



Agreement

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice). The Notice explains HIPAA and its application to your personal health information in greater detail. Please read it carefully and note any questions you might have so that we can discuss them.

When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding unless I have taken action in reliance on it; there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy, or you have not satisfied financial obligations you have incurred.

I am an independent provider offering psychotherapy. I will offer a unique perspective that allows me to respond effectively to diverse needs and concerns. I provide an open, honest, collaborative atmosphere to help you feel comfortable exploring new solutions and developing new skills.

I hold a Masters in Social Work from the University of Utah (1979). I am licensed as an Independent Clinical Social Worker in the State of Washington. I am also a member of the Academy of Certified Social Workers within the National Association of Social Workers.

Professional Relationships: Several providers share suite/office space with me, but we are separate and independent legal entities. There is one exception-I share a pager with my colleagues who share this suite in order to provide 24 hour - 7 days per week access to address crises situations for clients. Except for this specific relationship, all our work remains independent.

Therapeutic Model: My therapeutic model recognizes that each person is an individual with biological, psychological, and sociological aspects. Depending on your needs and preferences, I blend systems, dynamic, cognitive, behavioral, and biological approaches. I will discuss therapy goals and the proposed course of therapy with you periodically throughout therapy. If you have any concerns or questions, please bring them to my attention. You have the right at any time to refuse therapy, change therapists, or request a change in therapeutic approach.

Fees: Therapy sessions generally are 50 minutes (“clinical hour”) in length. Fees are \$160.00 for the initial visit and \$100.00 for subsequent sessions.

Please Note: You must *cancel* scheduled appointments 24 hours in advance; otherwise, I will bill you for half the normal session fee.

Fees for telephone calls, attendance at meetings with other professionals you have authorized, preparation of records or summaries, or other services you might request are pro-rated based on usual hourly fees. Billing for court related work will be at two times the hourly rate and will include travel and preparation time. Cancellation for court-related work is required 48 hours in advance to avoid a late cancellation fee

I require payment for services at the time of service unless you have a health insurance company that requires a different arrangement.

If you would like me to bill your health insurance company, I would ask you to sign my Insurance Information and Authorization Form. In all cases, you, not your insurance company, are responsible that your account is paid in full.

Confidentiality: You have privileged communication under the laws of Washington. That means, with some exceptions, anything you disclose in therapy and information I obtain about you from any source, even that you are a client, is confidential and can be disclosed to others only with your written authorization. However, disclosure *without* your consent or authorization can be made, or may be required by state or federal law, if the disclosure is:

- to proper authorities if I should have reason to believe that a child, a disabled adult, or an elderly person has been abused or neglected, or if I feel you are of danger to yourself or others;

- to the courts if under a valid subpoena or court order;

- to licensing boards if I am under disciplinary investigation;

- to the Department of Labor and Industries and your employer if the services I am providing are relevant to a worker’s compensation claim you have filed; or

- to a government agency requesting information for health oversight activities;

Additionally, I may disclose relevant information if you file a complaint or lawsuit against me. If disclosure is required without your authorization, I will attempt to discuss the situation with you to clarify options and look for alternate solutions. I will limit disclosures to that minimally necessary.

Other Limits to Confidentiality: For both clinical and administrative purposes, such as scheduling, billing, and quality assurance, administrative staff may have information about you. I also may have contracts with accountants or attorneys who may have information about you. If you request, I can provide you with the names of these individuals, who contractually promise to maintain confidentiality.

In the case of children under the age of 18, the parent(s) or legal guardian holds the communication privilege. This means that the parent is entitled to information about the child and is the person who authorizes any release of information about the child. I will discuss with the parents the child's general progress and specifics if indicated. I will attempt to act in the child's best interests in deciding to disclose confidential information without the child's consent. In the case of relationship or family therapy, I assume confidentiality to be waived among participants unless other prior arrangements are made.

In some cases, it might be useful to your therapy for me to discuss your situation with others such as a teacher; in that case, I will seek your written authorization for this exchange of information. I may occasionally find it helpful to consult about a case with other professionals. Several mental health care providers share emergency call with me. I will share your name and other clinical information with them only to the extent necessary to provide adequate coverage for you. In other consultations, I make every effort to avoid revealing your identity. Those consultants, of course, also are legally bound to keep your information confidential. I will note any consultations in your clinical record.

Treatment Records: I maintain records of the services I provide you. You may ask to see or obtain a copy of those records, and you may ask to amend those records. You may be charged an appropriate fee for time and costs involved with any information request. Please see the Notice for further rights regarding your records.

Client Rights: HIPAA provides you with several new and expanded rights with regard to your Clinical Records and disclosures of protected health information. These include the rights to request restrictions on what information from your Clinical Records I disclose to others; request an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determine the location to which protected information disclosures were sent, have any complaints you make about my policies and procedures recorded in your records; and obtain a paper copy of this Agreement, the Notice, and my privacy policies and procedures. I will be happy to discuss any of these rights with you.

Electronic Communications:

Electronic communication, e-mail, is becoming an easy and fast way to communicate and handle routine questions. However, any new technology can have difficulties. Please call me if there is any urgency to your communication, if I have not responded within three working days, or if my response is not sufficient for your needs. Following are some guidelines-and cautions-for the use of electronic mail with me.

Guidelines:

Please put an identifier such as "Appointment" in the subject line. Remember to put your name in the body of the message.

Examples of Uses:

Appointment requests, changes, or reminders
Insurance questions
Billing questions

Follow-up reports or inquires

Cautions:

Your message will become part of your Clinical Record.

Your communication *is not secure-I* do not have encryption capability.

Contacting Us: I may not be immediately available by telephone. In emergencies, you can try to call me through the office or, for true emergencies only, through the emergency pager at (509) 459-4172. The emergency pager coverage is shared among several colleagues, so you may not be able to reach me. However, the therapist on call can help you in an emergency situation. If you cannot reach me, or you feel that you cannot wait for me to return your call, you should contact your family physician, call the Crisis Line at (509) 838-4428, or go to the Sacred Heart Medical Center Emergency Room or the Emergency Room at your nearest hospital.

Concerns and Complaints: If for any reason you should have a concern or complaint about the services I provide, *please let me know*. You also have the right to contact the appropriate licensing board.

**Washington State Department of Health
Health Professions Quality Assurance**
310 Isreal Rd., SE, P.O. Box 47865
Olympia, WA 98504-7865
(360) 236 -4700

Client Agreement: I have received the Notice of Privacy Practices. I have read and I understand and agree to the above-stated policies. (If you have any questions, please ask before signing).

Client's Signature

Date

I have discussed this disclosure with the client:

Therapist's Signature

Date