

**Manuel Gomes, MHR, MA, PhD**  
CLINICAL PSYCHOLOGIST

**Professional Disclosure Statement**



Manuel J. Gomes, MHR, MA, PhD  
WA Licensed Psychologist #PY 3739  
Washington Institute for Intimacy and Sexual Health, LLC  
624 – 164<sup>th</sup> St SW  
Lynnwood, WA 98087  
(425) 444-4151

I appreciate you giving me the opportunity to be of help to you. This document answers some questions people often ask about counseling. It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

Washington State law (WAC 246-810-031) requires that all counselors provide certain information to clients at the initial consultation. The following information is provided to you so that you are aware of my qualifications and your rights.

**Credentials**

- PhD, Clinical Psychology, Seattle Pacific University, 2004
- Certified Sex Therapist (American Association of Sex Educators, Counselors and Therapists)
- Master of Arts: Psychology, (Marriage, Family, and Child Counseling Emphasis), Chapman University, 1995
- Master of Human Relations, University of Oklahoma, 1989
- Bachelor of Science: Psychology, North Dakota State University, 1984

I am an independent practitioner. I share office as well as common facilities and space with other independent practitioners located at Washington Institute for Intimacy and Sexual Health, LLC. My private practice is located in the Washington Institute for Intimacy and Sexual Health, LLC suite but I am not in business with any other health practitioner or organization. I am a solo practitioner, one of a number of independent subtenants who share limited common facilities at 624 – 164<sup>th</sup> St SW, Lynnwood, WA 98087.

As a marriage and family trained counselor my theoretical orientation is systemic. This means that I understand your family, social network, and current life status effects why you are here. The techniques I use are brief, solution-focused. I do not focus on problems but on exceptions to problems. This means that I often do not ask questions about your background or upbringing. If you feel that these issues are important please bring them up.

**About Counseling**

Because you will be putting significant time and energy into counseling, you should choose a counselor carefully. I strongly believe you should feel comfortable with the counselor you choose and feel hopeful about the counseling you receive.

Counseling is not easily described in general statements. It varies depending on the personality of both the counselor and the client, and the particular issues which the client brings. There are a number of different theoretical approaches that can be utilized to address the issues you hope to address. Unlike visiting a medical doctor, counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we talk about both during our sessions and at home.

Most psychological and emotional processing and healing occurs outside the counseling session. I therefore may ask you to complete an assignment as homework. This assignment will help you to apply what happens in a counseling session to your daily life. If you have any concerns about your ability to complete outside "homework", please discuss it with me first. I will be asking you about your assignment during your following visit.

Counseling is about you. It is not about changing someone else. Fortunately, because of how we interact with others you can expect that others will change their behavior when you change your behavior. While there are many uses for the term counseling, here it is not financial counseling, medical advising, or family planning. Counseling is not about me giving you advice. You will make decisions that are appropriate for you. My job is to help you through the decision-making process. Sometimes I may be more directive in telling you how to achieve your goals but you are the one who creates these goals. The exception to this is if you are court-ordered to attend counseling. The key to remember is that personal counseling should be focused on you.

### **The Benefits and Risks of Counseling**

Counseling has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings such as fear, sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. Counseling often requires discussing unpleasant aspects of your life. Counseling has been shown to have benefits to those who participate in the process. Counseling often leads to: a significant reduction in feelings of distress, improved relationships, and resolutions of specific problems. However, there is no guaranteed outcome.

The first session is an opportunity for you to assess whether I can help you. It is also an opportunity for me to gather information and to assess whether I can be of help to you. The first session may involve a 30 to 45 minute intake evaluation. After this first session, you and I can identify specific problem areas and create goals and steps to achieve those goals. These goals can later be modified but goal achievement should always be a consideration. After looking at your goals, I may estimate how many sessions it will take to achieve them. If I feel that I can not help you, I will help you find an appropriate referral. You have a right to choose counselors who best suit your needs and purposes.

### **About Confidentiality**

In general, the law protects the confidentiality of all communication between a client and a counselor, and I can only release information about our work to others with your written permission. However, there are a number of exceptions.

If I believe that you are threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. For example, if I believe that a child, elderly person, or a disabled person is being abused (i.e. a person unable to care for him/herself), I may be required to file a report with the appropriate state agency. I may have to file a report even if that person is you.

If you threaten to harm yourself, I may be required to seek hospitalization for you, or to contact family members or others who can help provide protection. In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issue before him/her demands it. These situations rarely occur but you have a right to know the limits of confidentiality. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult with other professionals. In these consultations, I make every effort to avoid revealing the identity of my client. The consultant is, of course, also legally bound to keep this information confidential as well. Unless you object, I will not tell you about consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns, which you may have at our next meeting. The laws governing these issues are quite complex and I am not an attorney. While I am happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable. If you request, I will provide you with relevant portions or summaries of the applicable state laws governing these issues.

These relevant portions and exceptions are listed in the Washington RCW Chapter 70.02, "Medical Records - Health Care Information Access and Disclosure"; RCW 18.19.180, "Confidential Communications"; as well as WAC 246-810-035, "Recordkeeping and Retention".

### **Fees and Registration Requirement**

I have established a standard fee for my services that is consistent with the fees charged by others in my profession. Fees are **\$160.00** for the first 50 minute intake session and **\$120.00** for each 50 minute session thereafter. Telephone consults are charged at the same rate and are prorated based on time spent together. I do accept VISA/MasterCard payments if you will be paying by credit card for your own service on a fee-for-service basis. This may be necessary when some health insurance plans do not cover your particular form of therapy such a couples, family or sex therapy. I do accept some third party payments (insurance). I can provide a bill for you to submit to your health insurance company if you have insurance for which I am not a provider. Then it is your responsibility to collect reimbursement from any outside sources. You should also be aware that confidentiality may be reduced when third parties are involved.

An assessment may be recommended. In addition to standard treatment fees, an assessment fee may be involved. You will have to pay for fees associated with any assessments you take. These assessments may be helpful and recommended although you may decline.

There will be a charge for returned checks (currently set at \$35.00 – RCW 62A-3-515) due to Non-Sufficient Funds (NSF).

Counselors practicing counseling for a fee must be registered or Licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

### **If I Need to Contact Someone about You**

If I need to talk with someone or get information relevant to your care, I must first get your permission. I have a separate form requesting an exchange of information. This form is a legally binding agreement that is valid for 90 days. You may rescind your permission at any time except to the extent that information has already been shared.

### **If You Need to Contact Me**

The most effective way to reach me is to schedule an appointment is by calling (425) 444-4151. I do not answer the phone when I am with someone. When I am unavailable, my phone is answered by an automatic voice mail system that I monitor frequently. This system is protected by a password and thus affords a reasonable amount of security. I will make every effort to return your call on the same day you make it with the exceptions of weekends, holidays, or personal vacations. If you are difficult to reach, please leave some times when you will be available. In addition, please let me know what concerns you may have regarding messages left for you.

If you cannot reach me, and feel that you cannot wait for me to return your call, you should call your family physician or the emergency room at the nearest hospital and ask to speak to the mental health worker on-call. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you may contact if necessary.

**Email.** Due to the nature of the Internet, you should always be mindful that privacy cannot be assured. Therefore, confidentiality does not extend to email communications. I will do my best to keep your communications confidential. If you have any concerns about your email being read by others you should use alternate means for contacting me. My email address is "DrGomes@wiish.us".

### **Keeping Appointments**

I assume that you are very interested in making a change in your life and believe that regular attendance for appointments is important. However, if you do need to change or cancel your appointment, please try to do so 24 hours in advance. This allows me to give another client an opportunity to schedule an appointment and to use my services. You will still be liable for paying for a scheduled therapy session if you have not given me sufficient 24 hours prior notice.

### **Professional Records**

Both law and the standards of my profession require me to keep appropriate records. You are entitled to receive a copy of the record, but if you wish, I can prepare an appropriate summary instead. An exception to this recordkeeping law is that I am entitled to withhold records if I believe that seeing them would be emotionally damaging to you. Because these are professional records, they may be misinterpreted and/or may be upsetting to a lay reader. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. I am required to maintain records for eight years.

You have the right to request that minimal records of counseling be kept (WAC 246-810-035). If you are requesting that minimal records be kept you must sign a separate form with this request. Minimal information that I must keep include a name, fee arrangement and record of payments, dates counseling was received, disclosure form, and a signed request that minimal records be kept. Please discuss your options with me.

### **Grievance or Complaint Procedures**

If you have a question at any time, please talk to me about it first. If you are not satisfied with my work with you, you may file a complaint. Please write to:

Department of Health  
Health Professions Quality Assurance Division  
Counselor Registration/Certification  
PO Box 47869  
Olympia, WA 98504-7869

If you want to contact someone by phone to discuss the law or to talk about a possible complaint, call (360) 236-4903, Monday through Friday, 8 a.m. to 5 p.m.

### **Assurance of Professional Conduct**

The purpose of the Counselor Credentialing Act is to A) provide protection for the public health and safety; and B) to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

I want you to know that there are acts that are considered unprofessional conduct. If any of the following situations occur during counseling you are encouraged to contact any of the previously identified resources. The following situations are not identified to alarm you but to allow you to be an informed consumer of counseling services.

The conduct, acts, or conditions listed give you a general idea of the kinds of behavior that could be considered a violation of the law (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 a 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 guilt 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 purposes 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, federal, or foreign jurisdiction, a Licensed copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(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 proceeding; or
  - (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 (Rebating by Practitioners of Healing Professions);
- (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.

### **Counseling Agreement**

If you have any questions, or would like additional information, please feel free to ask. Please sign two copies of the accompanying "Agreement for Counseling". Keep one copy as your record and I will keep a copy in a file that I maintain. (09/2008)



## HIPAA COMPLIANCE NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. This information will include Protected Health Information (PHI), as that term is defined in privacy regulations issued by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and, as applicable, Washington State RCW Chapter 70.02 entitled “Medical Records - Health Care Access and Disclosure.” Please review it carefully.

The practitioners of WIISH respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Protected Health Information (PHI): Protected health information means individually identifiable health information such as:

- Transmitted or maintained in any other form or medium;
- Maintained in any medium described in the definition of electronic media; or
- Transmitted or maintained in any other form or medium.

### **Examples of Use and Disclosures of Protected Health Information for treatment, Payment, and Health Operations**

*For treatment:*

- Information obtained by a nurse, physician, clinical psychologist, MSW, therapist, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

*For payment:*

- In Washington State, written patient permission is required to use or disclose PHI for payment purposes, including to your health insurance plan. We will have you sign another form Assignment of Benefits or similar form for this purpose (RCW 70.02.030(b)). Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

*For health care operations:*

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may use and disclose your information to conduct or arrange for services, including:
  - medical quality review by your health plan;
  - accounting, legal, risk management, and insurance services;
  - audit functions, including fraud and abuse detection and compliance programs.

The health and billing records we create and store are the property of Valley Counseling Associates, Inc. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But we will comply with any request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information-except in certain circumstances;
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact our Privacy Officer:

Manuel Gomes, PhD  
624 – 164<sup>th</sup> St SW  
Lynnwood, WA 98087  
425-444-4151

*Psychotherapy Notes:*

Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. An authorization to use or disclose psychotherapy notes is required except if used by the originator of the notes for treatment, to a person or persons reasonably able to prevent or lessen the threat (including the target of the threat), if the originator believes in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, if the notes are to be used in the course of training students, trainees or practitioners in mental health; to defend a legal action or any other legal proceeding brought forth by the patient; when used by a medical examiner or coroner; for health oversight activities of the originator; or when required by law.

**Our Responsibilities**

We are required to:

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office or medical records department to pick one up.

**To Ask for Help or Complain**

If you have questions, want more information, or want to report a problem about the handling of your protected health information. You may contact our Privacy Officer:

Manuel Gomes, PhD

624 – 164<sup>th</sup> St SW  
Lynnwood, WA 98087  
(425) 444-4151

If you believe your privacy rights have been violated, you may discuss your concerns with the Privacy Officer. You may send a written complaint to the:

Washington State Department of Health at:  
510— 4 Avenue W, Suite 404  
Seattle, WA 98119

You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

### **Disclosures and Uses of Protected Health Information**

#### *Notification of Family and Others*

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

#### *We may use and disclose your protected health information without your authorization as follows:*

- With Medical Researchers -- if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- To comply with Workers Compensation Laws – if you make a worker’s compensation claim.
- For Public Health and Safety Purposes as Allowed or Required by law:
  - To prevent or reduce a serious, immediate threat to the health or safety of a person or the public,
  - To public health or legal authorities,
  - To protect public health and safety,
  - To prevent or control disease, injury, or disability,
  - To report vital statistics such as births or deaths.
- To report suspected abuse or neglect to public authorities.
- To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For law Enforcement Purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For Health and Safety Oversight Activities. For example, we may share health information with the Department of Health.
- For Disaster Relief Purposes. For example, we may health information with disaster relief agencies to assist in notification of your condition to family or others.
- For Work-Related Conditions That could Affect Employee Health. For example, an employer may ask us to assess health risks on a job site.
- To the Military Authorities of US and Foreign Personnel. For example, the law may require us to provide information necessary to a military mission.
- In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.
- For Specialized Government Functions. For example, we may share information for national security purposes.

- To Coroners, Medical Examiners, and Funeral Directors. For example, We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to Funeral directors, as required by law, so that they may carry out their jobs.
- Organ and Tissue Donations. If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate and transplant organs in order to facilitate an organ, eye or tissue donation and transplantation.
- Incidental Disclosures. We may use or disclose PHI incident to use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguard against such incidental uses and disclosures and have limited them to the minimum necessary information.
- Limited Data Set Disclosures. We may use or disclose a limited data set (PHI that has certain identifying information removed) for purposes of research, public health, or health care operations purposes. The person receiving the information must sign an agreement to protect the information.

*Special Authorizations*

Certain federal and state laws that provide special protections for certain kinds of personal health information call for specific authorizations from you to use or disclose information. When your personal health information falls under these special protections, we will contact you to secure the required authorizations to comply with federal and state laws such as:

- Uniform Health Care Information Act (RCW 70.02)
- Sexually Transmitted Diseases (RCW 70.24.
- Drug and Alcohol Abuse Treatment Records (RCW 70.96A. 150)
- Mental Health Services for Minors (RCW 71.05.390-690)
- Communicable and Certain Other Diseases Confidentiality (WAC 246-100-016)
- Confidentiality of Alcohol and Drug Abuse Patients (42 CFR Part 2)

If we need your health information for any other reason that has not been described in this notice, we will ask for your written authorization before using or disclosing any identifiable health information about you. Most important, if you choose to sign an authorization to disclose information, you can revoke that authorization at a later time to stop any future use and disclosure.

<b>Other Uses and Disclosures of Protected Health Information</b>
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- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Effective Date: 1 January 2007