



# WSBA

## MEMBER WELLNESS PROGRAM

Welcome to the Member Wellness Program (MWP). MWP provides individual consultation, group treatment, informational and referral resources, peer counseling, and prevention training. This packet consists of a services agreement and a privacy notice, and a consent to participate in a telemedicine appointment. Here are some of the main points we would like to highlight:

- Consultations provided are confidential, in accordance with the same laws that apply in other outpatient settings. What is unique, is that our advice is especially well tuned for lawyers. In addition, the records kept are confidential according to HIPAA guidelines.
- APR 19 also governs the confidentiality of communications between you and MWP staff or peer counselors. Please take a few minutes to read APR 19.
- MWP is not a crisis facility. If you are having a mental health crisis we advise you to go to an ER, dial 911, or contact the Crisis Center hotline at 206-461-3222
- If you have concerns about the treatment you are receiving, please raise these concerns with your provider.
- If you are seeking assistance in the business aspects of your law practice we can put you in touch with Practice Management Assistance at WSBA.

We appreciate the courage it takes to seek help. We feel confident in our ability to provide responsible, high quality services.

## **SERVICES AGREEMENT AND PRIVACY NOTICE**

Washington State Law requires that each patient shall be provided with the following disclosure information. Feel free to ask questions and to discuss concerns or questions regarding this information with your mental health professional.

### **Your Rights**

You have the right to refuse evaluation or treatment; the right to change psychotherapists or to receive a referral to another psychotherapist either within or outside the MWP staff. You also have the right to choose a psychologist who best suits your needs; the right to raise, at any time, any question about the MWP provider, the therapeutic approach and/or the progress of treatment.

You may give us written notice of your desire to revoke this Services Agreement at any time. Your request for revocation will be accepted by MWP except if a MWP staff member(s) have taken action in reliance on the agreement.

### **Professional Education**

Dan Crystal, PsyD and Cara Hernandez, LICSW are the clinicians for the Member Wellness Program. Dan Crystal achieved his Doctorate in Psychology from the University of Denver in 2007. He completed a Center of Excellence in Substance Abuse Treatment and Evaluation (CESATE) Postdoctoral Fellowship at the Seattle Veterans Affairs Hospital in 2008 and has worked with the Washington State Bar Association since November 2008. He has been licensed in Washington State since 2008, license number PY3906.

Cara Hernandez obtained a Master's in Social Work from Eastern Washington University. During her tenure at Eastern, she focused on grief & loss, palliative care, and gerontology. Cara's professional experience is in elder law and estate planning, community mental health, emergency departments, and corrections. Cara has been licensed in Washington State since 2021. Her license number is LW60558676. Cara joined the Washington State Bar Association in April 2022.

### **Limit on Services MWP Provides**

MWP staff will not provide written evaluations, reports, letters, or testify in court proceedings about a client's or WSBA staff member's mental health status, unless required to do so by law. MWP staff will not serve as expert witnesses on behalf of a client or WSBA staff member, nor will they intervene in any WSBA personnel matters. If you are currently involved in or anticipate being involved in any proceeding in which testimony about your mental health status and functioning may be involved, please let us know. We will provide you with appropriate professional referrals.

There may be situations in which MWP is not the most appropriate provider of mental health services for a particular lawyer. If this is the case, we will make referrals to individual professionals or community agencies that may be better suited to meet your needs.

### **Ethics and Professional Standards**

As licensed mental health professionals, MWP staff members are accountable for their work. Each MWP staff member is licensed or certified in Washington State as a mental health care provider.

A licensed clinical psychologist has a doctoral degree from an accredited university, supervised pre- and post- doctoral experience, and has passed a national written examination and an oral examination given by the Washington State Examining Board of Psychology. A Licensed Mental Health Counselor has at least a Masters degree from an accredited university, supervised pre- and post- graduate experience, and has passed a Washington State written examination. Should you feel your MWP provider has been unethical or unprofessional, please talk to that provider about it first. If you can't resolve your concerns with your MWP provider, you may contact the Department of Licensing at Mail Stop EY-21, Olympia, WA 98504. The phone number is (360) 753-2147.

### **Fee/Billing Practices**

Services provided by the Member Wellness Program are free of charge.

### **Client Records**

MWP maintains two types of records about you: *Clinical Records* and *Psychotherapy Notes*.

*Clinical Records* may include information about (1) your reasons for seeking MWP services; (2) a description of how the challenges you are facing are impacting your life; (3) your concerns/symptoms and diagnosis; (4) the goals you and your MWP provider have set for your treatment; (5) your progress towards those goals; (6) the past treatment records MWP staff may have received from other providers; (7) your treatment history; (8) reports of any professional consultations; and (9) copies of any reports that have been sent to anyone.

*Psychotherapy Notes*: MWP may also keep *Psychotherapy Notes* about you. These notes are for your MWP provider's own use and help to provide you with the best possible treatment. While *Psychotherapy Notes* vary from client to client, they may include the contents of conversations you have with your MWP provider, which help to remind your provider about what has been discussed, your provider's analysis of those conversations, and how your provider thinks certain issues may be impacting your therapy. They can also contain particularly sensitive information you may reveal to your provider. This information is **not** required to be included in your *Clinical Record*. *Psychotherapy Notes* are kept separate from your *Clinical Record*.

You may ask to see or even have a copy of your Clinical Record or your Psychotherapy Notes by submitting a writing request to MWP. If you do request your record, please remember that because these are professional notes, it is quite easy for people not trained in the delivery of clinical services to misinterpret them. In some cases, the information in the documents could seem upsetting to untrained readers. If you decide you want to have

a copy of your records, MWP recommends you review them initially with your MWP provider because it gives you a chance to get immediate clarification. Reviewing your records with your MWP provider also provides you with an opportunity to ask questions about any item you may find confusing. If you like, you can have your MWP provider forward your records to another mental health professional so you can discuss the contents with them.

There are some rare situations that permit MWP to withhold your record from you. If MWP concludes that providing you with access to your *Clinical Record* or your *Psychotherapy Notes* could reasonably be expected to be injurious to you or to endanger your life or safety (or the life or safety of another person), MWP will not disclose or release the documents to you. For example, if someone else who could reasonably be identified in the record shared information in confidence with your MWP provider, and if this information could lead to their endangerment, MWP would not disclose the record. If MWP declines your request for access to your records, you have the right to ask MWP to review or explain to you why MWP has decided to take this action. You may request that those records be sent to another psychologist to determine the appropriateness of disclosure. Again, this is not a common circumstance, but be sure to talk directly with your MWP provider about this if you have questions or if you anticipate this will be a concern.

### **Confidentiality of Client Records and Policies and Practices to Protect the Privacy of Your Health Information**

*The Health Insurance Portability and Accountability Act (HIPAA)* is a federal law that provides you with certain rights and protections for your *Protected Health Information (PHI)*.

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please read this carefully.

1. MWP may use or disclose your PHI for treatment, payment, and health care operations purposes without your consent.
  - “Treatment” is when MWP provides, coordinates, or manages your health care and other services related to your mental health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
  - “Payment” is when MWP obtains reimbursement from you for your mental health services.
  - “Health Care Operations” are activities that relate to MWP providing mental health services to you. Examples of health care operations are administrative services, case management, and care coordination.
  - “Use” applies to activities within MWP such as sharing, employing, utilizing, examining, and analyzing information that identifies you.
  - “Disclosure” applies to activities outside of MWP, such as releasing, transferring, or providing access to information about you to other parties.

2. MWP may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “**authorization**” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when MWP is asked for information for purposes outside of treatment, payment, and health care operations, MWP will obtain an *Authorization for Disclosure* from you before releasing this information. MWP will also need to obtain authorization before releasing your Psychotherapy Notes, as described above. Psychotherapy Notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that MWP has relied on that authorization.

3. There are some situations where MWP may be required to release information about you without your authorization or consent.
  - In certain limited situations, Washington’s *Uniform Health Care Act* permits MWP staff to confer with other health care providers who are providing health care services to you without a written release as a means of ensuring continuity of care.
  - If you participate in sessions with two or more persons (for example, couples, families, or groups), MWP cannot guarantee that others present will maintain the confidentiality of the information you share.
  - Washington State law may require disclosure of confidential information in a dissolution of marriage proceedings involving custody or care of children.
  - If MWP staff member(s) have reasonable cause to believe that you may be abusing, exploiting or neglecting a child under age 18, a developmentally disabled person, or an elderly person, a report must be made to the appropriate authorities;
  - If you become a danger to others, MWP staff must protect the other person(s) and you by warning the other person(s) at risk and report the danger to the appropriate authorities
  - If you become mentally ill and become unable to take care of your basic needs or become a danger to yourself and also refuse treatment, MWP staff must report your condition to the authorities;
  - If you tell MWP staff that you are suffering from HIV-related illness and do not have a physician providing for your care and are not making your condition known to your IV drug-using or sexual partner(s), MWP staff must report this to the local health care officer;
  - If the Washington Examining Board of Psychology subpoenas MWP staff as a part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, MWP staff must comply with its orders and disclose your relevant mental health information. MWP staff must also disclose information at the request of a coroner or state medical examiner

- If you are involved in a court proceeding, and a request is made for information about the professional services that MWP staff have provided to you and the records thereof, such information is usually privileged under state law. MWP staff will not release information without your written authorization or that of your legal representative. However, if a subpoena is served upon MWP staff and you have received proper notice, and you have not moved to quash the subpoena, MWP staff must disclose the requested information. Also, please note that privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- If you file a worker's compensation claim, with certain exceptions, MWP staff must make available, at any stage of the proceedings, all mental health information in MWP's possession which is relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries
- If MWP staff have reason to believe that disclosure will avoid or minimize an imminent danger to the health or safety of the patient or any other individual, MWP staff may disclose information to the extent a recipient needs to know to any person, including law enforcement
- If you file a claim or complaint against MWP staff, said staff may disclose relevant information, including PHI as part of MWP staff's defense.

### **Client Rights Regarding Client Records**

You have rights concerning your records. You can:

- Request restrictions on specific uses and disclosure strict of protected health information about you. However, MWP is not required to agree to a restriction you request.
- Request that your MWP provider amend your record. MWP does not have to agree to the amendment.
- Ask your MWP provider to include any complaints you make about MWP policies and procedures in your record.
- Ask your MWP provider to provide you with a list ("an accounting") of how your MWP provider disclosed information you neither consented to nor specifically authorized.
- Request that no written records be kept, in which case the law requires only that records of your diagnosis, dates of your MWP services, and the nature of treatment be maintained.
- You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, your provider will send any necessary correspondence to another address.)
- You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your provider's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your provider may deny your access to PHI under certain circumstances, but

in some cases you may have this decision reviewed. On your request, Your provider will discuss with you the details of the request and denial process.

**Consent to participate in a telemedicine appointment**

1. You understand that your health care provider wishes you to engage in a telemedicine consultation using Doxy.me.
2. Your health care provider has explained to you how the Doxy.me video conferencing technology will be used to affect such a consultation will not be the same as a direct patient/health care provider visit due to the fact that you will not be in the same room as your health care provider.
3. You understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. You understand that your healthcare provider or you can discontinue the telemedicine consult/visit if it is felt that the Doxy.me videoconferencing connections are not adequate for the situation.
4. You understand that if others are present during the consultation other than your health care provider, they will maintain confidentiality of the information obtained. You further understand that you will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of your medical history/physical examination that are personally sensitive to you; (2) ask non-medical personnel to leave the telemedicine examination room: and or (3) terminate the consultation at any time.
5. You have had the alternatives to a telemedicine consultation explained to you, and in choosing to participate in a Doxy.me telemedicine consultation.
6. In an emergency, you understand that the responsibility of the telemedicine consulting specialist is to advise your local practitioner and that the specialist's responsibility will conclude upon the termination of the Doxy.me video conference connection.
7. You have had a direct conversation with your healthcare provider, during which you had the opportunity to ask questions in regard to this procedure. Your questions have been answered and the risks, benefits and any practical alternatives have been discussed with you in a language in which you understand.

**Agreement to Participate in Services**

By signing this Services Agreement, you certify that you have read or had this Services Agreement read and/or had this Services Agreement explained to you, along with the attached handouts. You understand it and agree to abide by its terms during your professional relationship with MWP. Please feel free to discuss them with your MWP provider before signing this Services Agreement if you have any questions.

I hereby authorize (MWP provider's name): \_\_\_\_\_ to provide psychotherapeutic services to

(Print your name) \_\_\_\_\_.

This agreement constitutes informed consent without exception.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

MWP Provider's

Signature \_\_\_\_\_

Date \_\_\_\_\_