

A Better Way Counseling Service, LLC

601 E. McLoughlin Blvd. Vancouver, WA 98663

Phone: 360-281-6824

Fax: 360-314-2908

Clinician Disclosure Statement

Confirmation of Review

I am signing to agree that I was able to review the disclosure statement for

_____, whom I will receive services from
(name of clinician seen)

at A Better Way Counseling Service, LLC. I acknowledge that a copy of this document is always

available to me upon request. I agree to all sections of the disclosure statement, including:

(Please initial all below*)

_____ I have read and reviewed my rights regarding my Protected Health Information (PHI).

_____ I have read and reviewed the terms of consent.

_____ I have read and reviewed the financial terms & conditions.

_____ I have read and reviewed email and phone messaging informed consent.

_____ (*Only if applicable) I am the legal guardian (managing conservator) of

_____ (minor's name). With an understanding of the

above requirements, you grant permission for your child to participate in counseling

and release the counselor above from liability.

Client Signature

Date

Client's Printed Name

Witness Signature

Date

Robert Johnson, M.Ed., LMHC

Debbie Tomasovic, M.Ed./Ed.S., LMFT

Certified Domestic Violence Treatment Providers and Supervisors

www.abwcs.com