

**Patient Orientation
Frequently Asked Questions
Part II**

You have a right to know all the facts that are important to the counseling, family preservation/reconciliation, and assessment services you will be receiving. The following information will give you an idea of the services offered as part of my practice.

I hope that you will ask questions about this document and other resources in the community that might be helpful to you and/or your family.

3. What services do you provide?

My practice operates under the name **ECAR** – *Evaluation, Counseling and Research Services* and provides services that include the following:

ECAR offers therapeutic counseling, psychological/social evaluations, parent evaluations and educational assessments that can include the following elements:

- Home visits and personal interviews with parent/guardian and child
- Review of student academic records and test scores.
- Interviews with school counselors, teachers and human services professionals to assess the impact of other environmental factors on the child's current emotional and academic status.

Human services professionals, Department of Social and Health Services (DSHS) and the courts can use these evaluations and assessment in developing informed intervention plans that:

- Restore and/or establish healthy parenting practices or make appropriate referrals/placement decisions;
- Increase the likelihood of the youth's academic and emotional growth and/or assist in the process/plan to support youth in their transition into an independent living setting.

ECAR offers training, case conferencing, and counseling/evaluation services to human services professionals, childcare providers, school-age program staff, parents, families, couples and in-home providers that includes following areas:

- Education Advocacy
- Parent Support for Youth in Transition to Independent Living
- Culturally Relevant and Age Appropriate Practices for Youth and Families
- Family and Couples Counseling and Conflict Resolution
-

4. When and how can Dr. Washington-Harvey be reached?

It is my responsibility to be available to you. I rely on my voice mail and email to be available in case of an emergency. However, I encourage you **dial 911 to contact the police and/or get hospital emergency room care any time your health or safety is at immediate risk, or the Crisis Hotline at 1-800 427 4747 before** calling this office.

I welcome your routine contact via voice mail, fax, and email and can usually respond to your call with in one business day.

2/1/17
Page 1

©2003 C. Washington-Harvey, Ph. D – ECAR Counseling Services – PO Box 3294 Renton, WA 98056



425 282 6662– office 425 282 5880 fax
Revised January 2017

6. What is the typical duration of services?

Typically, you and I will spend the first several visits developing a treatment plan that also includes duration and frequency of regularly scheduled visits. If you have been court ordered or state ordered to participate in you will be required to participate and complete all assignments to receive verification of program completion. If this is a social/psychological evaluation it usually takes two to three visits to complete.

7. Who is the client?

- a) **Children:** When a child is the client, my legal responsibility is to the legal guardian, which can be the courts, DSHS, adoptive parents, parent, or family member.
- b) **Separated or Divorced Guardians:** When the child is the client and his or her parents or legally divorced, separated but share legal custody, my legal responsibility is split between the parents as dictated by law. Each case is handled individually and legal advice is sought where custody lines appear to overlap.
- c) **Teenagers:** The law guarantees teenagers certain adult-like rights but court ordered services and DSHS requirements must be honored. Parental rights are also important but my interest is to also respect the teenager as my client.
- d) **Court ordered or DSHS ordered services:** If you have been ordered to participate in services or receive and evaluation then either the court or DSHS is the client. This means that the DSHS or the court can determine client goals, frequency and duration of services, subject to my recommendation.

8. Confidentiality

I will do everything in my power to protect your confidentiality but there are certain instances where I am legally mandated to act otherwise:

- a) **Written Release:** You can grant me permission by signing a release form to send information to specific individuals.
- b) **Threats to Health, Safety and Abuse:** I am a mandatory reporter and must report instances of child abuse and other health and safety issues to the appropriate authorities this also can include property damage.
- c) **DSHS and Court Orders:** The judicial and DSHS can request/subpoena my records. There are times when I can resist but in most instances they can compel me to release my records.
- d) **Insurance Carriers:** I will bill for services if allowed by your insurance carrier. However, you will be responsible for co-pays and/or full service fees until deductible amounts or reached ***Payment for service is due at the time said service is provided if DSHS or the Court is not paying for the services.***

9. What is supervision and consultation?

It is my practice to consult *confidentially* with the court's designated representative. DSHS social workers, and if necessary, my peers to obtain background information to assist me in developing an assessment and/or treatment plan that will meet your individual needs. Your input is valued and will be ***included*** into the entire process as it evolves. By agreeing to participate in services with Dr. Washington-Harvey and ECAR, you are acknowledging that I may consult certain colleagues for purposes of supervision and consultation.



10. Do Dr. Washington-Harvey and ECAR keep records?

The law required that I keep records of all services I or my agency provides. The records are kept both electronically and on paper. I will send copies of records for an administrative fee if certain conditions and legal requirements are met at the written request of the person or agency that is considered to be the **legal client**.

By signing below, you are stating that you understand and accept the conditions described on the preceding pages.

Print your name

Sign your name

Witness Signature

Date

Additional Client Names:

Client (s) Name

Client(s) Name

Client (s) Name

Client (s) Name

Client (s) Name

Client (s) Name

Client(s) Name

Client (s) Name

