



SUBSTANCE USE DISORDER PROGRAM DISCLOSURE AND SIGNATURE AUTHENTICATION

Name: _____

DOC number: _____

Please be aware that substance use disorder treatment professionals practicing counseling for a fee must be registered with the Licensing Division of the Department of Health (DOH) for the protection of public health and safety. The cost of treatment is covered by the Department of Corrections. Registration of an individual with the DOH does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. It is the intent of the law to provide protection for public health and safety, and to empower patients by providing a complaint process against treatment professionals who commit acts of unprofessional conduct, as described below. You have the right to know that your services are fully protected by Federal Confidentiality Regulations 42 CFR Part 2 and state laws and regulations, including RCW 18.19. In case of conflict you may file a complaint per DOC 550.100 Offender Grievance Program.

SUBSTANCE USE DISORDER PROFESSIONAL/TRAINEE (SUDP/T) PROVIDING SERVICES

Name: _____

Credential number: _____

Education/training/experience: _____

Signature and initials: _____

SUDP since: _____

Name: _____

Credential number: _____

Education/training/experience: _____

Signature and initials: _____

SUDP since: _____

Name: _____

Credential number: _____

Education/training/experience: _____

Signature and initials: _____

SUDP since: _____

Name: _____

Credential number: _____

Education/training/experience: _____

Signature and initials: _____

SUDP since: _____

Name: _____

Credential number: _____

Education/training/experience: _____

Signature and initials: _____

SUDP since: _____

Name: _____

Registration number: _____

Qualifications/experience: _____

Signature and initials: _____

SUDPT since: _____

Name: _____

Registration number: _____

Qualifications/experience: _____

Signature and initials: _____

SUDPT since: _____

TYPE OF COUNSELING PROVIDED by all substance use disorder treatment professionals: assessment, intervention, treatment planning, family support, aftercare, and re-entry.

METHODS AND TECHNIQUES TREATMENT PROFESSIONALS USE are individual and group counseling, education in substance use disorder and recovery, family supportive counseling, relapse prevention counseling, cognitive restructuring therapy, continuing care, and discharge planning.

UNPROFESSIONAL CONDUCT

The following conduct, acts, or conditions constitute unprofessional conduct for any licensed treatment professional under the jurisdiction of the DOH and RCW 18.130.180:

- The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of counseling
- Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof
- False, fraudulent, or misleading advertising
- Incompetence, negligence, or malpractice resulting in injury or unreasonable risk of harm to the patient
- The possession, revocation, or restriction of the individual's license to practice by competent authority in any state, federal, or foreign jurisdiction
- The possession, use, prescription for use or distribution of controlled substances or legend drugs in any way except for legitimate or therapeutic purposes, diversion of controlled substances, violation of drug laws, or prescribing controlled substances to self
- Violation of any federal, state, or administrative law regulating the counseling profession
- Failure to cooperate with the disciplining authority by not responding or providing essential records for their investigation
- Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority
- Aiding or abetting unlicensed persons to practice when a license is required
- Violations of rules established by any health agency
- Practice beyond the scope of practice as defined by law or rule
- Misrepresentation or fraud in any aspect of the conduct of the profession
- Failure to adequately supervise auxiliary personnel to the extent that the patient's health/safety is at risk
- Counseling involving contact with the public while suffering from a contagious or infectious disease involving serious risk to the public health
- Promotion for personal gain of any unnecessary or useless drug, device, treatment, procedure, or service
- Conviction of any gross misdemeanor or felony relating to the practice of counseling
- The procuring, aiding or abetting in procuring a criminal abortion
- The offering, undertaking, or agreeing to cure or treat disease by secret method, procedure, treatment, or medicine
- The willful betrayal of a treatment professional-patient privilege as recognized by law
- Violation of the rebating laws, including payment for referral of patients per RCW 19.68
- The use of threats or harassment against patients/witnesses to prevent them from providing evidence in a disciplinary proceeding or legal action
- Current misuse of: alcohol, controlled substances, or legend drugs
- Abuse of a patient or sexual contact with a patient
- 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

Anyone having questions or wishing to file a complaint should write or call the DOH Health Professionals Quality Assurance at Post Office Box 47860, Olympia, Washington 98504-7860 or (360) 236-4700.

DISCLOSURE INFORMATION

PATIENT CONFIDENTIALITY is protected by federal and/or state law and disclosures will not be made without your written consent, unless permitted or required by law/court order (e.g., suspected child abuse or neglect), responding to a medical emergency, reporting a crime/threatened crime on the premises of the program or against program personnel, or for purposes of program audit/research.

PATIENT RECORDS are maintained by the Substance Abuse Recovery Unit. You may ask to see and/or obtain a copy of the record and to review your record with the program administrator/designee. A fee may be required for copying.

I acknowledge that I have been provided a copy of the required disclosure information, have read and understand the information provided, and consent to participate in treatment.

Patient

Signature

Date

Treatment Professional

Signature

Date

The records contained herein are protected by Federal Confidentiality Regulations 42 CFR Part 2. The Federal rules prohibit further disclosure of this information to parties outside of the Department of Corrections unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.

Distribution: **ORIGINAL** - Clinical File **COPY** - Patient