Thressa M. Alston

COUNSELING DISCLOSURE STATEMENT

Counseling Center 6-10C
Highline College
2400 240th Street, Des Moines, WA 98198-9800
(206) 878-3710, ext. 3580 or 3353
Email: talston@highline.edu

NOTICE: YOUR RIGHTS AS A CLIENT

I keep a record of the health care services that I provide to you. You may ask us to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at the Counseling Center in Building 6.

As a counseling client, you have certain rights that are important for you to know. There are also certain limitations to those rights that you should be aware of.

Confidentiality: You have "privileged communication" under the laws of the State of Washington. "Privileged communication" means, with few exceptions, anything you disclose in therapy, any information I obtain about you from any source, and even the information that you are a client at all, is confidential and can be disclosed to others only with your written consent.

With the exception of the issues listed below, you have the absolute right to confidentiality of your counseling. Information shared here cannot be divulged to anyone without your expressed written permission. You should be aware that once you have released confidentiality on one occasion, you have legally increased the threat to confidentiality under the law in other circumstances. I will always act in such a way as to protect your privacy even when you release rights to confidentiality.

The following situations are exceptions to this right:

- 1. If I believe that you are physically or sexually abusing a minor child, developmentally delayed person, dependent or elderly adult, or if you report information to me about the possible abuse of a child or elderly adult, I am required by law to report this to Children's Protective Services or Adult Protective Services, respectively.
- 2. If you are currently in litigation or filing a complaint against someone for malpractice, you may be asked to disclose information regarding your counseling as part of that process. Although I will request your consent to release information, I can be legally obligated by court order to turn over my records in situations such as this. Please inform me as soon as you know that you are likely to be such a legal situation, so I can exercise due caution in my record keeping to protect your privacy.
- 3. If you make a formal faculty complaint against me at HC, that might necessitate my reviewing your file with my supervisor, the Associate Dean for Counseling and Judicial Affairs, the Vice President of Student Services or the College President.
- 4. Information may be shared with a current health care provider. It may also be shared with a former or future health care provider, unless you request in writing that I not do so.
- 5. I am not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act to yourself or others.
- 6. If you are a minor (under age of 18) and were a victim or subject of a crime; I can fully testify at any examination, trial, or other proceeding in which the crime is subject to inquiry.
- 7. In a rare event that there is a risk to the student or the community, the Counseling Center reserves the right to notify the Associate Dean of Counseling or the Campus SAIT (Say It) (Student Assessment

Information Team), who may recommend additional resources for the student. I will only release information that aids in obtaining ongoing care and ensuring safety.

You have the right to ask questions about anything that is happening in counseling. I am always willing to discuss why and how I develop my approach to working with someone, and am willing to look at alternative strategies for approaching a problem if you are unhappy with what I am doing. You have the right as well, to ask me about my training and background for working with your particular kind of problems. It is your responsibility to choose the provider and treatment modality which best suits your needs. If I cannot be of help to you, I will provide you with referrals to other health care providers. You have the right to choose a counselor who best suits your needs.

You have the right to request a truthful, understandable, and reasonably complete account of your condition. I will keep you fully informed as to the purpose and nature of any evaluation, treatment, or other procedures, and of your right to freedom of choice regarding services provided subject to the exceptions contained in the Uniform Health Care Information Act, chapter 70.02 RCW.

Termination of service: Whenever professional services are terminated, I will offer to help locate alternative sources of professional services or assistance if necessary. I have an obligation to terminate counseling services when it would become clear to me that you no longer need my services, or you are not benefiting form or being harmed by continued service.

My Training and Approach to Counseling

A.A. Social and Behavior Sciences, Merritt College B.A. Behavioral Science, John F. Kennedy University M. Ed., Master of Education, Counseling Psychology, Seattle University

I have been a member of the counseling staff since 2000. I have over 12 years of experience in student services and leadership in community college systems, State of Washington, Counselor Agency Affiliated Registration No. CG 60150809* and Mental Health Minority Specialist/Trainer. Affiliations include: National Omicron-Psi Honor Society, American Counseling Association, American College Counseling Association, Association for Technical and Community College Counselors, National Employment Counseling Association.

My theoretical orientation and associated techniques are "eclectic" with primary focus and integration on Person-centered, Gestalt, developmental, and family-of-origin approaches. I view each person as a unique individual and take into consideration the following: (1) common experiences as a human being, (2) specific experiences that come from the person's particular cultural background, (3) modalities that are culturally sensitive and strategies and techniques that are culturally responsive, based on an understanding of cultural dynamics in fostering optimal well-being, (4) understand and appreciate the role of family dynamics and, (5) awareness of gender-based differences in development expectations manifested in decision making, problem resolution, elements of spirituality and value systems.

I assist individuals in resolving problems affecting their career, educational and personal development. My primary goals in counseling are (1) meet students at their point of need, (2) assist individuals with their own growth and development, (3) be a partner in the student's own self-discovery and educational retention, (4) be a "systemic change agent" and assist in channeling energy into coping strategies and recommendations for success.

If you feel dissatisfied with what has occurred in our work together, I encourage you to talk about it with me in counseling. If you feel that I have not responded in a satisfactory manner you can speak to the Director of

Counseling. You can also bring a complaint against me by contacting the Washington State Examining Board of Psychology in Olympia, Washington at 360-236-4910.

Sometimes during the course of counseling emergent situations occur. If you have an emergency and are unable to reach me by phone 206-878-3710, ext. 3579 or 3353, please call Public Safety at ext. 3218 or the Crisis Clinic at 206-461-3222, for assistance until I can return your calls.

*Credentialing of an individual with the department of health does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. As an Agency Affiliated Counselor, I am not credentialed to diagnose mental disorders or to create treatment plans based on such diagnoses.

Client Consent to Counseling

Check one:

I have read the Counseling Information Disclosure Statement and understand it. I have asked any questions that I had about this statement. I consent to counseling under the terms described above with Thressa Alston and understand that I have the right to terminate counseling at any time I desire.

I am over the age of eighteenI am under the age of eighteen.		
Signed:		
Client	Date	
Signed:		
Counselor	Date	_

Thressa M. Alston, M. Ed., Faculty Counselor Highline College 2400 S 240th Street Des Moines, WA 98198-9800 206-878-3710, Ext. 3580 or 3353