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**Sherrie Virakpanyou, MSW, LICSW, NPI #1194186403**

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**Clinician Disclosure Statement:** Washington State Law (RCW 18.225.100 and WAC 246-810-031) mandates that I share information about my educational background, training, qualifications, and professional practices with you.

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**Clinician's Education, Training, and Experience:**

Licensed Independent Clinical Social Worker (LICSW)  
Masters in Social Work (MSW); Walla Walla University

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**Methods or Techniques used by this clinician:** Cognitive Behavioral Therapy (CBT), Acceptance Commitment Therapy (ACT), Eye Movement Desensitization and Reprocessing (EMD<sup>r</sup>/EMDR/EMDR), Certified Clinical Trauma Professional (CCTP) training, Motivational Interviewing (MI), Solution Focus Brief Therapy (SFBT), Coping skills, and some Art Therapy techniques. Partnership Access Line (PAL's Plus): Disruptive Behaviors Program.

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**The information you disclose during your therapy sessions is confidential and will not be shared with any third parties without your written consent, unless disclosure is mandated by law or as outlined below:**

- 1) For case consultations, I may collaborate with other Mental Health Professionals (MHP). Working alongside other MHPs ensures a comprehensive approach to addressing complex cases while prioritizing and maintaining confidentiality and adhering to HIPAA regulations.
  - 2) To improve the efficiency of your care, I utilize an AI-powered tool during the visits to help with documenting our session. All information complies with HIPPA regulations and is used exclusively for creating precise chart notes. After our session, the system will provide a summary of our discussion, which I will thoroughly review and verify before finalizing your chart. I will always maintain full responsibility for all clinical decisions.
  - 3) Washington State Law mandates the maintenance of Individual Clinical Records. In the case that you need your clinical records; please inform me of your request; and I will direct you to the Health Information Management (HIM) System/Department. Please be aware that service or processing fees may be applicable.
  - 4) Washington State Law mandates that I supply clients with a copy of the Unprofessional Conduct statutes, as well as the contact details for the Washington State Department of Health in case you wish to file a complaint. For your reference, a copy of RCW 18.130.180 is attached.
  - 5) Washington State Law mandates the proper reporting of any suspected abuse or neglect involving children, dependent adults, or individuals with developmental disabilities.
  - 6) Washington State Law mandates that relevant individuals/agencies must be notified if there is a belief that a client poses a risk to themselves or others. If that threat is perceived to be serious, the proper individuals/agencies must be contacted; this may include the individual against whom the threat was made.  
If you are in crisis please go to the nearest ED, dial 9-1-1 or 9-8-8
  - 7) I am unable to provide court-mandated treatment services. Furthermore, I cannot assist with the completion or submission of legal documents or forms. Please be aware that information may be disclosed to a judge if a court order is obtained.
  - 8) In the case of a medical emergency, essential information may be provided to emergency personnel, and we will ensure compliance with HIPAA regulations.
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**Cancellation and No/Show Policy:** If you need to cancel an appointment due to illness or other circumstances, please contact me at least 24 hours in advance if possible. Failure to notify me of a cancellation may result in cancellation and or a no-show fee, and possible cancellation of any future appointments until you reach out to reschedule. It is your responsibility to reschedule any missed appointments.

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I acknowledge that participating in mental health treatment may involve various benefits, risks, and unforeseen results, which will be addressed with me as needed or upon my request. I recognize my right to decline treatment and right to select a practitioner and treatment approach that aligns with my individual needs.

*I understand the disclosure statement, and consent to treatment. I have been given the opportunity to ask questions regarding the information above.*

**I hereby give my consent for Sherrie Virakpanyou, MSW, LICSW to provide counseling services for myself; or for the following minor (age 12 or younger) of whom I am the legal guardian**

## UNPROFESSIONAL CONDUCT

Counselors are subject to discipline by the Department of Health for the following instances of unprofessional conduct as outlined in RCW 18.130.180:

- 1) Any act involving moral turpitude, dishonesty, or corruption relating to counseling
- 2) Violation of any state or federal statute or administrative rule regulating the profession, including established standards of patient care or professional conduct or practice
- 3) Violations of rules established by any health agency
- 4) Previous convictions relating to the practice of counseling
- 5) False, fraudulent, or misleading advertising
- 6) Misrepresentation or fraud in any aspect of the conduct of the business or profession
- 7) Incompetence, negligence, or malpractice which creates unreasonable risk of harm to the patient or results in injury to a patient
- 8) Promoting unnecessary or inefficacious drugs, devices, treatments, procedures, or services for personal gain
- 9) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine
- 10) Providing counseling beyond the scope of practice as defined by law or rule
- 11) The willful betrayal of a practitioner-patient privilege as recognized by law
- 12) Abuse of a client or patient or sexual contact with a client or patient
- 13) Misrepresentation or concealment of a material fact in obtaining a license or reinstatement
- 14) Continuing to provide services after suspension, revocation, or restriction of the individual's license to practice any health care profession
- 15) Aiding or abetting an unlicensed person to practice when a license is required
- 16) Failure to adequately supervise staff resulting in risk to the consumer's health or safety
- 17) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes
- 18) Current misuse of alcohol, controlled substance or legend drugs
- 19) Engaging in contact with the public while suffering from a contagious or infectious disease involving serious risk to public health
- 20) The procuring, or aiding or abetting in procuring, a criminal abortion
- 21) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of products or services intended for patients in contemplation of a sale or use in research publishable in professional journals when a conflict of interest is present
- 22) Acceptance, directly or indirectly, of compensation for patient referrals
- 23) Failure to cooperate with the disciplining authority, or interference with an investigation or disciplinary proceeding, as outlined in RCW 18.130.180 when a complaint has been made

### **Anyone with questions or wishing to file a complaint:**

Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia WA 98504-7857

Phone: (360) 236-4700  
Email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)  
Web: <http://www.doh.wa.gov>