

# AVAILIA<sup>TM</sup>

---

316 West Boone Avenue - Suite 669 - Spokane, Washington 99201

Phone - (509) 495-1222 Fax – (509) 254-5024 [INFO@AVAILIA.COM](mailto:INFO@AVAILIA.COM)

Washington SWV: 0351045-00 | WEBS Registered Vendor

---

## Enrollment & Services Guide

Getting Started with Availia

---

## Empathy · Empowerment · Respect

### Our Approach:

We recognize that while external requirements may have brought you here, the progress you make and the reasons you have or find to do so are yours to own. At Availia, we respect your time, experience, and your worth. Our approach is built on providing a professional, straightforward environment where you are treated with dignity, and your growth is supported by clear expectations and objective feedback.

### The Structure:

Availia provides evidence-based programs designed for consistency and court-readiness. The Structure of our services ensures that every participant receives the same high standard of education in a professional, distraction-free environment. We pair this with reliable, objective reporting and administrative continuity so your progress is always accurately documented.

### The Goal:

The main goal of our services is to facilitate a transition from external compliance to personal momentum. We aim to provide you with the practical tools necessary to navigate relationships, parenting, and/or personal growth with genuine autonomy. By the end of your time with us, you will have honored your responsibilities through a process that respects your strengths, your experience, and your autonomy.

## Your time. Your effort. Your progress.

# AVAILIA<sup>TM</sup>

---

316 West Boone Avenue - Suite 669 - Spokane, Washington 99201

Phone - (509) 495-1222 Fax – (509) 254-5024 [INFO@AVAILIA.COM](mailto:INFO@AVAILIA.COM)

---

## WAC 246-341-0600 - Individual Rights

Per Washington Administrative Code 246-341-0600, and chapters 70.41, 71.05, 71.12, 71.24, and 71.34 RCW, as applicable, you have the right to:

- (a) Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
- (b) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
- (c) Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
- (d) Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises or to address risk of harm to the individual or others. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is reasonable suspicion of possession of contraband or the presence of other risk that could be used to cause harm to self or others;
- (e) Be free of any sexual harassment;
- (f) Be free of exploitation, including physical and financial exploitation;
- (g) Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
- (h) Participate in the development of your individual service plan and receive a copy of the plan if desired;
- (i) Make a mental health advance directive consistent with chapter 71.32 RCW;
- (j) Review your individual service record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections; and
- (k) Submit a report to the department when you feel the agency has violated your rights or a WAC requirement regulating behavioral health agencies.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



316 West Boone Avenue - Suite 669 - Spokane, Washington 99201

Phone - (509) 495-1222 Fax - (509) 254-5024 [INFO@AVAILIA.COM](mailto:INFO@AVAILIA.COM)

## COUNSELOR DISCLOSURE STATEMENT

Required by WAC 246-341-0640(1)(a), WAC 246-811, and 49 CFR Part 40 (DOT SAP services)

**Provider** Duncan True, BA · SUDP · NCAC-I · NCSE · CAMS-II · CPTS-II

Washington State DOH SUDP License Number CP60745892

**Credentials & Requirements** The **SUDP** (Washington State DOH) requires an approved academic program in chemical dependency or a related field, 2,000 hours of supervised SUD counseling experience for baccalaureate degree holders, and passage of a state-approved examination, with ongoing continuing education for renewal. The **NCAC-I** (NAADAC/NCC AP) requires a current state SUD credential, 6,000 hours of supervised experience, 270 contact hours of SUD education & training, and passage of a national examination. The **NCSE** (NAADAC/NCC AP) requires a Bachelor's degree or higher, five years of active SUD credentialing, 10,000 hours of SUD counseling experience including 4,000 hours of direct clinical supervision, and 30 contact hours specific to SUD supervision. The **CAMS-II** & **CPTS-II** (NAMA) each require completion of a NAMA-approved training program, documented supervision, & passage of certification requirements.

**Experience & Approach** Duncan True has experience in SUD assessment, outpatient & inpatient counseling, opioid treatment, case management, psychoeducational group facilitation, and court-involved behavioral health services. Services are grounded in a person-centered, strengths-based framework drawing from Motivational Interviewing, Cognitive Behavioral Therapy, ASAM criteria, & structured evidence-based programs including MRT.

**Services Provided** SUD Assessment & Diagnosis · Individual SUD Counseling · Brief Intervention · Group Psychoeducational Programming (MRT, DV-MRT, Anger Management, Parent Training) · DOT Substance Abuse Professional (SAP) evaluations and follow-up assessments (49 CFR Part 40)

**Confidentiality** All records are protected under HIPAA, 42 CFR Part 2, and RCW 70.02. Limits of confidentiality, mandatory exceptions, and your privacy rights are described in the Notice of Privacy Practices provided separately.

By signing, I confirm I have received & reviewed this disclosure prior to intake to services and have had the opportunity to ask questions.

Client Name (Please Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member in this position: Duncan True, BA, SUDP, NCAC-I, NCSE, CAMS-II, CPTS-II

This document may contain confidential and/or privileged information solely for the intended purpose or recipient (individual or entity). Such information is protected by federal law, including the Health Insurance Portability and Accountability Act (HIPAA) & the Code of Federal Regulations (CFR, Title 42, Part 2, & Title 45, Parts 160 & 164). Unauthorized review, use, disclosure, or distribution of such information is strictly prohibited. If you have received this document in error, please notify us & destroy all copies immediately.

# AVAILIA™

316 West Boone Avenue - Suite 669 - Spokane, Washington 99201

Phone - (509) 495-1222 Fax – (509) 254-5024 [INFO@AVAILIA.COM](mailto:INFO@AVAILIA.COM)

## AVAILIA TELEHELP PLLC – Client Services Agreement & Informed Consent

**1. SERVICES** Availia TeleHelp PLLC provides coaching, education, case management, and clinical behavioral health services. The specific services authorized for you are identified in your intake documentation. Clinical services are governed by separate clinical agreements, disclosures, and applicable state and federal law. Staff credentials do not determine the nature of the service being provided. Service type is determined by your authorization and this Agreement.

### 2. SERVICE TYPES

#### Non-Clinical:

- Coaching (individual, couple, or family)
- Case Management
- Educational Programs: Anger Management, Theft Education, ADIS, Parenting Education
- MRT / DV-MRT (psychoeducational group programs — not therapy or clinical treatment)

#### Clinical (require separate clinical authorization):

- SUD Assessment
- DUI Assessment
- DOT SAP Evaluation
- Brief Intervention (BI)
- Individual SUD Counseling

### 3. CONFIDENTIALITY & MANDATORY REPORTING

Your privacy is protected under applicable state and federal law. A separate Clinical Notice of Privacy Practices is provided for clinical services. Confidentiality cannot be maintained in the following circumstances:

- Court orders, subpoenas, or professional audits
- Suspected abuse, neglect, or exploitation of a child (RCW 26.44) or vulnerable adult (RCW 74.34) — staff are mandated reporters and will report regardless of consent
- Imminent and credible threat of serious harm to an identifiable person
- Medical emergencies requiring disclosure to medical personnel
- Case management disclosures authorized by your signed ROI

**4. TELEHEALTH** Services may be delivered via secure video platform. Electronic transmission carries inherent privacy risks that cannot be fully eliminated. You may request in-person services at any time.

**5. FINANCIAL TERMS** Payment is due at the time of service unless a payment plan has been arranged in advance. A sliding scale is available for qualifying services through a separate application. Individual sessions and assessments require 24 hours' advance notice to cancel or reschedule without a fee. No-shows and late cancellations are subject to the rescheduling fee in your fee schedule. This cancellation policy does not apply to group services. All fees are non-refundable. Program materials are for your personal use only and may not be reproduced or shared.

**6. EMERGENCIES** We do not provide crisis care. Call 911 for emergencies or 988 for mental health crisis support.

**7. ACKNOWLEDGMENT** By signing below, you confirm that you have read and understood this Agreement. You also confirm that you have received, read, and signed copies of the Clinical Notice of Privacy Practices, Counselor Disclosure Statement, Financial Responsibility Agreement, and any Release of Information you desire or require to successfully meet your service goals.

This Agreement is governed by the laws of the State of Washington. Questions or complaints may be directed to Administrator Duncan True, Availia TeleHelp PLLC, 316 West Boone Avenue Suite 669, Spokane WA 99201, or 509-495-1222.

Client Name (print): \_\_\_\_\_ Client Signature: \_\_\_\_\_

^Date: \_\_\_\_\_

Staff: Duncan True, SUDP; Signed: \_\_\_\_\_, Date: \_\_\_\_\_

# AVAILIA<sup>TM</sup>

316 West Boone Avenue - Suite 669 - Spokane, Washington 99201

Phone - (509) 495-1222    Fax – (509) 254-5024    [INFO@AVAILIA.COM](mailto:INFO@AVAILIA.COM)

## Financial Responsibility Agreement

*WAC 246-341-0610*

<u>Service</u>	<u>Standard Rate</u>	<u>Lot Rate (x12)</u> - incl. 10% off	<u>Sliding Scale Rate</u>
SUD Assessment (90-120 Minutes)	\$130	-	\$90
Alcohol & Drug Information School (ADIS) – 8 Hours	\$115	-	\$80
Individual SUD Counseling (55-Minute Session)	\$85	-	\$60
Individual Coaching (55-Minute Session)	\$85	\$900 for 12	\$60/session
Anger Assessment (90-120 Minutes)	\$130	-	\$90
No-Show/Cancelation/Reschedule w/o 24hr notice	\$40	-	\$30
Anger Management Education Class, 4 Hours (Level I)	\$100/group \$150 solo	-	\$70
Anger Management Program (Level II), 8 Hours	\$300	-	\$210
Anger Management Program (Level II), 10 Hours	\$400	-	\$280
Anger Management Program (Level II), 12 Hours	\$500	-	\$350
Theft Awareness & Decision-Making Class, 4 Hours	\$75	-	\$50
MRT or DV-MRT Intake (Includes Book Copy)	\$50	-	\$35
MRT Group (60-Minutes)	\$35/group	\$375 for 12	\$25/group
DV-MRT Group (90-Minutes)	\$50/group	\$540 for 12	\$35/group
Replacement Book (MRT or DV-MRT)	\$35	-	N/A

A sliding scale rate is available for qualifying services; eligibility is determined through a separate application process. Payment is due at the time of service unless a payment plan has been arranged in advance. Individual sessions & assessments require at least 24 hours' notice to cancel or reschedule without a rescheduling fee; no-shows and late cancellations are subject to the fee listed above in order to reschedule (this policy does not apply to group services).

My signature below indicates that I have reviewed the fee schedule above, understand my financial responsibility, and agree to the payment and cancellation terms.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name (Print): \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This document may contain confidential and/or privileged information solely for the intended purpose or recipient (individual or entity). Such information is protected by federal law, including the Health Insurance Portability and Accountability Act (HIPAA) & the Code of Federal Regulations (CFR, Title 42, Part 2, & Title 45, Parts 160 & 164). Unauthorized review, use, disclosure, or distribution of such information is strictly prohibited. If you have received this document in error, please notify us & destroy all copies immediately.

# AVAILIA<sup>TM</sup>

---

316 West Boone Avenue - Suite 669 - Spokane, Washington 99201

Phone - (509) 495-1222 Fax – (509) 254-5024 [INFO@AVAILIA.COM](mailto:INFO@AVAILIA.COM)

---

## Complaint Process

### A. External Complaint Option

Individuals receiving services under a DCYF referral may file a complaint directly with DCYF at any time:

Washington State Department of Children, Youth and Families  
Office of Constituent Relations  
P.O. Box 40970  
Olympia, WA 98504

- Phone: 1-800-723-4831

Individuals receiving services under a behavioral health agency license may file a complaint directly with the Washington State Department of Health at any time:

Washington State Department of Health  
HSQA Complaint Intake  
P.O. Box 47857  
Olympia, WA 98504-7857

- Email: [hsqlcomplaintintake@doh.wa.gov](mailto:hsqlcomplaintintake@doh.wa.gov)

Individuals receiving services under a DCYF referral may also contact the Office of the Family and Children's Ombuds at any time:

- Office of the Family and Children's Ombuds  
6840 Fort Dent Way, Suite 125, Tukwila, WA 98188
  - Phone: 1-800-571-7321
  - Website: [ofco.wa.gov](http://ofco.wa.gov)

Use of these external options is always available regardless of whether the internal complaint process has been initiated or completed.

### B. Internal Complaint Process

1. A formal complaint is initiated by the individual, in writing or verbally (documented by staff).
2. The Administrator or an impartial designee meets with the individual within 10 business days to discuss the concern and attempt resolution.
3. If resolved, the resolution is documented and the matter is closed. Documentation is kept in the Administrative Master File separate from the individual's clinical record.
4. If the individual is not satisfied, they may submit a written request for a secondary review / appeal meeting within 10 business days. The Administrator conducts a final review and issues a written response within 10 business days of the appeal meeting.

If the individual remains dissatisfied, they are referred to the applicable external complaint option above.

**I have received and understand the AVAILIA TELEHELP PLLC Complaint Process:**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: Duncan True, SUDP Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This document may contain confidential and/or privileged information solely for the intended purpose or recipient (individual or entity). Such information is protected by federal law, including the Health Insurance Portability and Accountability Act (HIPAA) & the Code of Federal Regulations (CFR, Title 42, Part 2, & Title 45, Parts 160 & 164). Unauthorized review, use, disclosure, or distribution of such information is strictly prohibited. If you have received this document in error, please notify us & destroy all copies immediately.

# AVAILIA<sup>TM</sup>

---

316 West Boone Avenue - Suite 669 - Spokane, Washington 99201

Phone - (509) 495-1222 Fax - (509) 254-5024 INFO@AVAILIA.COM

---

## Release of Information (ROI):

**Client Name:** \_\_\_\_\_ **Client DOB:** \_\_\_\_\_

---

I, the above-named, hereby authorize AVAILIA TELEHELP PLLC

**& (Agency &/or Department):** \_\_\_\_\_,

attention/care of **(Specific Contact Name):** \_\_\_\_\_

**at:** Email: \_\_\_\_\_, Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_, Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

to engage in the mutual exchange, release, and confirmation of my personal, clinical, and/or otherwise confidential information, using any reasonable and secure method. I understand the purpose of this disclosure can include service coordination, compliance reporting, and other uses allowed by law. Information may include service details, progress notes, clinical information, attendance, completion/discharge, urinalysis results and compliance details.

I understand services may be provided via secure 'telehealth' or SVC (synchronous video conferencing). I consent to telehealth and understand the risks, benefits, and alternatives.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Availia TeleHelp PLLC & signee agree that any digital signature may serve the full legal effect & function.

---

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Completing this form authorizes the exchange of information as structured by law, including HIPAA (45 CFR 160 & 164), 42 CFR Part 2, 49 CFR Part 40, and Washington law (RCW 70.02, 26.44, 74.34). Third-party disclosure is prohibited unless allowed by law, and unauthorized re-disclosure may result in penalties. This authorization may be revoked in writing to the extent allowed by law, except where action has already been taken in reliance on it. Unless revoked earlier in writing, it remains valid through service completion and required reporting, and for twelve months after final closure in-case of any related follow-up. ROI updated 1/29/26.



316 West Boone Avenue - Suite 669 - Spokane, Washington 99201

Phone - (509) 495-1222 Fax – (509) 254-5024 [INFO@AVAILIA.COM](mailto:INFO@AVAILIA.COM)

## Availia TeleHelp PLLC — Telehealth Safety Plan

This safety plan applies to all services delivered via synchronous video conferencing.

### Provider Information

Provider: Duncan True, SUDP

Agency: Availia TeleHelp PLLC

Address: 316 West Boone Avenue, Suite 669, Spokane, WA 99201

Phone: 509-495-1222

Emergency Protocol: If a client appears to be in crisis or danger during a telehealth session, the provider will attempt to maintain contact, assess the situation, and contact emergency services at the client's reported location if necessary.

### Client Information

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Session Location / Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Nearest Emergency Room: \_\_\_\_\_

Local Crisis Line: 988

Local Emergency Services: 911

**Client Agreement** I understand that I am responsible for providing my current physical location at the start of any telehealth session conducted from a location other than the address listed above. I understand that in the event of an emergency during a telehealth session, my provider may contact emergency services at my reported location.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: Duncan True, SUDP Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This document may contain confidential and/or privileged information solely for the intended purpose or recipient (individual or entity). Such information is protected by federal law, including the Health Insurance Portability and Accountability Act (HIPAA) & the Code of Federal Regulations (CFR, Title 42, Part 2, & Title 45, Parts 160 & 164). Unauthorized review, use, disclosure, or distribution of such information is strictly prohibited. If you have received this document in error, please notify us & destroy all copies immediately.

# AVAILIA™

316 West Boone Avenue - Suite 669 - Spokane, Washington 99201

Phone - (509) 495-1222 Fax – (509) 254-5024 [INFO@AVAILIA.COM](mailto:INFO@AVAILIA.COM)

Washington SWV: 0351045-00 | WEBS Registered Vendor

## Program Guidelines and Participant Standards

These guidelines maintain confidentiality, safety, and a focused learning environment.

Adherence is essential for program compliance.

Area of Expectation	Guideline / Normative Standard
Punctuality & Check-In	Participants are expected to arrive or log in prior to the designated start time. Entry is restricted five minutes after the session begins unless prior arrangements have been made.
Identity & Presence	Photo ID is required at intake. For all sessions, participants must be stationary, attentive, and actively present. Client identity is confirmed visually for attendance during check-ins, and client login duration is tracked for confirmation.
Audio/Visual Protocol -re: virtual services only	Client's camera is expected to remain ON for the duration of sessions. Clients notify facilitator via 'chat' function if they need to turn off their camera to address a brief interruption. Client microphone and audio functions are verified at check-in.
Safety	Any activity that compromises client safety (e.g., driving or operating machinery) is prohibited and results in prompt removal and resulting absence.
Confidentiality	Clients are expected to participate from a private space free from observation by third parties (e.g., alone or w/headphones and against a wall).
Substance Use	Attendance under the influence is strictly prohibited. Suspected impairment prompts a toxicology request at the participant's expense. Absence of a sample or positive results are documented and reported to the referring entity.

These expectations ensure program delivery remains consistent with evidence-based standards. Strict adherence protects the integrity of the reporting process and maintains the objective nature of the participant's progress record.

# AVAILIA™

316 West Boone Avenue - Suite 669 - Spokane, Washington 99201

Phone - (509) 495-1222 Fax – (509) 254-5024 [INFO@AVAILIA.COM](mailto:INFO@AVAILIA.COM)

Washington SWV: 0351045-00 | WEBS Registered Vendor

## Enforcement and Intervention Protocols

Availia provides referring entities with consistent documentation of participant behavioral patterns, focusing on objective facts pertinent to the specific requirements of the referral. These protocols establish the structured environment necessary for behavioral change. Adherence to these standards is the first measurable indicator of a participant's commitment to a successful outcome. Consequences are applied consistently and objectively to ensure a fair, defensible process for both the participant and referring entity.

<b>Accountability Event</b>	<b>Facilitator Action / Reporting Consequence</b>
Initial Guideline Violation	Guidelines are reviewed at session start. Participants may be removed from group as an initial warning; they may return after correcting or halting the issue.
Participant Lack of Focus/Engagement	The facilitator uses professional judgment to intervene if participant disengagement or lack of focus warrants redirection or removal. Any resulting non-adherence or loss of session duration is documented along with attendance records to track any potential pattern.
Temporary Barrier or Interruption (client's home-life, or service interruption such as connectivity, etc.)	When accessing services virtually, participants utilize the 'chat' function to report temporary needs or brief interruptions. Staff will collaborate to resolve barriers as needed; clinical discretion is applied based on the participant's established pattern of engagement.
Escalated Intervention	Persistent violations or unexcused absences can require individual coaching to explore barriers and create a solution-focused compliance plan.
Final Report	Confirms whether program requirements were met, enabling the referring entity to finalize the disposition regarding the participant's mandate.

All reporting is contingent upon a valid, unrevoked Release of Information (ROI).

In the absence of an active ROI, disclosure is legally prohibited except to regulatory and oversight bodies as required by state and federal law.

# AVAILIA™

316 West Boone Avenue - Suite 669 - Spokane, Washington 99201

Phone - (509) 495-1222 Fax – (509) 254-5024 [INFO@AVAILIA.COM](mailto:INFO@AVAILIA.COM)

Washington SWV: 0351045-00 | WEBS Registered Vendor

## Administrative Status & Reporting Schedule

- **Objective Documentation:** We provide consistent, objective documentation to support effective community supervision. Shared information is restricted to facts pertinent to adherence and authorized by the client’s Release of Information (ROI).
- **Contextual Reporting:** Client-communicated barriers (e.g., transportation, financial, childcare) are shared with the referring entity to demonstrate the full context of the client’s pattern of engagement and/or any non-adherence & attendance issues.
- **Solution-Focused Modeling:** We proactively encourage participants to communicate barriers immediately and coordinate required makeups, honoring our solution-focused approach through improved client engagement and reporting accuracy.

<b>Report Type / Action</b>	<b>Trigger Event and Content</b>	<b>Internal Deadline</b>
Initial Enrollment Confirmation	Client completes an intake appointment and is officially scheduled for groups. Report Content: Enrollment date and scheduled group time.	Within 3 business days of intake.
Periodic & Ongoing Monthly Status Summary	Report Content: Summary of attendance, adherence to program guidelines, and factual occurrences (e.g., specific issues, client reasoning reported, and efforts to mitigate). Report focuses on patterns of progress or non-adherence during the calendar month.	By the 5th day of the following calendar month.
Critical Incident Alert	Extreme non-compliance (e.g., substance use or intoxication during a session, threats, violence, or severe crisis or safety concerns). Content: Restricted to what is objective and pertinent. Timeline: Written follow-up within 24 hours when required by contract or regulation.	Within 24 hours when required, otherwise as soon as practicable.
Concerning Status Update and/or Professional Consultation	If there are questions/concerns about a client (such as two consecutive weeks of absences and/or lack of contact) or concerning behavior, we may request assistance or information.	Availia will discharge clients who pass 30 days without contact.
Final Discharge Notification	Client successfully completes the program OR is administratively discharged (as unsuccessful completion). Report Content: Client’s final attendance hours and outcome status.	Within 5 business days of completion or administrative discharge.

All reporting is contingent upon a valid, unrevoked Release of Information (ROI).

In the absence of an active ROI, disclosure is legally prohibited except to regulatory and oversight bodies as required by state and federal law.