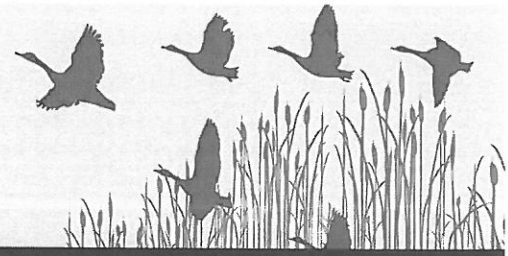


empowering, inc.

S E R V I C E S



Our mission is to provide high quality, direct services and training to support the natural development of kind, gentle and safe home and community environments. By facilitating fun, hands-on experiential activities, we offer fresh opportunities to learn and practice new skills. Our services aim to preserve the integrity of families by securing the safety and wellness of children.

Counselor Disclosure Information

Counselor Name: **April A. Cathcart, MSW, LSWAA**

State of Washington Social Worker Associate Independent Clinical License #: **SA60160857**

Introductory Information:

Hello. My name is April Cathcart. I have 20 years of professional experience practicing counseling with children, youth, adults and families in various settings. I use a variety of evidence based and promising practice models in my work. I particularly appreciate the benefits of experiential learning, therapeutic plan, Cognitive Behavioral Therapy and Motivational Interviewing. I use a strength based approach and an ecological perspective to be mindful of the importance of individual history, environment and family culture. Therapy may be offered in an individual and/ or family format, based on a mutually agreed upon service plan. We will consistently evaluate progress toward goals to allow for adjustment of therapy process and/ or treatment goals along our journey in your change process. My intent is to provide a respectful, responsive, individualized relationship based approach to therapy.

Welcome to Empowering, Inc. Services!

My Education: MSW– summa cum laude, Advanced Generalist Social Work, Eastern Washington University; 2000
BSW – cum laude, Social Work, minor in Women’s Studies, Eastern Washington University; 1999

Certifications: 2017- Adult, Infant, Child CPR, Blood Borne Pathogens and First Aid
2007- Nurturing Parenting Program® Facilitator

My Hours: I am typically available Monday-Friday, during daytime hours. To make an appointment please call EIS at (509) 624-7104
Or e mail us at General@empoweringincservices.com.

Crisis line assistance is available through SMH First Call For Help: 1-877-678-442.

Fees: Current service fees are found at www.empoweringincservices.com in our Service Menu.

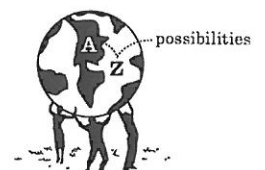
Cancellations: Please call 24 hours in advance to cancel an appointment. It is your responsibility to reschedule any missed appointments.

Records Policy:

EIS keeps a record of the services provided to you and your family. Individual client records are confidential. You have a right to request and obtain a copy of any part of your family’s records that pertain to you or your children under the age of 13, not including information received from or written by other, outside sources.

Disclosure of Confidential Information:

Counseling records or information pertaining to any family member 13 years or older cannot be released to any other individuals or agencies without the client’s written authorization. Records or information pertaining to children under 13 years of age require the parent’s written authorization to be released.



A SOCIAL ENTREPRENEURIAL BUSINESS

PO BOX 8318, SPOKANE, WA 99203 | 509.624.7104 P. | 509.624.2634 F. | WWW.EMPOWERINGINCSERVICES.COM

A T O Z P O S S I B I L I T I E S

Certain information may be released, without your authorization, under the following legal circumstances:

- The receipt of a legitimate subpoena, or court order, unless you file a protection order within 14 days of the date of the subpoena.
- If ordered by a judge or other judicial officers.
- In the event of a medical emergency.
- The receipt of information that suggests child or elder abuse or neglect has occurred. EIS is obligated to report any such information.
- In the event of threat of harm to someone; if that threat is perceived to be serious, the proper individuals must be contacted.
- Occasionally, auditors may review our records to evaluate program effectiveness.

Your Rights/Grievance Procedures:

Counselors practicing counseling for a fee must be Certified, or Licensed, through the Washington State Department of Health. Clients have a right to choose a Counselor who best suits their needs. If your needs are not being met by me, please address your concerns. The Counselor Credentialing Act was created to protect public health and safety, and to provide the citizens of WA State with a complaint process against Counselors who commit acts of unprofessional conduct. If you are dissatisfied with the services you receive from EIS, or if you believe there has been a violation of your confidentiality, you are encouraged to call the Counselor's supervisor or other EIS administrative staff to discuss the situation.

Consent:

I have received a copy of the EIS Counselor Disclosure Information (this document), a copy of the EIS *Consumer Rights and Confidentiality Statement*, and the disclosure information provided by the State of Washington. If court ordered, I understand that the EIS will provide the courts requested updates including but not limited to: assessment, service plans, missed and no-show appointment notices, exit summaries, health or safety concerns, changes in residence, and major events / changes in status for a child.

I acknowledge that I have read, and understand, the above information.
All family members 13 years of age and older participating in services must sign below.

_____ Client/Participant Signature	_____ Print name	_____ Date
_____ Client/Participant Signature	_____ Print name	_____ Date
_____ Child Participant Name (for child participants under age 13, a custodian/parent/guardian must sign)	_____ Signature	_____ Date
_____ EIS Therapist Signature	_____ Print name	_____ Date



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