

Brenda Aufderhar, RN, MSW, LICSW
707 W 7th Ave, Suite # 150
Spokane, WA 99204
509-670-9446
BrendaRNMSW@gmail.com

I am a Licensed Independent Clinical Social Worker in Washington State, LW60290162, and have met the states requirements to be a Child Mental Health Specialist. I also have my license as a Registered Nurse in Washington State, RN00081810.

I received my BS degree in Nursing from Walla Walla College in 1983 and my master's in social work from Walla Walla University in 2009 with an emphasis in the clinical counseling setting. My experiential work as a therapist is varied. I have worked with children ages 2-18 whether verbal or not, along with their parents. I have taught groups of couples and worked with one couple at a time in various cultures across the United States, Asia and in South Africa to focus on improving communication and problem-solving skills. In support of your healing process, I will draw from my trainings in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), Internal Family Systems (IFS), Somatic Mindfulness Psychotherapy (Hakomi), Play Therapy, and Craniosacral Therapy (CST).

Typically, therapy begins with an assessment that identifies your unique needs, your goals, as well as your strengths and resources. I will discuss therapy goals and the proposed course of therapy with you periodically throughout therapy. If you have any concerns or questions, please bring them to my attention. You have the right at any time to refuse therapy, change therapists, or request a change in therapeutic approach. As a therapist I provide an open, honest, collaborative atmosphere to help you feel comfortable exploring new solutions and developing new skills. I love bringing a gentle, playful curiosity with each client as they explore and define who they are.

Fees: Payment is expected at the time of service. You are responsible to know your insurance coverage and to make sure that your account is paid in full. The fee for an initial assessment is \$200 which will usually go up to an hour and a half. I charge insurances \$100 for a clinical hour that consists of a 45-minute session and \$150 for a 55-minute appointment. My out of network cash rate is \$100 per session. A missed appointment without a 24-hour notice will result in your having to pay half the normal session fee (\$50). Fees for telephone calls, facetime or video appointments, attendance at meetings with other professionals you have authorized, preparation of records or summaries, or other services you might request are pro-rated based on usual session fees. Billing for court related work will be at two times the hourly rate and will include travel and preparation time. Cancellation for court-related work is required 24 hours in advance to avoid a late cancellation fee as with regular appointments.

Confidentiality: What you say to me is privileged communication and, within limits, is strictly confidential. Please see the HIPAA policy for more specific details on how your information is treated. I am required by law to reveal information that a child is being abused, or that you are a danger to yourself or others, or that you are unable to meet your basic needs. For example, if you threaten bodily harm or death to another person, I will inform the intended victim and the police. In some cases, it might be useful to your therapy for me to discuss your situation with others such as a teacher or doctor; in that case, I will seek your written authorization for this exchange of information.

In the case of children under the age of 13, the parent(s) or legal guardian holds the communication privilege. This means that the parent is entitled to information about the child and is the person who authorizes any release of information about the child. I will discuss with the parents the child's general progress and specifics if indicated. I will attempt to act in the child's best interests in deciding to disclose confidential information without the child's consent. In the case of relationship or family therapy, I will request a release of information from each person over 13 years old that is present for the other family members present that are over 13 years old. Due to contracts I have with accountants

or attorneys, your information may be shared in support of your services here. If it would support your therapy process, I seek consultation with other professional providers while making every effort to avoid revealing your identity. I will note any consultations in your clinical record.

Concerns / Complaints: If for any reason you should have a concern or complaint about the services I provide, please let me know. You also have the right to contact the ombudsman at 509-886-0700 or 1-800-346-4529 or appropriate licensing board: Washington State Dept of Health at 360-236-4700.

Contact Me: Please use a voice message, email or text message. When leaving me a voice message please give your name, phone number and briefly explain your reason for calling. I will respond as soon as I can. If you cannot reach me, or you feel that you cannot wait for me to return your call, you should contact your family physician, call the Crisis Line at 1-877-266-1818, or go the emergency room at your nearest hospital.

Counseling deals with the most private aspects of your life and may bring up emotional such as anger, guilt and sadness. There may be a time when you feel confused or troubled by something that occurs during counseling. You are encouraged to talk about this with me. Counseling can be beneficial, but as with any treatment, there are inherent risks. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. These benefits cannot be guaranteed. It is my goal to create a safe environment together with you where we develop a treatment plan and therapeutically work toward your goals. You may ask questions about any procedure and refuse any technique. You are an active partner in your counseling services. You have the right to privacy, a right to decide the time/place/extent of self-disclosure and to be a participant in the treatment/therapy process. Your relationship with me is professional in nature. To protect your privacy when our paths cross in the community, there will be no discussion of the clinical relationship/work. Those discussions occur only in the therapeutic setting. You may bring counseling to completion by your choice or I can bring counseling to a conclusion based on my professional clinical judgement. If I believe your treatment needs are outside of the scope of my expertise, or to manage or prevent conflicts of interest, you may be referred to another provider. Also, if in my clinical judgement the therapeutic alliance and culture of safety has been hampered, I will assist you with other counseling options.

Client Agreement: I have read, understand, agree and been offered a copy of the above stated policies. I have also read, understand and been offered a copy of the HIPAA policies along with the Unprofessional Conduct RCW 18.130.180 Section 2. I also agree that my insurance or anyone responsible for paying my bill may be contacted regarding fees for services provided. I authorize Brenda Aufderhar to release any information necessary to secure payment of benefits. I assign all insurance benefits directly to Brenda Aufderhar. I understand that I am responsible for all charges not paid by my insurance. I also agree that I have been made aware that any communication with Brenda using texting or emailing is inherently an unsecured medium of communication.

Signature of Consumer (13 years and older)

Date

Signature of Parent / Guardian / Spouse

Date

Signature of Counselor

Date

Client Intake

Client Name: _____ DOB: _____ Age: _____

Address: _____

Phone: _____ Marital Status: Married Single Divorced

Referred By: _____

Reason for seeking support _____

Employment Information: _____

Insurance Subscriber: _____ DOB: _____

Who is responsible to pay insurance co-pay? _____

Contact in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Primary Care Physician: _____ Phone #: _____

Address: _____ Fax #: _____

Medical Concerns: _____

Medications: _____

7-2020

HIPAA-Health Insurance Portability & Accountability Act

I understand that health information about you is personal, and I am committed to protecting that information. I create a record of the care and services you receive here to provide you with quality care and comply with all Washington State and Federal requirements. This notice applies to all records regarding your care here, and will inform you of your rights and the ways in which your information may be used.

The Law requires that I:

- Make sure health information that identifies you is kept private,
- Request your signature and offer you a copy of this policy,
- Follow the terms of the Notice of Privacy Practices that is currently in effect.

Your Health Information may be disclosed:

- For treatment
- For payment
- For appointment reminders
- As required by law Public Health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- Coroners, health examiners and funeral directors
- To avert a serious threat to health and safety
- As required by the military or Veterans Administration
- National security Inmates
- Worker's compensation

Your rights regarding Health information include:

- Right to inspect and copy
- Right to amend
- Right to an accounting of disclosures
- Right to request confidential communications
- Right to a paper copy of this notice (full notice is available upon request).

Changes to Notice of Privacy Practices:

Changes to the Privacy Practice may happen as laws that govern it change. If you would like a copy of this notice please ask for a copy.

Concerns and Complaints:

If you believe that your privacy rights have been violated you may file a complaint with me or the ombudsman at 886-0700 or 1-800-346-4529. Please let me know of your concern so that it may be addressed as soon as possible. You may also contact the appropriate licensing board; Washington State Department of Health, Health Professions Quality Assurance P.O. Box 47865 Olympia, WA 98504-7865, 306-2364700. All complaints must be in writing and you will be free of any retaliation.

7-2020

Washington State Law, RCW 18.130.180 Section 2

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) Except when authorized by RCW [18.130.345](#), 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; 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.
- (26) Violation of RCW 18.130.420;33 34
- (27) Performing conversion therapy on a patient under age eighteen.

7-2020