**NWEC Staff Disclosure Statements**

**William Singer, Ph. D., Licensed Mental Health Counselor Disclosure Statement**

**NWEC Supervisor**

This form contains information regarding my practice policies and your rights as a client. By signing this form you acknowledge that you have received these policies and are entering into agreement with them. Copies for your own records can be downloaded from my webpage.

William Singer, Ph.D. is in private practice as a State of Washington Licensed Mental Health Counselor. He is certified in providing Domestic Violence Intervention Treatment by the State of Washington Department of Social and Health Services. He has a license as a Mental Health Counselor with the State of Washington Department of Health (LH00003563).

Therapy for Domestic Violence Intervention consists of group therapy sessions. The models used for these sessions include CBT, Narrative therapy and other evidence-based modalities.

Education:

Ph.D., Counseling, Oregon State University (Honors)

M.Ed., Educational Psychology, (Counseling) University of Puget Sound (Honors)

BA, Liberal Arts, University of Washington (Dean’s List)

CERTIFICATIONS:

NBCC: National Board Certified Counselor; Certificate # 1624

Stale of Washington Licensed Mental Health Counselor; License #LH0003563

National Board Certified Family Therapist; Certificate #78

Areas of expertise:

Anxiety, Depression, Behavioral concerns, Self-esteem, Stress, Social skills, Communication skills, Vocational Change and exploration, Life Change, and Grief.

Experience:

I have been a therapist for over 44 years. I have worked with various populations including children, families, couples, at risk teens and the elderly. I have worked with clients who have experienced trauma, PTSD, depression, anxiety, personality disorders, those in the LBGTQ community and people from a variety of cultures, religious backgrounds and ethnicities.

I also complete declarations for court and mental health evaluations.

**Keira Engelke, MACP, Licensed Mental Health Counselor Associate Disclosure Statement**

**NWEC Staff Member**

Keira Engelke, MACP, is in private practice as a State of Washington Licensed Mental Health Counselor Associate. She has a license with the State of Washington Department of Health (MC60888610).

Education:

MACP, Counseling Psychology, Northwest University, Kirkland, WA

BAAP, Applied Psychology (Honors), City University of Seattle, Seattle, WA

Areas of expertise:

Anxiety, Depression, Behavioral concerns, Self-Esteem, Stress, Social skills, Anger Management, Communication skills, Vocational change and exploration, Life Change and Grief.

Experience:

I have been a therapist since 2017. I have worked with various populations including children, couples, at risk teens and the elderly. I have worked with a broad range of people from different ethnicities, religious beliefs and economic status’ and races. My clients have experienced trauma, personality disorders, domestic violence, PTSD, depression, anxiety, and those in the LBGTQ community.

 I draw on evidence-based modalities including CBT, ACT, DBT and mindfulness.

RATES: The fee for the NWEC Domestic Violence Intervention Treatment is described in the signed payment agreement. Group sessions are $60 per session; individual sessions are $75 per session. There is a $35 fee for all returned NSF checks. Fees are non-refundable.

All payments may be made by mutual consent, between counselor and client, prior to commencement of service. No fees will be charged for any consultation prior to the client signing this disclosure agreement.

CLIENT RIGHTS: You have the responsibility to control your own therapy, choosing your provider and the
treatment modality' which best suits your needs. You have the right to ask questions if you do not clearly understand what your counselor intends to do. It is inadvisable to become dependent upon your counselor. Seek professional assistance that puts you in control of your therapy and your life.

*Your Rights Regarding Treatment*

1) You have the right to request a change of therapy, referral to another therapist or to discontinue therapy at any time with NWEC.

2) You have the right and responsibility to be informed about your treatment. It is appropriate to raise questions about your therapist's training, his/her therapeutic approach, and your progress.

3) A record of the health care service you are provided is kept, and you may request to see and/or copy your chart at any time. You may request that notes of sessions not be kept. However, Washington State law requires documentation of each session date and diagnosis. You may also ask to correct your record. Regular charges accrue for time spent with your therapist reviewing your record, should you decide to do so, as well as fees for copying. Most often your therapist will write a treatment report summarizing treatment and send it to the appropriate referral. Please speak to your therapist if you would like more information about reviewing your record.

4) The licensure process exists to insure competent and ethical practice in psychology. If you feel that your therapist has been irresponsible, unprofessional, or unethical, you may contact the Department of Health, Board of Psychology Examiners, PO Box 47868, Olympia, WA 98504-2147; 1-360 -753-2147.

*Child or depend adult abuse or neglect must be reported to local law enforcement or the Department of
Licensing.*

CONFIDENTIALITY:

Your counselor cannot disclose the fact that you have signed the disclosure statement nor disclose any other information that you disclose UNLESS:

You have given written consent.

You confide that you may commit or have committed a crime or harmful acts.

You bring charges against your counselor.

Your counselor is required by law to provide information.

NOTE: *Counselor certification or license does not include any recognition of practice standards or imply
effectiveness of treatment. The purpose of counselor credentialing is to provide protection for public health and safety as well as empower the citizens of the state of Washington by providing a complaint process if needed.*

Staff at NWEC will not provide psychotherapy or make any diagnosis if it is outside their scope of practice.

I certify that I have read and understand the disclosure for William Singer and Keira Engelke. I voluntarily consent to treatment with William Singer and Keira Engelke. I understand that services may include a variety of theoretical approaches. I acknowledge that no guarantees have been made to me as to the effect of such examinations, treatment, therapy, or care of my condition. I understand that prior to the beginning of any treatment procedure, I will receive an explanation of the treatment and any possible risks involved. I also understand that I may refuse any and all services at any time.

I understand that all clinical information will be kept confidential, except as stipulated by Washington state statutes. I understand that should I have any complaint or grievance regarding services, I will be assisted in having the grievance procedure explained and having my grievance addressed in a timely fashion.

I understand that there is no guarantee that my insurance company will make payment and that I am ultimately responsible for any financial obligation to my therapist.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: Date: