disclose any information you've told them during a counseling session except as authorized by RCW 18.19.180:

1. With the written consent of that person or, in the case of death or disability, the person's personal representative, other person authorized to sue, or the beneficiary of an insurance policy on the person's life, health, or physical condition;
2. That a person registered or certified under this chapter is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;
3. If the person is a minor, and the information acquired by the person registered or certified under this chapter indicates that the minor was the victim or subject of a crime, the person registered or certified may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry;
4. If the person waives the privilege by bringing charges against the person registered or certified under this chapter;
5. In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter 18.130 RCW; or
6. As required under chapter 26.44 RCW.

***Assurance of Professional Conduct***

Thousands of people in the counseling or hypnotherapy professions practice their skills with competence and treat their clients in a professional manner. If you and the counselor agree to the course of treatment and the counselor deviates from the agreed treatment, you have the right to question the change and to end the counseling if that seems appropriate to you.

We want you to know that there are acts that would be considered unprofessional conduct. If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number in this publication to find out how to file a complaint against the offending counselor or hypnotherapist. The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling or hypnotherapy services. The conduct, acts or conditions listed below give you a general idea of the kinds of behavior that could be considered a violation of law as defined in RCW 18.130.180.

1. The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilty of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purpose of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
2. Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
3. All advertising which is false, fraudulent or misleading;
4. Incompetence, negligence, or malpractice which results in injury to a patient, or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
5. Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

**Lisa M. Hunter, M.A., LMFT**  
**3310 E. Lake Sammamish Pkwy SE, Ste. I**  
**Sammamish, WA 98075**

6. The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
7. Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
8. Failure to cooperate with the disciplining authority by:
  - (a) Not furnishing any papers or documents;
  - (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;
  - (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceedings;
  - (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
9. Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
10. Aiding or abetting an unlicensed person to practice when a license is required;
11. Violations of rules established by any health agency;
12. Practice beyond the scope of practice as defined by law or rule;
13. Misrepresentation or fraud in any aspect of the conduct of the business or profession;
14. Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
15. Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
16. Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
17. Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
18. The procuring, or aiding or abetting in procuring, a criminal abortion;
19. The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
20. The willful betrayal of a practitioner-patient privilege as recognized by law;
21. Violation of chapter 19.68 RCW;
22. Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
23. Current misuse of:
  - (a) Alcohol;
  - (b) Controlled substances; or
  - (c) Legend drugs
24. Abuse of a client or patient or sexual contact with a client or patient;
25. Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

***This publication should not be considered as the final source of information. If you want more information about the law regulating counselors and hypnotherapists or want to file a complaint, please write to: Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, Washington 98405-7869.***

**If you want to contact someone by phone to discuss the law or talk about a possible complaint, call 206.898.8450, Monday through Friday, 8:00 a.m. to 5:00 p.m.**

**Lisa M. Hunter, M.A., LMFT**  
3310 E. Lake Sammamish Pkwy SE, Ste. I  
Sammamish, WA 98075

**NOTICE OF PRIVACY PRACTICES**  
**Lisa M. Hunter, M.A., LMFT**

**This Notice describes how healthcare information about you may be used and disclosed and how you can get access to this information. Please review this Notice carefully.**

The Health Insurance Portability and Accountability Act (HIPAA) mandates the protection and confidential handling of protected healthcare information. This Notice informs you of your rights regarding your healthcare information under HIPAA. Your health information includes any information that I record or receive about your past, present, and future healthcare. HIPAA regulations require that I maintain this privacy and provide you a copy of this Notice.

**RECORD KEEPING PRACTICES**

Standard practice requires me to keep a record of your treatment. This includes relevant data about dates of service, payments for service, insurance billing, and relevant treatment information. This record of treatment is your *protected health care information* or "*PHI*." I may use or disclose your PHI for treatment, payment, and healthcare operation purposes.

**USES AND DISCLOSURES FOR TREATMENT, PAYMENT, & HEALTH CARE OPERATIONS**

**TREATMENT.** I may use or disclose your PHI to coordinate or manage your treatment. An example of *treatment* would be when I consult with another healthcare provider or therapist.

**PAYMENT.** I will disclose your health care information if you request that I bill a third party. An example of *payment* is when I disclose your protected health information to your health insurer to obtain reimbursement or to determine eligibility or coverage.

**HEALTHCARE OPERATIONS.** I may disclose your PHI during activities that relate to the performance and operation of my practice. Examples of *health care operations* are quality assessment activities, case management, legal, audits, and administrative services.

**USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION OR AN OPPORTUNITY TO OBJECT**

**REQUIRED BY LAW.** I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, law enforcements reports, abuse and neglect reports, and reports to coroners and medical examiners in connection with death. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

**HEALTH OVERSIGHT.** I may disclose your healthcare information to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that provide financial assistance to me, such as a third-party payers.

**Lisa M. Hunter, M.A., LMFT**  
3310 E. Lake Sammamish Pkwy SE, Ste. I  
Sammamish, WA 98075

**CHILD ABUSE OR NEGLECT.** If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.

**ADULT ABUSE.** If I have reasonable cause to believe that abandonment, sexual or physical abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must report the abuse to the Washington Department of Social and Health Services.

**THREAT TO HEALTH OR SAFETY.** In the instance when you or someone else is in imminent danger of harm I may disclose your healthcare information for the purposes of safety.

**CRIMINAL ACTIVITY.** I may disclose your healthcare information to law enforcement officials if you have committed a crime on my premises or against me.

**BUSINESS ASSOCIATES.** I may disclose your healthcare information with business associates that I contract with to administer billing and/or legal services. My contract with them requires them to safeguard the privacy of your information.

**COMPULSORY PROCESS.** I may be required to disclose your personal healthcare information if a court of competent jurisdiction issues an appropriate order. I will comply with this order if (a) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, (b) no protective order has been obtained, and (c) I have satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand.

**USES AND DISCLOSURES OF HEALTHCARE INFORMATION  
WITH YOUR WRITTEN AUTHORIZATION**

I will make other uses and disclosures of your protected healthcare information only when your appropriate authorization is obtained. An "authorization" is written permission that permits specific disclosures. You may revoke this authorization in writing at any time, unless I have taken an action in reliance on the authorization of the use or disclosure you permitted, such as providing you with healthcare services for which I must submit subsequent claims for payment.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

1. You have the right to **inspect and copy** your PHI, which may be restricted in certain limited circumstances, for as long as I maintain it. I will charge you a reasonable cost-based fee for copies.
2. You have the right to **ask that I amend** your record if you feel that the protected health information is incorrect or incomplete. I am not required to amend it, however you have the right to file a statement of disagreement with me, to which I am allowed to prepare a rebuttal and it will all go into your record.
3. You have the right to **request the required accounting of disclosures** that I make regarding your PHI. This documents any non-routine disclosures made for purposes other than your treatment, as well as disclosures made pertaining to your treatment for purposes of quality of care.

**Lisa M. Hunter, M.A., LMFT**  
3310 E. Lake Sammamish Pkwy SE, Ste. I  
Sammamish, WA 98075

4. You have the right to **request a restriction** or limitation on the use of your protected health information for treatment, payment, or operations of my practice. I am not required to agree to your request, and in instances where I believe it is in the best interest of quality care I will not honor your request.
5. You have the right to **request confidential communication** with me. An example of this might be to send your mail to another address or not call you at home. I will accommodate reasonable requests and will not ask why you are making the request.
6. You have the right to **have a paper copy** of this Notice.
7. If you believe I have violated your privacy rights you have the right to **file a complaint** in writing with me and/or the Secretary of Health and Human Services. I will not retaliate against you for filing a complaint.

**THERAPIST'S DUTIES**

This Notice describes your rights regarding how you may gain access to and control your protected healthcare information and how I may use and disclose it. I am required by law to abide by the terms of this *Notice of Privacy Practices* and reserve the right to change the terms of this Notice at any time. Any new *Notice of Privacy Practices* will be effective for all personal healthcare information that I maintain, whether or not you are still in treatment with me. You may request a copy of my revised *Notice of Privacy Practices* at your appointment time, or by leaving a request on my voice mail to receive a copy through the mail. My revised *Notice of Privacy Practices* will be posted in my office.

**CONTACT INFORMATION**

I am my own Privacy Officer. If you have any questions about this *Notice of Privacy Practices*, please contact me. My contact information is: Lisa M. Hunter, M.A., LMFT, 3310 E. Lake Sammamish Pkwy SE, Sammamish, WA 98075 425-736-9870

**COMPLAINTS**

If you believe I have violated your privacy rights, you may file a complaint in writing to me. I will not retaliate against you for filing such a complaint. You may also file a complaint with the U.S. Secretary of Health and Human Services.

*Signature below is only acknowledgement that you have received this Notice of Privacy Practices:*

---

Client Signature (age 13 & older) Date

---

Client Signature (age 13 & older) Date

---

Parent of a Minor Date

---

Therapist Signature