

## CLIENT PACKET

8514 W Gage Blvd Suite G | Kennewick, WA 99336  
Phone: 509-524-9903  
Main License Number: 61492395  
Branch License Number: 61494502



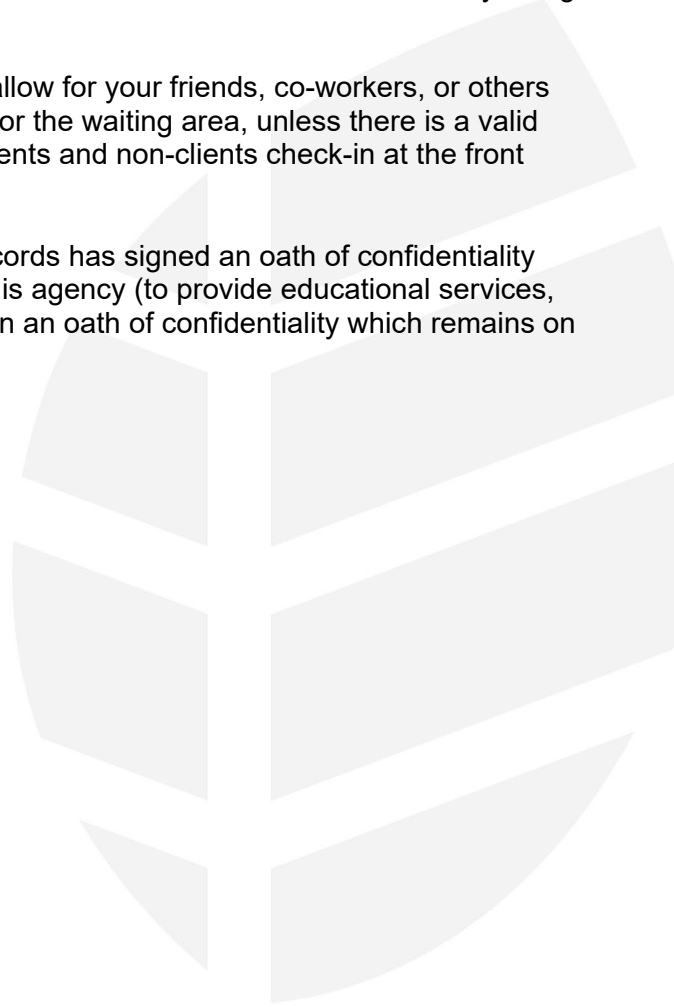
## Confidentiality Between Clients

In order for all clients to feel safe and trusted while attending outpatient substance use disorder services at Ideal Balance, a high level of confidentiality must be maintained at all times. Ideal Balance requires that confidentiality of all clients be maintained fully at all times.

In order to maintain such a high level of confidentiality, Ideal Balance asks that you do not allow those who are not attending outpatient substance use disorder services to enter this agency. This would include family members who may drive you to our agency, significant others, etc. This reduces the risk of confidentiality being broken by someone who has not signed the below agreement.

For others who fall under this agreement, Ideal Balance does not allow for your friends, co-workers, or others to enter any area within Ideal Balance with or without you, except for the waiting area, unless there is a valid consent form, signed by you, in your clinical file. We ask that all clients and non-clients check-in at the front desk.

For clients, please be assured that all who have access to your records has signed an oath of confidentiality which is placed in their employee file. Also, all visitors who enter this agency (to provide educational services, family members attending family sessions, etc.) are required to sign an oath of confidentiality which remains on file at all times.



## Complaint Process

Any individual or the individual's representative person may submit a report to the Department of Health of an alleged violation of licensing and certification laws and rules.

- A. Information on filing a complaint with the Department of Health can be found at:  
<https://doh.wa.gov/licenses-permits-and-certificates/file-complaint-about-provider-or-facility>
- B. Health care professionals credentialed by the Department of Health will comply with the mandatory reporting requirements in chapters RCW 18.130 and WAC 246-16.
- C. If Department of Health determines a report should be investigated, the report becomes a complaint. Ideal Balance representatives will cooperate to allow Department of Health representatives to:
  - 1. Examine any part of the facility at reasonable times and as needed.
  - 2. Review and evaluate agency records, including but not limited to:
    - a. An individual's clinical record and personnel file
    - b. The agency's policies, procedures, fiscal records, and any other documents required by Department of Health to determine compliance and to resolve the complaint
  - 3. Conduct individual interviews with staff members and/or individuals receiving services.
- D. An agency or agency provider will not retaliate against any:
  - 1. Individual or individual's representative for making a complaint with Department of Health or being interviewed by Department of Health about a complaint.
  - 2. A witness involved in the complaint issue.
  - 3. An employee of the agency.
- E. Department of Health may assess an agency a fine under RCW 43.70.250, or deny, suspend, or modify a license or certification under RCW 43.70.115, if:
  - 1. Any allegation within the complaint is substantiated.
  - 2. The Department of Health's finding that the individual, an individual's representative, a witness, or employee of the agency experienced an act of retaliation by the agency as described in subsection C. of this section during or after a complaint investigation.

Notice that all materials can be provided in differing languages

**All written materials are available in English and available upon request**

យើងផ្តល់សម្ភារៈលាយលក្ខណ៍អក្សរជាភាសាខ្មែរ និងភាសាដទៃទៀត តាមសំណើសុំ ។  
Cambodian

所有書寫資料均有中文版本，根據要求提供。  
Chinese

모든 안내서는 요청 시 한국어로 제공될 수 있습니다.  
Korean

ຫນັງສືເອກສານທຸກໆຢ່າງມີໃວ້ໃຫ້ເປັນພາສາລາວ ແລະ ມີໃວ້ໃຫ້ຕາມຄໍາຮ້ອງຂໍ  
Laotian

Все материалы имеются в письменном виде на русском языке, и их можно  
получить по требованию.  
Russian

Todos los materiales se pueden obtener en español y están disponibles a  
solicitud.  
Spanish

Tất cả các tài liệu đều có sẵn bằng tiếng Việt và cấp cho khi được yêu  
cầu  
Vietnamese

Waxaad qoraallada oo idil ku helayaa af Soomaali haddii aad  
codsato.  
Somali

Усі письмові матеріали доступні в український та надаються за запитом  
Ukrainian

በጽሁፍ የተነጋገሩ ሰነዶች በእማርኛ ተተርጎመው ይገኛሉ እናም በጠየቁን ጊዜም ማግኘት ይቻላል  
Amharic

جميع المواد المكتوبة متاحة باللغة العربية، وتتوفر عند الطلب  
Arabic

ਸਾਰੀਆਂ ਲਿਖਤੀ ਸਮੱਗਰੀਆਂ ਪੰਜਾਬੀ ਵਿੱਚ ਉਪਲਬਧ ਹਨ ਅਤੇ ਬੇਨਤੀ ਕਰਨ 'ਤੇ ਮਿਲ ਸਕਦੀਆਂ ਹਨ  
Punjabi

## Client Rights

- A. Ideal Balance maintains a statement of individual participant rights applicable to the services the agency is certified to provide for, to ensure an individual's rights are protected in compliance with RCW 70.41, 71.05, 71.12, 71.24, and 71.34. In addition, to the extent that the rights set out in those chapters do not specifically address the rights in this subsection or are not applicable to all of the agency's services, the agency must develop a general statement of individual participant rights that incorporates at a minimum the following statements.

You have the right to:

1. Receive services without regard to race, color, creed, national origin, religion, sex, sexual orientation, age, or disability.
  2. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice.
  3. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.
  4. Be treated with respect, dignity, and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises or to address risk of harm to the individual or others. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is reasonable suspicion of possession of contraband or the presence of other risk that could be used to cause harm to self or others.
  5. Be free of any sexual harassment.
  6. Be free of exploitation, including physical and financial exploitation.
  7. Have all clinical and personal information treated in accord with state and federal confidentiality regulations.
  8. Review your clinical record in the presence of the Administrator or designee and be given opportunity to request amendments or corrections.
  9. Submit a report with the Department of Health when you feel the agency has violated a WAC requirement regulating behavioral health agencies.
- B. Ideal Balance will ensure the applicable individual participant rights described in A above are:
1. Provided in writing to each individual on or before admission.
  2. Available in alternative formats for individuals who are visually impaired.
  3. Translated to the most commonly used languages in the agency's service area.
  4. Posted in public areas.
  5. Available to any participant upon request.

- C. At the time of admission and upon client request, the agency must provide each client with information on how to file a report to the department if they feel their rights or requirements of WAC 246-341-0600 have been violated.





## HIPAA & CFR 42 PATIENT NOTICE

**CONFIDENTIALITY OF ALCOHOL/DRUG ABUSE PATIENT INFORMATION – THIS NOTICE DESCRIBES HOW MEDICAL/DRUG/ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

### **GENERAL INFORMATION:**

Information regarding your health care, including payment for health care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d et seq., 45 CFR Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 CFR. Part 2. Under these laws, Ideal Balance may not say to a person outside of Ideal Balance that you attend the program, nor may Ideal Balance disclose any information identifying you as an alcohol or drug abuser or disclose any other protected information except as permitted by federal law. Ideal Balance must obtain your written consent before it can disclose information about you for payment purposes. For example, Ideal Balance must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Ideal Balance can share information for treatment purposes or for health care operations.

However, federal law permits Ideal Balance to disclose information without your written permission:

1. Pursuant to an agreement with a qualified service organization/business associate
2. For research, audit, or evaluations
3. To report a crime committed on Ideal Balance premises or against Ideal Balance personnel
4. To medical personnel in a medical emergency
5. To appropriate authorities to report suspected child abuse or neglect
6. As allowed by a court order

For example, Ideal Balance can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care for you, as long as there is a qualified service organization/business associate agreement in place. Before Ideal Balance can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing or verbally.

### **YOUR RIGHTS:**

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Ideal Balance is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. Ideal Balance will accommodate such requests that are reasonable and will not request an explanation from you.

Under HIPAA you also have the right to inspect and copy your own health information maintained by Ideal Balance, except to the extent that the information contains **psychotherapy notes or information compiled for use in a civil or administrative proceeding or in other limited circumstances**. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Ideal Balance records and to request and receive an accounting of disclosures of your health-related information made by Ideal Balance during the six years prior to your request. You also have the right to receive a paper copy of this notice.



**IDEAL BALANCE'S DUTIES:**

Ideal Balance is required by law to maintain the privacy of your health care information and to provide you with a notice of its legal duties and privacy practices with respect to your health information. Ideal Balance is required by law to abide by the terms of this notice. Ideal Balance reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains.

**COMPLAINTS and REPORTING VIOLATIONS:**

You may complain to Ideal Balance and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA, you may report to Ideal Balance by asking to speak directly to the Administrator. You will not be retaliated against for filing such a complaint. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.





## MANDATORY REPORTING Confidentiality of Alcohol & Drug Abuse Patient Records (42CFR Part 2)

It is your right to know that there are circumstances and certain crimes or harmful acts that mandate the counseling staff to report per: ORS 419B.005 – 419B-05D.

The Ideal Balance staff knows and respects the importance of confidentiality and will protect your rights to their fullest.

Being mandatory reporters, and without a valid release of information, Ideal Balance staff can only disclose the following information **without your consent**:

1. You pose a threat to yourself (you verbalize or demonstrate self-harm).
2. You pose a threat to others (you verbalize or demonstrate harm to others).
3. You report that a child, adult dependent or developmentally disabled person is experiencing abuse in the forms of physical, mental, emotional, sexual abuse/neglect.
4. You file charges against the person registered or certified under the law.
5. The counselor/agency receives a court order, signed by a judge, to provide information (a subpoena is not sufficient in this matter).
6. Child Protective Services/ Department of Human Services provides documentation that there is an open investigation for allegations of child abuse/neglect in which you are named.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program site or against any person who works for the program or about any threat to commit such a crime.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations)

I have read and understand the above requirements that mandate the counseling staff at Ideal Balance to disclose and/or report information to the proper authorities.

## PROGRAM RULES

**I understand if I am NOT court ordered, all language pertaining to courts does not apply**

1. Ideal Balance promotes total abstinence from all non-prescribed mind/mood altering substances. We highly encourage you to stop all use of any mind-altering substances, including caffeine and nicotine. Ideal Balance would like you to experience a life free from all substance use. If court referred, you are mandated to maintain total abstinence from any non-prescribed substance use and any use must be reported to the courts within 72 hours.
2. **Ideal Balance maintains a Nicotine-Free agency** – no use of any nicotine product is allowed on the premises at any time. Violating this rule is reason for immediate discharge from Ideal Balance-this includes E-Cigarettes. This does not include nicotine replacement products which are FDA approved.
3. Attendance is a critical part of your treatment program at this agency. **You will need to discuss any need to be absent with your primary counselor to determine if you will be excused. All unexcused absences will be reported to your Ideal Option physician.**
4. You agree to maintain the confidentiality of all other clients of this facility. Confidentiality is protected by federal laws and regulations. Breach of anyone's confidentiality may result in immediate discharge from this program and legal repercussions.
5. You agree to be part of a no tolerance policy regarding violent and/or threatening behavior. Any acts of violence will most likely result in immediate discharge and possible legal charges.
6. Some insurance companies require you attend this counseling in order to get your medication from Ideal Option covered. If you choose to stop attending, your insurance company will be notified which may result in your medication no longer being covered.
7. You are encouraged to engage in community-based self-help groups such as AA, NA, or SMART Recovery. If you are court ordered to attend such meetings, you will need to provide verification of attendance to your primary counselor. DUI convictions require clients to participate in self-help groups and provide verification of attendance within the first 60 day of treatment.
8. You agree to meet your monthly financial responsibility. You agree to provide the necessary documentation to verify income, insurance cards, etc. when requested. Failure to meet your financial obligation will be reported to your referral source and you will run the risk of being financially suspended from services until your account is current.
9. You agree to develop and adhere to your individualized service plan. This plan may include group, family, and individual sessions. You will work with your counselor in developing your plan.
10. If this level of care at Ideal Balance seems ineffective for you, staff will work with you to connect you with other services which may better benefit your recovery. Staff will work with you in making these changes. All changes to your program must be reported to your court referral.

**Treatment Approach/Philosophy:**

This agency believes in providing individualized and evidenced-based treatment. We see addiction as a maladaptive pattern of behavior that affects an individual's biological, psychological, and social functioning. We utilize evidenced-based/best practices curriculum in all phases of treatment. Approaches that are implemented at this agency are Stages of Change, Motivational Interviewing, Cognitive Behavioral Therapy, Rational Emotive Behavioral Therapy, Matrix Model, Hazelden Living in Balance, Change Companies MEE journals, and Mapping by Texas Christian University.

We realize that the most effective treatment for addiction includes group and individual sessions. Also, accessing sober support (self-help) outside of treatment can be helpful in sustaining recovery. Ideal Balance strives to make improvements as science changes and the research continues. We commit to providing cutting-edge addiction treatment.

**Counselor Education and Training:**

Ideal Balance is approved and licensed by the Department of Health (DOH) to provide alcohol and other drug addiction treatment. As a state approved agency, its staff has met certain qualifications as set forth by RCW 18.205. The credentials of each counselor are monitored and regularly inspected by DOH to verify that counselors continue to meet requirements. Ideal Balance substance use disorder counselors are not credentialed to diagnose mental health disorders or to conduct psychotherapy.

## HIV/AIDS BRIEF RISK INTERVENTION Blood Borne and Air Borne Pathogens

The Human Immunodeficient Virus (HIV) caused Acquired Immune Deficiency Syndrome (AIDS). Infection of the virus results from contact with blood, semen, or vaginal fluids, during unprotected oral, anal, or vaginal intercourse, as well as contact with injectable drug paraphernalia.

Intravenous (I.V.) drug users and heterosexual females account for most of the current HIV infections across the United States. The highest risk behaviors for becoming infected are: (1) Having unprotected sex (sexual contact without a condom), (2) Sharing infected and unbleached injectable drug paraphernalia with I.V. drug users, or (3) Having sexual contact with I.V. drug users.

It is possible to have no symptoms of HIV infection for up to ten years or more after the date of infection. Because a person infected with HIV may have no symptoms for such an extended period of time, it may be impossible to know if a person is HIV positive without diagnostic testing. Thus, it is important to protect yourself at all times. Everyone who is HIV positive is infectious and should be protecting themselves from re-infection with other diseases, as well as protecting others around them from HIV infection.

You can protect yourself and reduce your exposure to HIV by doing the following:

- ❖ Do not have sexual contact with any injectable drug user.
- ❖ If you have sexual contact with someone, use a latex condom.
- ❖ Do not use drugs. If you do use drugs, do not share needles, cotton, bottle cap, spoon, etc. You must clean injectable drug paraphernalia with bleach and water before sharing paraphernalia to reduce the risk of HIV infection.
- ❖ Consider having the HIV Antibody test completed. This test can be anonymous and is available at the local Health Department at a minimal cost.
- ❖ Consider having the HIV Antibody test if you are pregnant or planning to father a child as an infected mother can pass the virus to her unborn child and an infected father can pass the virus to the mother.

Managing your risks regarding other blood borne pathogens is also important, such as Hepatitis B and air borne pathogens, such as Tuberculosis. Consult your treatment team, physician, or your local Health Department if you have further questions.

If you feel you are at risk for having been exposed to HIV and/or blood borne and air borne pathogens, please feel free to discuss this with clinical staff so that we may refer you for further information and/or treatment.

# COUNSELOR DISCLOSURE DOCUMENT



## FEE SCHEDULE FOR IDEAL BALANCE AS OF 01.01.2024

Service	COST BY DURATION				SELF-PAY RATES (Based on current HCA rates)			
	15 Minutes	30 Minutes	45 Minutes	60 Minutes	15 Minutes	30 Minutes	45 Minutes	60 Minutes
Diagnostic Evaluation	\$360.00				\$162.00			
Individual Session	\$90.00	\$180.00	\$270.00	\$360.00	\$32.00	\$64.00	\$96.00	\$128.00
Family Session		\$120.00	\$180.00	\$240.00		\$64.00	\$96.00	\$128.00
Case Management / Care Coordination	\$60.00	\$120.00	\$180.00	\$240.00	\$15.00	\$30.00	\$45.00	\$60.00
Group Session		\$60.00	\$90.00	\$120.00		\$24.00	\$36.00	\$48.00

Your consent for third-party payor allows Ideal Balance to do the following:

- Communicate with and disclose to any Third-Party Payor (Commercial Insurance Company / Medicaid / Medicare / etc.), related to your care at Ideal Balance for the purpose of Billing and Collection.
- Complete Client Record for Billing and Collection, including progress reports, chart notes, treatment plan, demographics, and verification of funding source(s), and billing documentation.
- Disclose to any third-party payor all necessary information and relevant portions of your client record for the purpose of receiving payment for services rendered.

You are entitled to a refund of any advanced payments for services not received by you in the course of your treatment. Furthermore, if you make a payment and it is found that your third-party payor covers a portion of what you pay, you are entitled to a refund, which would occur within 90 days of Ideal Balance receiving information that a refund is due.

## 18.130.180 UNPROFESSIONAL CONDUCT

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

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 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 certified 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, documents, records, or other items.
  - 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.
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
  - 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.





**Department of Health contact information to file a complaint about a provider or facility:**

**Online:** <https://doh.wa.gov/licenses-permits-and-certificates/file-complaint-about-provider-or-facility>

**Telephone:** (360) 236-4700

**Email:** [hsgacomplaintintake@doh.wa.gov](mailto:hsgacomplaintintake@doh.wa.gov)

**Address to file complaint:** Washington State Department of Health  
Health Systems Quality Assurance  
Complaint Intake  
PO BOX 47857  
Olympia, WA 98504-7857

**The Joint Commission contact information to report concerns about the safety or quality of service provided:**

**Online:** [www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/](http://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/)

**Address to file a complaint:** Office of Quality and Patient Safety  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181

**IDEAL BALANCE SUBSTANCE USE DISORDER PROFESSIONALS**

<b>Counselor Name</b>	<b>Credential Number</b>	<b>Credential</b>
<b>Penny S Bell</b> Initial:                      Date:	CP00006097	Substance Use Disorder Professional (SUDP) <i>Administrator</i>
<b>Christine Sundholm</b> Initial:                      Date:	CP60312415	Substance Use Disorder Professional (SUDP) <i>Clinical Supervisor</i>
<b>Melanie McCollum</b> Initial:                      Date:	CP00001196	Substance Use Disorder Professional (SUDP)
<b>Kimberly Hunt</b> Initial:                      Date:	CP60916001	Substance Use Disorder Professional (SUDP)
<b>Danielle Akins</b> Initial:                      Date:	CP60870067	Substance Use Disorder Professional (SUDP)
<b>Lacey Cope</b> Initial:                      Date:	CP60884225	Substance Use Disorder Professional (SUDP)
<b>Simon Tedrow</b> Initial:                      Date:	CP60215848	Substance Use Disorder Professional (SUDP)
<b>Kimberly Slick</b> Initial:                      Date:	CP60131584	Substance Use Disorder Professional (SUDP)

**I have read and fully understand the document. I have also been given a copy of this document.**

\_\_\_\_\_  
*Client name (print)*

\_\_\_\_\_  
*Client DOB*

\_\_\_\_\_  
*Client ID*

\_\_\_\_\_  
*Client signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Location of client on signing*

\_\_\_\_\_  
*Counselor name (print)*

\_\_\_\_\_  
*Counselor signature + credential*

\_\_\_\_\_  
*Date*