



PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. Psychotherapy varies depending on the personalities of the psychotherapist and the client as well as the particular problems you are experiencing. Many different methods are used to deal with the problems you hope to address. Psychotherapy is not like a medical intervention. Instead, psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will work on things we talk about during and between counseling sessions.

Psychotherapy can have risks and benefits. Because therapy often involves the discussion of unpleasant aspects of your life, you might experience discomfort such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress. Yet participation in psychotherapy does not guarantee success when unrealistic expectations arise for the client or the therapist.

The first few sessions involve an evaluation of your needs. When working with couples I suggest each partner comes individually for at least one session. In this way, I will be able to assess what each individual needs and desires are separately. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include as well as a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, energy, and money, so you should be careful about the therapist you select. If you have questions about my procedures, we can discuss these questions whenever they arise. If your doubts persist, I will assist your finding another mental health practitioner.

THERAPEUTIC APPROACH

The models of therapy that I primarily utilize as a Psychotherapist are Schema Therapy, Cognitive Behavioral Therapy, Trauma Focused Therapy, and Attachment Theory. These modalities of therapy are evidence based practices. With these models of therapy, I support clients in understanding how their thoughts and core beliefs impact their emotions and behaviors. These modalities also support us in exploring how your early life experiences, relationships, and past traumas impact your cognitions, emotions, and behavioral patterns. With this understanding, desired change is identified and progressed towards. Therapy will also involve learning and practicing skills that decrease emotional discomfort and undesired behaviors.

LICENSURE / SUPERVISION

I am a Licensed Mental Health Counselor (LMHC) in the state of Washington. My license number is LH 60997005.

MEETINGS

Once individual psychotherapy begins, we typically schedule one 55-minute session per week at a time we agree upon. In some cases, we might agree to meet bi-weekly for one 55-minute session. **Once an appointment time is scheduled, you are expected to pay for it unless you provide advance notice of cancellation 24 hours prior to your appointment time. If there is less than 24 hours notice of a cancellation and we both agree that you were unable to attend due to circumstances beyond your control (i.e. hospitalization or death), we will not charge for the session. Unfortunately, insurance companies will not provide reimbursement for cancelled sessions so you will be responsible for any charges that result from a cancellation without**

appropriate notice. The fee that you will be charged for a cancellation with less than 24 hours notice is \$75. If you have more than one missed appointment in which there is less than 24 hours notice given in a three month period, I will refrain from scheduling future appointments with you.

PROFESSIONAL FEES

The hourly fee for individual psychotherapy is \$150 per 55 min session, either in the office or via the Internet. The fee for couple's therapy is \$175 per 55 min session. In addition to weekly appointments, I charge a fee for other professional services you may need. Although I prorate the fee for periods of less than one hour, I charge a minimum fee of 50% your usual fee for any time in excess of 15 minutes. Other services include report writing, telephone conversations, consulting with other professionals (with your permission), completing Emotional Support Animal documentation, and time spent performing any other service you request of us. If you become involved with legal proceedings that require my participation, you pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party.

CONTACTING ME

Due to my work schedule, I am often not immediately available by telephone or email. If you have any concerns or need to reschedule an appointment, please call me at 360-348-9939 or email me at Emily@newvisioncounseling.net. Please leave a message if I do not answer your call. I will try to respond to your phone call and/or email within 1-2 business days. If your call is an emergency, you are unable to reach me, or cannot wait for me to return your call, please contact one of the following resources: your family physician; 911; the nearest emergency room for the psychologist/psychiatrist on call or the Crisis Clinic at (206) 461-3222.

BILLING AND PAYMENTS

You are expected to pay for services on the day you attend counseling, unless we agree otherwise. Co-pays will be processed within 24-hours of service, or for other professional services will be agreed to when they arise. In rare circumstances, we have the option of using legal means to secure payment: hiring a collection agency or going through small claims court (both of which require disclosing otherwise confidential information). In most collection situations, the only information we release regarding a client's treatment is name, nature of services provided, and the amount due. If such legal action is necessary, legal costs are included in the claim.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, we will assess the resources available to pay for your treatment. We do panel with some managed care systems. Depending on the insurance plan, there may be a deductible and co-pays associated to your care. If you have any questions regarding your billing or payments, please email me at Emily@newvisioncounseling.net.

I may also be an Out-Of-Network provider for some health insurance companies. Some companies may reimburse you directly. I can complete the necessary forms and provide whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for payment of your services.

You should carefully read the section in your insurance coverage booklet that describes mental health services in order to determine the extent of your coverage. Your insurance plan administrator can answer any additional questions you may have.

Your accessing insurance coverage to pay for your counseling requires that we provide information relevant to the services we provided to you. I am required to provide a clinical diagnosis as well as all session dates. Because I participate in managed care panels, we may need to provide additional clinical information such as treatment plans, summaries, or copies of your entire Clinical Record. By signing this Agreement, you agree that we can provide the following specific requested information to your insurance carrier: your name, clinical diagnosis, treatment dates, and fees.

LIMITS OF CONFIDENTIALITY

The law protects the privacy of all communications between a client and a psychotherapist. In most situations, we can release information about your treatment only when you sign a written Authorization form that meets certain legal requirements, which are imposed by state law and/or HIPPA. With your signature on a proper Authorization form, I may disclose information in the following situations:

- (1) I may occasionally want to consult other health professionals, mental health practitioners, as well as other professionals to obtain further understanding about you (e.g., clinical consultation; case consultation group). If I consult a professional who is not involved in your treatment, I make every effort to avoid revealing your identity. These professionals are also legally bound to keep all information confidential. Unless you request all information to remain confidential, I will use the content of our sessions for consultation. I think these contacts are important to our work together. I will note all consultations in your Clinical Record.
- (2) Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this document.
- (3) If you are involved in a court proceeding and a request is made for information concerning professional services I provided for you, such information is protected by the psychotherapist-client privilege law. I cannot provide any information about you without (1) your written authorization; (2) your informing me that you are seeking a protective order against my compliance with a subpoena, which has been properly served on me and or which you have been notified in a timely manner; or (3) a court order requiring the disclosure of information regarding you. If you are involved in or contemplating litigation, you should consult with your attorney about required court disclosures.

In the following circumstances, I am permitted or I am required to disclose information with or without your consent or Authorization:

- (1) If a government agency is requesting the information for health oversight activities;
- (2) If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself;
- (3) If a client files a worker's compensation claim, and the services I provide are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the client's record to the client's employer and to the Department of Labor and Industries.

I am legally obligated to take actions in some situations, which I believe are necessary in an attempt to protect others from harm; in those situations, I may need to reveal some information about a client's treatment. These situations are unusual in my practice.

- (1) If I have reasonable cause to believe that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- (2) If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- (3) If I reasonably believe a client or any other individual involved with the client is in imminent danger with health and safety, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the client, or contacting family members or others who can help provide protection.

If such a situation arises, I make every effort to fully discuss the situation with you before taking any actions. I also limit my disclosure to what is necessary for your health and safety.

Although this written summary of exceptions to confidentiality provides information about potential problems, you and I can discuss any questions or concerns at any time. The laws governing confidentiality are complex. I am not an attorney. In situations requiring specific actions, you may want to consult legal advice.

PROFESSIONAL RECORDS

Pursuant to HIPPA, we keep Protected Health Information about you in two sets of professional records. One set is your Clinical Record: information about your reasons for seeking therapy; a description of the ways in which your problem effects your life; your diagnosis; the goals we set for your treatment; your progress toward those goals; your medical and social history; your treatment history; any past treatment records we receive from other providers; reports of any clinical consultation; your billing records; any reports that have been sent to anyone, including reports to your insurance carrier. Except in the unusual circumstance that I and or which you have been notified in a timely manner; or a court order requiring the disclosure of information regarding you. If you are involved in or contemplating litigation, you should consult with your attorney about required court disclosures.

In the following circumstances, I am permitted or I am required to disclose information with or without your consent or Authorization:

- (1) If a government agency is requesting the information for health oversight activities;
- (2) If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself;
- (3) If a client files a worker's compensation claim, and the services I provide are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the client's record to the client's employer and to the Department of Labor and Industries.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship, with specific attention to the two items below:

I have been advised about the meaning of the diagnostic category reported to the insurance carrier (if applicable).

I agree to the individual session fee of \$150 to be paid each session unless otherwise negotiated.

Client's signature

Date

Client's signature

Date

Parent or Guardian signature

Date

Psychotherapist's signature

Date

