

Informed Consent & Agreement for Therapy Services

Introduction

Washington State law (Revised Code of Washington 18.19.060 and Washington Administrative Code 246- 810- 031) requires counselors to provide written disclosure of the information below to clients before counseling begins. This document is intended to help you make informed choices about your counseling and provides important information to you regarding your treatment, as well as my office policies. **Please read the entire document carefully** and be sure to ask me any questions or discuss any concerns that you may have regarding its contents before initialing each page and signing at the end.

Information About Your Therapist

Therapists practicing counseling must be licensed with the State of Washington Department of Health for the protection and safety of the public. I am a licensed mental health counselor (#LH60321569) with the State of Washington. I earned both my B.A. degree in Psychology and my Master's degree in Counseling Psychology from The University of North Florida. I have been trained in individual, couples, family, and group therapy and have been a practicing counselor since 2010. I attend professional trainings, workshops and seminars yearly to stay current in the field and satisfy the continuing educational requirements for mental health practitioners. My clinical focus has been on depression and mood disorders, anxiety, life change and transition, and adolescent behavioral concerns, but I have experience with a wide variety of clientele.

I am a therapist and a coach. If you are reading this document, we are talking about therapy and counseling.

My therapeutic approach varies with each client, as each person has their own lifetime of experiences to bring to the table and I strive to provide counseling tailored to your individual needs. I encourage each person to examine their thought processes and patterns, and how they relate to behaviors and relationships. I believe in a strengths-based approach that supports the individual strengths a person has to enact the changes they desire and lead a healthier life. I believe that you have everything you need within yourself to heal. I see my role as a facilitator, a resource, and someone with whom you can build a safe, trusting relationship that encourages you to explore areas of concern and work towards the growth you seek. The effectiveness of your treatment will depend mostly on your willingness to enact change.

Whenever you wish, I will discuss my professional background with you and provide you with information regarding my experience, education, and professional orientation. You are free to ask questions at any time about the above, and anything else related to your therapy or other concerns.

Independent Practitioner Clause

I am a solo practitioner PLLC, one of a number of independent subtenants who share limited common facilities at a common business address. Each therapist's practice is separate, and each is solely and entirely responsible for any liabilities resulting from that practice.

Fees and Insurance

FEES

Fees for my services are as follows:

Individual sessions

Initial visit (60-90 minutes) - \$190

Ongoing (50-55 minutes) - \$160

Family sessions (not covered by insurance, so these will be self-pay appointments)

Initial visit (90-120 minutes) - \$220

Ongoing (50-55 minutes) - \$190

Other services offered at a pro-rated basis

Payment is due at each session. You are responsible for paying the full amount of your bill at the time of each appointment, unless I am a covered provider for your insurance and you wish to use that insurance to pay for services. I accept cash, checks, and credit cards. Checks should be made payable to Hood Counseling Services. I will charge a \$30 fee for any returned checks.

If there is a need for telephone contact, other than for scheduling purposes, you understand that you are responsible for payment of the agreed-upon fee (pro-rated based off of individual session fee amount). Additional fees might include: consultation at your request with other professionals, preparation of requested documents, or copying and sending records. I will discuss any fees with you at the time of a request. Pro-rated services will be billed to you monthly. You may choose to pay in advance for services such as these. The payment in advance will be kept in a separate account not to be deducted until these services are provided. Any remaining funds in this separate account will be returned to you within 30 days of your written request for return of these funds.

All fees incurred for lost time/wages because of court hearings, subpoenas served, or other legal matters regarding client(s) business will be paid in a timely manner (using credit card on file) by the client(s) signing below. Wages to be paid will consist of \$250/hr minimum and include preparation time, phone calls, time away from the office for depositions and filings with the court, and all attorney fees/costs incurred by the counselor as a result of the legal action. The minimum charge for a court appearance is \$2500, and a retainer of this amount is due in advance. Your signature below also waives your counselor's involvement in any legal matters if she deems it more appropriate to not participate.

INSURANCE

I am currently a provider with Regence. Please inform me if you wish to utilize health insurance to pay for services and I will discuss the procedures for billing your insurance. I have a formal business associate contract with Northwest Clinical Billing, who provides insurance billing services.

I am considered an out-of-network provider for other insurance companies. Being out of network means that you will pay me the full fee and I will provide you with a statement that you can present to your insurance company for reimbursement to you. Although I am happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnoses, which then become part of your medical record. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. You are responsible for obtaining prior authorization for treatment from your insurance carrier. Please discuss any questions or concerns that you may have about this with me.

Please note that health insurance does not pay for missed sessions, nor will it pay for other services such as telephone consults, reports, letters, copying/sending record fees, or consults with others. You will be responsible for payment of these services.

Insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Health care plans sometimes require authorization before you are seen by a counselor in order to provide reimbursement for mental health services obtained. You are required to obtain this initial authorization by calling the appropriate number on your insurance card. Failure to do this may result in your insurance company rejecting the claim, making you responsible for the entire charge. You should also be aware that your contract with your health insurance company may require that your counselor provide it with information relevant to the services that are provided to you. In order to file appropriate claims, your counselor is required to provide them with a clinical diagnosis, dates of service, and the type of service rendered. Sometimes it is required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information that is necessary for the purpose requested. If I believe that your health insurance company is requesting an unreasonable amount of information, I will bring it to your attention and we will discuss what to do. Once the insurance company has this information, it will become part of the insurance company files and will probably be stored by them indefinitely. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit, if you request it.

Each January I raise fees \$5-\$10 to keep up with inflation and the increasing costs of doing business. I reserve the right to periodically adjust the fee outside of this as well, with 60 days notice.

Appointment Scheduling and Cancellation Policies

Your first session will be an Intake Session during which we can review your paperwork, discuss the reasons why you are seeking counseling, discuss current and background information, and talk about your goals. Additionally, I can answer any questions you might have about therapy. At this session, you will not be pressured to discuss any information that you don't feel ready to disclose. At that point, you have more information to decide whether or not you wish to embark upon a course of treatment with me as your therapist, and the pace at which you desire to proceed. If we decide we might be a good fit, we will then schedule another appointment and proceed with developing a treatment plan. I will do my best to provide you with a regular appointment day and time.

Scheduling an appointment is a commitment that both counselors and clients honor. Scheduled appointment times are reserved exclusively for you. Your consistent attendance greatly contributes to a successful outcome. All cancellations need to be made at least 24 hours in advance. For sessions canceled with less than 24 hours notice or if a client misses a session **for any reason**, the client will be required to pay a fee equal to the session rate (currently \$160 for individual counseling, \$190 for family counseling). Insurance will not pay for missed appointment fees. Please be prepared to pay the full fee from your appointment that was either missed or canceled late (not within 24 hours) when you attend your next scheduled appointment. **If you have 2 cancellations or missed sessions without providing me 24 hours notice, it will be necessary to discuss potential barriers to continued treatment as well as if services are to continue.** I charge the full session fee for any sessions that are shortened due to your late arrival or early departure. I cannot accommodate making up for lost session time unless it is due to my error. I will notify you via phone and/or email if I should need to cancel our appointment, so it is very important to keep contact information up to date. You will not be charged if I cancel our appointment. If for some reason you fail to pay the fee at the time of service, or the fee is owed for a missed appointment, you may be required to send payment for the amount owed before another appointment can be scheduled. If payments are not made in a timeframe we have agreed upon, then I may notify debt collectors. If it becomes necessary for the account to be referred for collection action, you agree to pay the actual balance due plus any collection expenses and any attorney's fees.

If there are extended periods of time where you do not initiate contact, respond to efforts to contact, or attend sessions, it may become necessary for me to end our therapeutic relationship. This typically occurs when, without coordinating with me, there's a period of no contact that exceeds 30 days. In such instances, if you find yourself in a better position at a later time to attend sessions and want to re-engage in services, this will be considered after a conversation about your needs at that time.

Due to my work schedule and the fact that I do not interrupt sessions with clients to take phone calls, I am often not immediately available by telephone. However, you are free to leave a message on my voicemail and I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. As my hours vary and are by appointment only, the time of day at which I return your call may vary. If you are difficult to reach or have restrictions on receiving phone calls, please inform me of some times when you will be available. Occasionally I will be unavailable due to trainings or vacation. If you are unable to reach me and feel that you cannot wait for a return call, you can contact the nearest emergency room, crisis service, or another counselor if needed.

Risks and Benefits of Therapy

Therapy can have benefits and risks. It is a process in which we will discuss issues, events, experiences and memories for the purpose of creating positive change so that you can experience your life more fully. Participating in therapy may result in a number of benefits to you. One major benefit of counseling may be a resolution of the concerns which you initially brought to therapy. Other possible benefits often include a better ability to cope with interpersonal relationships or other life stressors, decreased negative thoughts and self-sabotaging behaviors, a greater understanding of personal goals, increased personal insight and growth, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy, by itself, will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, anxiety, etc. There may be times in which I will challenge your perceptions and assumptions, and offer different perspectives. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Sometimes a decision that is positive for one family member is viewed quite differently by another. You should be aware that any decision on the status of your personal relationships is your sole responsibility. During the therapeutic process, many people find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should discuss with me any concerns you have regarding your progress in therapy.

Emergencies

I cannot provide on-call crisis or emergency services. If you believe that you will require emergency treatment on a regular basis, I will refer you to an agency which can provide such services. In order to accept you as a client, I need you to agree not to harm yourself or others. If you experience a physically or psychologically life-threatening emergency or crisis situation, please immediately call 911, and/or The Crisis Line at 1-888-910-0416, or go to your local emergency room. The Crisis Line has 24-hour availability to offer crisis support, community resources, and emergency assistance. Do not use email to communicate emergency or crisis information. If I will be out of town or otherwise unavailable for an extended period of time, I will provide you with alternate contact information should you need support during my absence.

Client Rights

You have the right to request a change of therapy, referral to another therapist or to discontinue therapy at any time. You have the right and responsibility to be informed about your treatment. It is appropriate to raise questions about my training, my therapeutic approach, and your progress at any time. The licensure process exists to ensure competent and ethical practice in psychology. I work hard to make sure that you have a positive counseling experience. If you feel that any therapist has been irresponsible, unprofessional, or unethical, you may contact the Department of Health, PO Box 47857, Olympia, WA 98504, 1-360-236-4700 or www.doh.wa.gov/hsqa.

Termination of Therapy

Due to the varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result. You will be in charge of the pace that we proceed in treatment. You may, at any time, change your goals for therapy. You may discontinue therapy at any time. I respect and promote your right to make your own decisions. If you would like to end therapy, I would only ask that we first discuss this in person. If you or I determine that you are not benefiting from treatment, either of us may initiate a discussion of your treatment alternatives. These alternatives may include referral, changing your treatment plan, or terminating your therapy. It is best to discuss this in a planned termination session when possible.

Records and Record Keeping

I may take notes during session, and will also produce other notes and records regarding your treatment for your file. Your file will include your client forms, financial and contact information, treatment goals, progress notes, and copies of any correspondence or medical records that have been compiled or obtained on your behalf. This file will constitute my clinical and business records, which by law, I am required to maintain. Such records are the sole property of the therapist. In an effort to comply with federal mandates and requirements of insurance carriers providing reimbursement, I utilize an Electronic Medical Records (EMR) program that is compliant with HIPAA regulations. Should you request a copy of my records, such a request must be made in writing. If I feel that disclosure of your Clinical Record is likely to endanger the life or physical safety of you or another person, you have a right to a summary and to have your record sent to another mental health provider. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. I will maintain records for the length of time mandated by law (currently five years following termination of therapy). After five years, your records will be destroyed in a manner that protects your confidentiality.

Confidentiality

All communications and records with your counselor are held in strict confidence. Information may be released, in accordance with state law, when (1) the client signs a written release indicating consent to release; (2) the client expresses serious intent to harm self or someone else; (3) there is reasonable suspicion of abuse against a minor, elderly person, or dependent adult; (4) to acquire payment for services or for billing purposes; (5) a subpoena or court order is received directing the disclosure of information or (6) as outlined in the "Notice of Privacy Practices" (copies available on my website and in the waiting room). To protect your privacy to the greatest extent of the law, it is policy to assert privileged communication in the event of #5. Professional consultation is an important component of a healthy counseling practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I address any therapeutic concerns without revealing any identifying information about you. The other professionals are also legally bound to keep the information confidential.

If you choose to use your insurance I need you to understand that there is a loss of confidentiality. Payment by check will allow bank employees to view names of my clients. As I utilize a billing agency, I may need to share protected information with these individuals for administrative purposes, such as billing and quality assurance. I may utilize a clearinghouse which submits electronic claims to insurance companies. I will ensure that the clearinghouse promises to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law.

If you participate in family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that I have a "no secrets" policy when conducting family therapy. This means that I do not keep secret information gathered in individual conversations if the information revealed in some way violates the integrity of the family therapy (such as revealing an affair, substance problem, or intent to leave the relationship). Such information will need to be revealed for therapy to effectively continue. Please feel free to ask me about my "no secrets" policy and how it may apply to you.

Patient Litigation

I will not voluntarily participate in any litigation or custody dispute in which you and another individual, or entity, are parties. I have a policy of not communicating with patients' attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in any patient's legal matter. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed or ordered by a court of law to appear as a witness in an action involving you, you agree to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at my usual and customary hourly rate for such services of \$200 per hour. Insurance carriers will not reimburse for these types of services and they are the client's sole responsibility.

Acknowledgement

I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges denied by my insurance carrier. Any assignment and authorization in no way releases me from said responsibility and imposes no obligation on my therapist to collect money on my behalf.

Your signature below shows that you have been given a copy of this disclosure statement, have read and understood the information it contains. Your signature also gives your consent to therapeutic treatment under the conditions outlined above.

Client Name (please print)

Signature of Client (or authorized representative)

Date

Confidentiality with Minors

Clients under 13 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. The State of Washington provides significant confidentiality to minors seeking mental health treatment. Minors over 12 years of age have many privacy rights similar to those of adults. I hereby consent to treatment of my child(ren) per the terms outlined in the above pages of this document:

Name _____ Birthdate _____ Name _____ Birthdate _____

Parent/Guardian Name (please print) Parent / Guardian Signature _____
Date

Parent/Guardian Name (please print) Parent / Guardian Signature _____
Date

Counselor Name (printed) _____
Counselor Signature