CONSULTATION AND COACHING
DISCLOSURE AND CONSENT

Thank you for giving us the opportunity to be of help to you!

General information
We are a team of staff psychologists hired by and working for the Department of Corrections to increase the wellbeing, effectiveness, and satisfaction of employees. We are available to all levels of Department employees for a range of issues, including both professional and personal matters. We strive to promote individual and group wellness, facilitate conflict resolution, encourage constructive coping and stress management techniques, and champion outstanding teamwork and leadership. Services are voluntary, confidential, and provided free to all Department employees and contract staff.

Available services
Check which services you are seeking:

☐ **Short-Term Consultation:** About work and/or personal issues, with community and online resources and referrals if needed or desired. (Generally up to 3 sessions. We will provide referral recommendations for longer-term mental health treatment.)

☐ **Supervisory & Career Coaching:** Assistance in identifying goals and creating a step-by-step plan for achieving them.

Your rights

No leave slip is required to meet with a staff psychologist provided you have discussed work coverage with your supervisor.

You have the right to:

- Discuss and pursue alternative providers,
- Be treated with dignity and respect,
- Start and stop services at any time,
- Choose whether or not to pursue available suggestions, services, resources, and referrals,
- Have all services explained, including expected outcomes and possible risks, and
- Confidentiality in our communications, with some exceptions explained below.

Exceptions to the confidentiality of our services may be required by law and Department policy, including but not limited to:

- Allegations of abuse of a child or vulnerable person,
- A threat of serious bodily harm to self or others,
- Imminent threats to the safety, security, or operation of the facility, office, or work unit, and
- A court-ordered subpoena.

You may also authorize or direct me to disclose information with a signed release. Hours of attendance may be verified to supervisors without further details given if use of work time was authorized for these services.
You have the responsibility to: Attend or cancel any scheduled appointments, communicate with your staff psychologist what is necessary to best meet your needs, including requesting resources, and to call your staff psychologist, local crisis line, and/or 911 if you are experiencing an emergency. Referrals given for longer-term treatment are up to you to pursue or not.

**Additional information**

We are happy to answer any questions or concerns, or provide additional information. Compliments or complaints may be directed to:

Philip Gibson, Ph.D.
Chief Staff Psychologist
MS 41120
637 Woodland Square Loop SE,
Lacey, WA 98503
360-742-4960
Philip.Gibson@doc.wa.gov

You may also report concerns to the Washington Health Professions Quality Assurance Division at:

P.O. Box 47869
Olympia, WA 98504
360-236-4700

**Consent to services**

☐ I request that no records be kept. I understand that this form will be the only documentation. This form will be kept securely for at least eight years.

My signature below acknowledges that I have read the contents of this document, have been given the opportunity to ask questions, and have received a copy of this Disclosure and Consent form if I requested a copy. I consent to consultation and agree to abide by the policies outlined above.

_____________________________  __________________________  ________________
Name                                      Signature                                       Date

Phone number or email

☐ Philip Gibson, MA, PhD, PDRC, Pacifica Graduate Institute & WA School of Professional Psychology, WA Psychologist # PY60429995
☐ Richard Desmond, MSW, Walla Walla University, WA LICSW # 60005033
☐ Kimberly Patterson-Hyatt, MS, MA, PsyD, Antioch University – Seattle #31903
☐ Michael Slack, PsyD, Washington School of Professional Psychology, WA Psychologist #PY60629403
☐ Adrian Thompson, PhD, Howard University, WA D.C. Psychologist Associate # PSYA00139
☐ Dr. Derrell Small, PhD, Argosy University, VA

_____________________________  __________________________  ________________
Staff Psychologist                     Signature                                       Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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