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 staff who have access to your records, including Ideal Option staff who use the shared electronic health record (EHR), have 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.

IdealBalance

Complaint Process

Filing a Complaint with Ideal Balance:

You may make a complaint about your care, services, or treatment at any time. To make a complaint:

1. Talk with your counselor first, if you feel comfortable doing so.
2. If the issue is not resolved, or you prefer not to talk with your counselor, contact the Clinical Supervisor or Administrator at 509-524-9903. You may make your complaint verbally or in writing.
3. Ideal Balance will review your complaint and respond within 5 business days. You may ask for the response in writing.
4. Making a complaint will not affect your services. You may also contact the Department of Health or The Joint Commission at any time (contact information is listed later in this packet).

Filing a Complaint with the Department of Health:

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 D. of this section during or after a complaint investigation.

IdealBalance

Notice that all materials can be provided in differing languages

All written materials are available in English and available upon request

យើងផ្តល់សម្ភារៈលាយលក្ខណ៍អក្សរជាភាសាខ្មែរ និងភាសាផ្សេងទៀតឡើត 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

ຫນັງສືເອກສານທຸກຢ່າງມີໃຫ້ເປັນພາສາລາວ ແລະ ມີໃຫ້ຕາມຄໍາຮ້ອງຂໍ

Laotian

Все материалы имеются в письменном виде на русском языке, и ил 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 helaysaa af Soomaali haddii aad codsato.

Somali

Усі письмові матеріали доступні в український та надаються за запитом

Ukrainian

በጽሁፍ የተዘጋጁ ሰነዶች በሙሉ በእንግሊዝኛ ተተርጉመው ይገኛሉ እናም በጠየቁን ጊዜም ማግኘት ይችላሉ

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, gender, gender identity, 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. Be free from abuse and neglect.

   8. Have all clinical and personal information treated in accord with state and federal confidentiality regulations.

   9. Participate in the development of your individual service plan and receive a copy of the plan if desired.

   10. Review your individual service record in the presence of the Administrator or designee and be given opportunity to request amendments or corrections.

   11. Submit a report to the Department of Health when you feel the agency has violated your rights or 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 & 42 CFR PART 2 PATIENT NOTICE

CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS – THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU, INCLUDING SUBSTANCE USE DISORDER TREATMENT RECORDS, MAY BE USED & DISCLOSED & HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Effective Date: 11.9.2026

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 of Substance Use Disorder Patient Records 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 a person receiving substance use disorder services or disclose any other protected information except as permitted by federal law. Ideal Balance must obtain your written consent before it can use or disclose your records for treatment, payment, or health care operations. You may sign one consent for all future uses and disclosures for treatment, payment, and health care operations (TPO consent). For example, with your consent, Ideal Balance may share information with your health insurer to be paid for services (payment), with another provider caring for you (treatment), or for quality review and auditing (health care operations). If you sign a TPO consent, a recipient that is a HIPAA covered entity or business associate may further use and disclose your records as allowed by HIPAA, except that your records may not be used against you in legal proceedings as described below.

Ideal Balance and Ideal Option are separate programs that share an electronic health record (EHR) under a Qualified Service Organization Agreement and Business Associate Agreement (QSOA/BAA). Staff from one program will not access or share your information with the other program for coordination of care unless you provide written consent.

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 that provides services to Ideal Balance
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 authorized by a court order that meets 42 CFR Part 2 requirements (a subpoena alone is not enough)

For example, Ideal Balance can share information without your consent with a qualified service organization/business associate that provides services to Ideal Balance, such as legal, billing, or IT services, as long as there is a written agreement in place that requires them to protect your information. 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. A separate written consent is required to disclose SUD counseling notes, if any are kept. You may revoke any written consent in writing at any time, except to the extent that Ideal Balance has already acted in reliance on it.

USE OF RECORDS IN LEGAL PROCEEDINGS:
Your substance use disorder treatment records, or testimony describing the information in them, cannot be used or disclosed in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you give specific written consent, or a court issues an order that meets 42 CFR Part 2 requirements after notice and an opportunity to be heard. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal mandate that requires disclosure.

YOUR RIGHTS:
Under HIPAA and 42 CFR Part 2 you have the right to request restrictions on certain uses and disclosures of your health information, including disclosures for treatment, payment, and health care operations. Ideal Balance is not required to agree to most restriction requests, 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. Ideal Balance must agree to your request not to disclose information to your health plan for payment or health care operations about a service you paid for in full out of pocket. 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.

You also have the right to inspect and get a copy of your own health information maintained by Ideal Balance, including an electronic copy if the information is kept electronically, except to the extent that the information contains **psychotherapy notes, SUD counseling notes, or information compiled for use in a civil or administrative proceeding or in other limited circumstances.** You also have the right, with some exceptions, to request amendments to 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, including disclosures made with your consent as required by federal law. You have the right to request a list of disclosures made by an intermediary (such as a health information exchange) under a general designation consent. If Ideal Balance ever uses your information for fundraising, you have the right to opt out of fundraising communications. You also have the right to receive a paper copy of this notice, even if you agreed to receive it electronically.

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 to notify you if there is a breach of your unsecured health information or substance use disorder records. 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:
If you believe your privacy rights under HIPAA or 42 CFR Part 2 have been violated, you may file a complaint with Ideal Balance by asking to speak directly to the Privacy Officer (Administrator) at 509-524-9903, and/or with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), at www.hhs.gov/ocr/complaints or 1-800-368-1019. You will not be retaliated against for filing a complaint, and you will not be required to give up your right to file a complaint as a condition of receiving treatment, payment, enrollment, or eligibility for benefits.

MANDATORY REPORTING

Confidentiality of Substance Use Disorder Patient Records (42CFR Part 2)

It is your right to know that there are circumstances and certain crimes or harmful acts that require the counseling staff to report under Washington State law, including RCW 26.44 (child abuse and neglect), RCW 74.34 (abuse or neglect of vulnerable adults), and RCW 71.05.120 (duty to warn), within the limits of 42 CFR Part 2.

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 limited information in the following situations ***without your consent***:

1. Medical emergency: If you are at risk of harming yourself and need immediate medical care, staff may share information with medical personnel to the extent needed to treat the emergency.

2. Threat to others: If you commit or threaten to commit a crime at Ideal Balance or against Ideal Balance staff, staff may report it to law enforcement. If you threaten to harm another person, staff may warn that person or contact law enforcement without identifying you as a person receiving substance use disorder services.

3. Abuse or neglect: Staff must make an initial report of suspected child abuse or neglect to Child Protective Services or law enforcement (RCW 26.44). Suspected abuse or neglect of a vulnerable adult (dependent or developmentally disabled adult) is reported to Adult Protective Services or law enforcement (RCW 74.34) without identifying you as a person receiving substance use disorder services, unless you consent or a court orders it.

4. Audits and evaluations: Authorized auditors or program evaluators may review records under the limits of 42 CFR Part 2 and may not re-disclose information that identifies you.

5. Court order: The counselor/agency receives a court order, signed by a judge, that meets 42 CFR Part 2 requirements. A subpoena alone is not sufficient; the court order must be accompanied by a subpoena or other legal mandate that requires disclosure.

6. Child Protective Services follow-up: After the initial report, staff may share additional information with Child Protective Services/Department of Children, Youth, and Families (DCYF) only with your written consent or a court order that meets 42 CFR Part 2 requirements.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the Ideal Balance Privacy Officer (Administrator) and to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). You will not be retaliated against for filing a complaint.

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-2 for Federal law 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.

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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, as allowed by your signed criminal justice consent.

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 an important part of your treatment. If you need to miss a session, talk with your counselor.

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 may be notified, as allowed by your signed consent, 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. With your signed consent, 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 and may receive a copy of your plan if desired (see Client Rights).

11. 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. If court referred, all changes to your program must be reported to your court referral, as allowed by your signed criminal justice consent.

12. If you are discharged for a rule violation, you may ask to meet with the Clinical Supervisor or Administrator to review the decision. You have the right to file a complaint about any discharge decision (see Complaint Process).

Treatment Approach/Philosophy:
Ideal Balance provides treatment that fits each person's needs and is based on research. We see substance use disorder as a treatable health condition. It can affect your body, your thoughts and feelings, and your relationships. We use proven programs in every part of treatment, including:

- Stages of Change
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Rational Emotive Behavior Therapy
- Matrix Model
- Hazelden Living in Balance
- The Change Companies Interactive Journals
- TCU Mapping (Texas Christian University)

Treatment works best when it includes both group and individual sessions. Support groups outside of treatment, such as AA, NA, or SMART Recovery, can also help you stay in recovery. We keep our services up to date as research changes.

Counselor Education and Training:
Ideal Balance is licensed by the Washington State Department of Health (DOH) to provide substance use disorder services. Our counselors hold a DOH credential as Substance Use Disorder Professionals (SUDPs) under RCW 18.205. Counselors must renew their credential and complete continuing education to keep it. Ideal Balance counselors are not credentialed to diagnose mental health disorders or provide psychotherapy.

IdealBalance

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

What is HIV/AIDS?
HIV (Human Immunodeficiency Virus) is a virus that attacks the body's immune system. Without treatment, HIV can lead to AIDS (Acquired Immunodeficiency Syndrome). HIV treatment works very well today. People with HIV can live long, healthy lives.

How is HIV passed?
HIV can be passed through blood, semen, vaginal fluids, and breast milk. Anyone can get HIV. It is most often passed by:

- Having sex without a condom or HIV prevention medicine
- Sharing needles, syringes, or other drug injection equipment
- Having sex with a partner who injects drugs or whose HIV status is unknown

A person can have HIV for many years without feeling sick. **The only way to know if you have HIV is to get tested.**

What does U=U mean?
U=U means **Undetectable = Untransmittable** (also written Undetectable = Non-transmittable). "Undetectable" means the amount of HIV in the blood (the viral load) is too low for a test to find. A person with HIV who takes their medicine every day and keeps an undetectable viral load does not pass HIV to their partners through sex. They must keep taking their medicine and have regular viral load tests and medical care.

How can I lower my risk?

- Use a latex or polyurethane condom every time you have sex.
- Ask a medical provider about **PrEP**. PrEP is a daily or long-acting medicine that helps prevent HIV.
- If you may have been exposed to HIV, ask about **PEP** right away. PEP is emergency medicine that **must be started within 72 hours** after a possible exposure.
- The safest choice is not to use drugs. If you inject drugs, use new, sterile needles and equipment every time. Do not share needles, syringes, cookers, cottons, or water. Free supplies are available through local syringe service programs.
- Get tested for HIV and hepatitis C. Testing is free or low cost at the local Health Department.
- If you or your partner are pregnant or planning a pregnancy, get tested for HIV, hepatitis B, and hepatitis C. Treatment during pregnancy greatly lowers the chance of passing HIV to the baby.

What about other blood borne and air borne pathogens?
Hepatitis B and hepatitis C are blood borne viruses that affect the liver. Hepatitis B can be prevented with a vaccine. Hepatitis C can be cured with medicine.

Tuberculosis (TB) is an air borne infection that usually affects the lungs. Tell staff or a medical provider if you have a cough lasting 3 weeks or longer, are coughing up blood, or have night sweats, fever, or unexplained weight loss.

If you have questions, talk with your treatment team, your physician, or your local Health Department.

How can I prevent an overdose?
Fentanyl is found in many street drugs, including pills made to look like prescription medicine. To lower your risk:

- Do not use alone.
- Use fentanyl test strips.
- Carry naloxone (Narcan). Naloxone can reverse an opioid overdose.
- **Call 911 if you think someone is overdosing.**

Ask the Ideal Option MAT clinic how to get naloxone.

Need help?
If you think you may have been exposed to HIV or to blood borne or air borne pathogens, please talk with clinical staff or a medical provider. Staff can connect you with testing, information, and treatment.

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COUNSELOR DISCLOSURE DOCUMENT

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FEE SCHEDULE FOR IDEAL BALANCE AS OF 01.27.2025

	COST BY DURATION				SELF-PAY RATES (Based on current HCA rates)			
Service	**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

If you use insurance or another third-party payor, federal law (42 CFR Part 2) requires your signed written consent before Ideal Balance can share your information for billing. Your signed consent for treatment, payment, and health care operations (TPO consent) or third-party payor consent 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 may revoke this consent in writing at any time, except for information already shared in reliance on it. If you do not consent, you may choose to pay for services yourself at the self-pay rates above.

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.

RCW 18.130.180 UNPROFESSIONAL CONDUCT

Except as provided in RCW 18.130.450, the following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter. The current, complete text of this law is available at 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 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 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.

19. The willful betrayal of a practitioner-patient privilege as recognized by law.

20. Violation of chapter 19.68 RCW or a pattern of violations of RCW 41.05.700(8), 48.43.735(8), 48.49.020, 48.49.030, 71.24.335(8), or 74.09.325(8).

21. 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.

22. Current misuse of:
    a. Alcohol
    b. Controlled substances
    c. Legend drugs

23. Abuse of a client or patient or sexual contact with a client or patient.

24. 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.

25. Performing conversion therapy on a patient under age eighteen.

Other items in RCW 18.130.180 apply to medical procedures outside an SUDP's scope of practice. See the full law at the link above.

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

IdealBalance

IDEAL BALANCE SUBSTANCE USE DISORDER PROFESSIONALS

Counselor Name	Credential Number	Credential
Penny S Bell Initial: Date:	CP00006097	Substance Use Disorder Professional (SUDP) *Administrator*
Christine Sundholm Initial: Date:	CP60312415	Substance Use Disorder Professional (SUDP) *Clinical Supervisor*
Melanie McCollum Initial: Date:	CP00001196	Substance Use Disorder Professional (SUDP)
Kimberly Hunt Initial: Date:	CP60916001	Substance Use Disorder Professional (SUDP)
Danielle Akins Initial: Date:	CP60870067	Substance Use Disorder Professional (SUDP)
Lacey Cope Initial: Date:	CP60884225	Substance Use Disorder Professional (SUDP)
Simon Tedrow Initial: Date:	CP60215848	Substance Use Disorder Professional (SUDP)
Britney Zavala (Oaks) Initial: Date:	CP61592223	Substance Use Disorder Professional (SUDP)
Kristy Nardozzi Initial: Date:	CP61587817	Substance Use Disorder Professional (SUDP)
Initial: Date:		Substance Use Disorder Professional (SUDP)
Initial: Date:		Substance Use Disorder Professional (SUDP)

You can check any counselor's credential and any disciplinary history using the Washington State Department of Health Provider Credential Search or by calling (360) 236-4700.

I have read and fully understand the document. I have also been given a copy of this document. I received the HIPAA & 42 CFR Part 2 Patient Notice.

Client name (print)	*Client DOB*	*Client ID*
Client signature	*Date*	*Location of client on signing*
Counselor name (print)	***Counselor signature + credential***	***Date***