

**WAC 246-821-420 Required client disclosure information.** (1) A behavioral health support specialist shall provide disclosure information to each client prior to the delivery of services. Disclosure information may be provided in a format of the provider's choosing or in a general format used by a state-approved treatment facility.

(2) The following information must be included on all disclosure statements provided to counseling clients in a language that can be easily understood by the client, and in a format accessible to the client:

- (a) Name of firm, agency, business, or other practice location;
- (b) Employment address, telephone number, and email address;
- (c) Name, credential, and credential number;
- (d) Clinical supervisor's name, credential, and credential number;
- (e) Clinical supervisor's employment address, telephone number, and email address, if different from the BHSS's;
- (f) Billing information, including:
  - (i) Client's cost per each counseling session;
  - (ii) Billing practices, including any advance payments and refunds;
- (g) A list of the acts of unprofessional conduct in RCW 18.130.180 including the name, address, and contact telephone number within the department of health of the health systems quality assurance complaint intake unit.

(3) The BHSS and the client must sign and date a statement indicating that the client has been given a copy of the required disclosure information, and the client has read and understands the information provided. If a client is in acute crisis or is otherwise unable to read, understand, and sign the disclosure statement, it can be completed at a later session.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-420, filed 10/16/24, effective 1/1/25.]