



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 Northwest Counsel 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: _____