



NORTHWEST COUNSEL

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RECORD REQUIREMENTS ADDENDUM:

Per WAC 246-810-035 subsection 2, clients have the right to protect their personal information disclosed during counseling from record keeping requirements required by third-party payors. This request must be in the written (not verbal). The only information that will be retained will be the (a) client name; (b) fee arrangement and record of payments; (c); dates counseling was received; (d) disclosure form signed by counselor and client; and (e) the written request that no records be kept. All records, regardless of detail can and will be destroyed after a five (5) year period following your last visit.

If you wish to protect your personal information disclosed during your counseling sessions, please attest to the following written request:

I, _____, counseling client of Bryce Wilson, MA, LMHC, LMFT, BCPC hereby request in writing that no treatment record be kept on my behalf. This includes the (a) presenting problem(s), or purpose of counseling; (b) notation and results of formal consults, including information obtained from other persons or agencies through a release of information; and (c) progress notes sufficient to support responsible clinical practice for the type of theoretical orientation/therapy the counselor uses. I understand that my counselor will retain (a) client name; (b) fee arrangement and record of payments; (c) dates counseling was received; (d) disclosure form signed by myself and my counselor; and (e) this written request that no records be kept. I understand that my counselor will retain this information for a period of no longer than five (5) years following my final visit at which point my information will be destroyed.

Signed: _____

Date: _____