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Patient Rights and Disclosure of Information

Welcome to my practice. I appreciate that you have given me the opportunity to be of help to you.

This document contains important information about:

- 1) My professional education and experiences;
- 2) The professional services I offer;
- 3) Your rights as my patient;
- 4) How information about you/your child is protected, as well as how it may be used and disclosed;
- 5) The nature of my business policies.

Please review this information carefully and ask any questions that you have. I strongly believe that our work together will be most helpful to you and/or your child when you feel that your questions are clearly addressed. If, after reading this information, you have additional questions, **please feel free to ask**. Once you have read this information and feel that we have adequately addressed your questions, I will ask you to co-sign (with me) a statement that indicates we have discussed this information to your satisfaction and that you understood all the information contained therein. You will be provided with a copy of that signed agreement.

MY BACKGROUND

I received my doctorate (Ph.D.) in Clinical Psychology from Virginia Commonwealth University/The Medical College of Virginia. Following the completion of a clinical psychology internship at the Indiana University School of Medicine Consortium of Clinical Psychology, I was invited to remain on the faculty and taught within the Riley Children's Hospital Child Development Center. Later, I completed a Postdoctoral Fellowship in Pediatric Psychology at The University of Oklahoma Health Sciences Center. I subsequently joined the faculty of the Columbus Children's Hospital, the pediatric training hospital for The Ohio State University School of Medicine, where I was Clinical Assistant Professor of Pediatrics and the Director of the Consultation-Liaison Service for 8 years. After moving to the Northwest, I served for 6 years as a member of the Pediatric Psychology Service at Mary Bridge Children's Hospital in Tacoma, where I developed and coordinated the Mary Bridge Multidisciplinary Eating Disorders Program. In 2003 I left Mary Bridge Hospital to begin my private practice.

In addition to teaching and providing care to children and their families in medical settings, I have co-authored a professional text on helping children with acute and chronic health issues. I have also published a number of articles in professional journals and engaged in many public speaking forums on topics that have included parenting children with medical challenges, eating disorders, the clinical uses of hypnosis in symptom management, and the management of acute and chronic pain. My resume/curriculum vitae is available for review, if you desire.

LICENSURE TO PRACTICE

In order to receive licensure to practice and provide psychological care in the state of Washington, I have passed written and oral examinations administered at both the national and state levels. The state examination was conducted by the Examining Board of Psychology for Washington State. Successful completion of these exams and subsequent licensure attest that I am a Psychologist, who is qualified to engage in the independent practice of Clinical Psychology. I have been licensed in the state of Washington since 1997; my license number is **PY00002232**. The Washington licensure law provides complaint and discipline recourse procedures for patients. Inquiries about Psychologists' professional qualifications and/or treatment/professional care issues may be directed to the Examining Board of Psychology, Division of Professional Licensing, P.O. Box 9649, Olympia, WA 98504.

PSYCHOTHERAPY

Parents seek the assistance and expertise of a Child Psychologist for a variety of reasons. These may include one or more of the following:

- Concerns about their child's intellectual, academic, or social development;
- Observations that their child is struggling with emotional or behavioral difficulties;
- Diagnosis of a chronic illness;
- The need to prepare for some type of medical procedure;
- Development of physical symptoms in the absence of a clear medical basis for those symptoms;
- Exposure to or experience with some type of medical trauma (e.g., involvement in a car accident, being bitten by a dog, etc.);
- Experiencing some type of social trauma (e.g., parental divorce, illness in a close family member, etc.).

By the time parents reach the point of calling a Child Psychologist they have often spent considerable time and emotional energy trying to address these issues at home. At some point, when or if they find that these difficulties are not resolving, it is common for parents to feel increasingly frustrated, worried, and puzzled about what, if anything, can be done to help resolve the issue(s). By calling to schedule an appointment you have taken a very powerful and positive step toward helping yourself find healthy new ways to develop solutions to these concerns.

Our work together in addressing your concerns may entail one or more of the following:

- Parental consultation: one or more meetings designed to help you clarify the issues affecting your child, your relationship with your child, or your family;
- Child/adolescent consultation: one or more meetings with your child to assess and clarify the issues from his/her perspective;
- Formal psychological evaluation of your child's cognitive/intellectual, academic, social, and/or emotional functioning;
- Consultation with your child's school;
- Individual psychotherapy with your child;
- Parent-child psychotherapy;
- Family psychotherapy.

Regardless of the specific strategies that we agree to utilize, the outcome (making things better!) must be based on a partnership between a) you and your expertise on your child and your desire to help him/her, and b) my expertise in child and family development and a broad spectrum of methods for helping children and parents who may be struggling with the issues listed above. A critical component of my job is to help you and your child explore the issues that may be contributing to difficulties or interfering with daily living and help you develop and put into practice a variety of solutions to these problems.

OUR WORK TOGETHER

Psychotherapy is not like visiting a medical doctor. It requires your active parent involvement. In order to optimize the outcome, issues will typically need to be worked on at home *with consistency*. It is often the case that in order for children to "get better", their parents must first make changes in their own behavior.

Typically, the first 2 - 4 visits (sessions) focus on establishing a professional relationship with your child, evaluation of your child's psychological and emotional status, and initial development of a treatment plan. During this time, I will be learning about your child's and family's various strengths and difficulties, so that we can develop an effective approach for helping with your concerns. We will decide, together, whether I am the best person to provide services to you and your child. By the end of these first several sessions, I will share with you my clinical impressions and a proposed treatment plan. I will then ask you to evaluate this information, ask any questions, and consider this information along with your opinion about whether you and your child feel comfortable working with me.

Therapy involves a commitment of time, energy, emotions, and financial resources, so it is very important that you are careful about the Psychologist you select. If you have any questions about my procedures, please feel free to ask about them if/when they should arise. If significant doubts persist which might stand in the way of our successfully working together, I will be happy to help you find another therapist that will be most helpful in addressing your needs.

FREQUENCY OF VISITS

The frequency of therapy visits varies, depending on the presenting issues. Most commonly, I meet with my patients one therapy hour (50 minutes) a week. As the concerns diminish, we typically meet every 2-4 weeks for a period of at least several visits. Therapy then usually ends.

ENDING THERAPY

The process of ending therapy, called “termination,” can be a valuable, but can also be difficult and possibly anxiety producing for children. Stopping therapy should not be done casually, and in fact, ending therapy *suddenly* can be extremely distressing for a child or teenager. That said, either of us may decide to end our work together if we believe it is in yours or your child’s best interest. If you wish to stop therapy at any time, I ask that you agree now to meet for at least one session to review our work together, discuss our goals, the work we have done, any future work that needs to be done, and the decision to end treatment. **This is very important for the emotional welfare of a child and their ability to benefit from future psychotherapy.** If you would like to take a break from therapy or “try it on your own,” we should discuss this. By discussing this together beforehand, we can often make such a “time out” more productive and helpful.

BENEFITS AND RISKS OF PSYCHOTHERAPY

As with any powerful treatment, psychotherapy has been found to have many benefits, as well as some potential risks. You should think about both the benefits and risks when making any treatment decisions. For example, it is *very important* to know that a broad range of benefits of psychotherapy have been demonstrated by scientists in hundreds of well-designed research studies. For example, children and teenagers who have been experiencing depression often find that psychotherapy leads to their mood brightening, their interactions with others improving, their energy levels increasing, and improvement in school functioning. Furthermore, many kids (and their parents) often experience declining levels of anxiety, fear, or angry behaviors. While involved in psychotherapy children have a chance to talk about and explore their concerns fully until their feelings are relieved, they have developed new skills for coping with problems and/or their problems are solved. A child’s relationships with parents (and parents with their child), siblings, and peers often improve greatly. One of the most powerful benefits from psychotherapy can be the development of hopefulness and a positive expectation that the problems which lead to your initially seeking an appointment can be overcome. This occurs through the development of new awareness (perspective), new skills, and the courage to practice these new skills in a variety of situations.

Similarly it is important to know that participation in psychotherapy *may* entail a number of possible risks; for example, there is a risk that a child (or parents) will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Children may recall unpleasant memories. These feelings or memories may bother a child at home or in school. In addition, some children may feel conflicted about participating in psychotherapy, perhaps worrying that anyone involved in therapy is weak, or seriously disturbed. Also, children involved in psychotherapy may experience problems with people important to them -- family secrets may be discussed and parent participation may open windows to marital difficulties. Sometimes, too, a child’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when children and their parents are addressing difficult issues and attempting to make important changes in their lives. Finally, even with our best efforts, there is a possibility that psychotherapy may not lead to the results you and/or your child had hoped for.

Please be aware that I do not agree to begin working with patients if I do not think I can be helpful. Therefore, when we mutually agree to begin this process I will enter our work together with optimism about our progress.

CONSULTATIONS AND REFERRALS

If you or your child could benefit from a treatment I cannot provide, I will help you identify appropriate resources and assist in the referral process. You have a right to ask me about alternative treatments, their risks, and their benefits. Based on the information you or your child shares with me, I may recommend a medical exam or consideration of medication. If so, I will discuss my reasons with you, so that you can decide what is best. I am not a physician, so I do not prescribe medications or conduct medication-related examinations. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor, with your written consent. As a responsible and ethical mental health professional, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional’s opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed (with your written consent).

WHAT TO EXPECT FROM OUR RELATIONSHIP

As a professional, I will use my best knowledge and skills to help you and your child, following the standards of the American Psychological Association (APA). In your best interests, the APA puts limits on the relationship between a therapist and a patient, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

1. I am licensed and trained to practice Clinical Psychology. I am not able to give you good advice about law, medicine, finance, or any other profession, and will not attempt to do so.
2. State laws and the rules of the APA require me to keep what you tell me confidential. You can trust me not to tell anyone else what you tell me, except in certain limited situations. (These are described in the “Confidentiality” section of this brochure.) I do not reveal who my patients are. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.
3. In your best interest, and following the APA’s standards, I can only be your child’s Psychologist. I cannot have any other role in your or your child’s life. I cannot, now or ever, be a close friend or socialize with any of my patients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any patient during, or after, the course of therapy. I cannot have a business relationship with any of my patients, other than the therapy relationship.

PATIENT’S RIGHTS

Patients 13 years of age and older have a legal right to refuse evaluation or treatment. Patients have a right to change mental health clinicians, and to receive referral to another mental health clinician. Patients have the right to ask questions concerning the findings of their evaluation and treatment, and the right to raise questions about the clinician, the therapeutic approach(es) being utilized, and the progress being made, at any time.

CONFIDENTIALITY

The privacy of you and your child’s general and psychological health, as well as other details that you may share with me is extremely important. I understand that this information is highly personal, and I am committed to maintaining your confidentiality to the greatest extent legally and ethically possible. During the course of our work together, I will be creating a record of the information you share (sometimes referred to as Private Health Information or PHI), the recommendations you are provided with, and the services you receive. This record is needed in order to provide you with the highest level of care, as well as to comply with certain federal and state legal requirements.

I will treat all the information that you and your child share with me with the utmost respect and care. It is your legal right (as well as my legal and ethical responsibility to you and your child) that our sessions and my records about you be kept private. If it would be helpful to obtain information from outside sources or share information with such sources, I will not do so without first discussing this with you and obtaining your written consent. No information will be obtained from or discussed with any outside source without your explicit written consent.

In all but a few rare situations, your confidentiality and that of your child is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is *not* protected:

1. **I am obligated by law, and the ethics of my profession, to take appropriate action to protect others from harm, even if it requires revealing some information about a patient.** If I feel that a child may be at heightened risk to harm him/her self or anyone else, I will make every effort to notify parents/guardians of my concerns. If this situation should occur, I will also make every effort to first discuss these concerns with your child and attempt to resolve any objections prior to disclosing. In such situations I may be required to contact legal and/or mental health authorities, seek hospitalization or facilitate other forms of protection to ensure a patient’s safety.
2. If I believe that a patient may be a threat to someone else, or has harmed another individual, I am required by law to take protective action. This may entail sharing safety concerns with parents, grandparents, adult siblings, legal guardians, child protective services, appropriate state mental health professionals, legal authorities, or seeking appropriate hospitalization.
3. If I have reason to suspect that a child, elderly person, or disabled person is being threatened, harmed or abused, I required by law to file a report with the appropriate state or local authorities.
4. If a patient is under 18 years of age the law provides parents with the right to examine evaluation and treatment records. However, I am also concerned about providing the child with the safety to openly share his/her thoughts, feelings, concerns, and experiences without worrying that the details will be shared. I request that parents allow me the discretion to share with them only information pertinent to their child’s treatment, while maintaining the privacy of their child’s specific communications. If so, I provide general information about

clinical impressions, the nature and goals of treatment, the treatment process (e.g., the use of relaxation methods for addressing symptoms of anxiety/worry) and progress.

5. If you were referred to me by a court, school system, or an employer for evaluation or treatment, the court, school, or employer expects a report from me. If this is your situation, please talk with me before you share anything you do not want the court, the school, or your employer to know. You have a right to tell me only what you are comfortable discussing.
6. Are you suing someone or being sued? Are you or your child being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to share my records with the court. If such issues apply to you, please consult your lawyer.

CONFIDENTIALITY AND OTHER THERAPISTS

I am an independent, licensed clinical psychologist, practicing with other clinicians under the name Northwest Partners in Mental Health. This is an association of independently practicing, licensed psychologists, who share certain expenses and facilities. It is my responsibility to ethically provide you and your child with research supported clinical services. I, alone, am solely and fully responsible for those services. Professional records at Northwest Partners in Mental Health are separately maintained, and no member of the group can have access to them without your specific, written permission.

I will treat all the information that you and your child share with me with the utmost respect and care. It is your legal right that our sessions and my records about you and your child be kept private. It is my professional responsibility to ensure this privacy and confidentiality. If it would be helpful to obtain information from outside sources or share information with such sources, I will not do so without first discussing this with you and your child and then obtaining your written consent (and your child's consent if they are 13 year of age or older. No information will be obtained or discussed with any outside source without your explicit consent.

There are two situations in which I might talk about part of your child with another therapist:

1. When I am away from the office for a few days, a trusted fellow psychologist will be available to you or your child to assist during an emergency. Therefore, he or she needs to know some basic information about your child and family. *This therapist is bound by the same laws and rules as I am, to protect your confidentiality.*
2. I sometimes consult other therapists or other professionals to help me provide high-quality treatment. *Your/your child's name will never be given to them.* They will be told only as much as they need to know to understand my clinical questions in order to render clinical consultation to me.

Note: In light of how important your confidentiality is to us both, I ask you not to disclose the name or identity of any other patient that you may run into while visiting my office.

PATIENT RECORDS

I confidentially maintain patients' records in a locked, safe place for 15 years after the end of providing professional psychological services. At the end of 15 years, these records are destroyed.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you (and your child, if 13 years of age or older) will need to sign a release form.

If we engage in family or couple therapy (where there is more than one patient), and you want to have my records of this therapy sent to anyone, all adults present will have to sign a release.

An insurance company sometimes asks for more information on symptoms, diagnoses, and treatment methods. I provide only as much information as the insurance company requires to pay your benefits. Such information is sent to the insurance company only with your written consent. Please be aware that it will become part of your permanent medical record. I have no control over how these records are handled at the insurance company. .

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and sent to me. In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

IF YOU NEED TO CONTACT ME

I am in the office Monday through Thursday from 8:00 AM to 7:00 PM. I do not take phone calls when I am in an appointment. You may leave a message on my confidential voicemail, or send me an email at drffej45@msn.com. I typically check my messages several times each day, and return calls toward the end of the day, unless you indicate an urgent need to reach me. I do not return calls on Sundays or holidays. If you have a behavioral or emotional crisis, please call my emergency number at **(425-591-8889)**. If you are unable to reach me by phone, you or your family members should either call the **King County Crisis Center at 206-461-3222** or go to the nearest Emergency Room and ask for the Mental Health Professional on call.

STATEMENT OF COMMITMENT AND PRINCIPLES

I do not discriminate against patients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

COMPLAINT PROCEDURES

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state license. If you are not satisfied with any area of our work, please feel free to discuss this with me as soon as possible. I will make every effort to objectively hear any complaints or concerns you have and to seek solutions to them. If you feel that I have (or any other therapist has) treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the Examining Board of Psychology, Division of Professional Licensing, P.O. Box 9649, Olympia, WA 98504.

TERMINATION BY NOTICE

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you and you are paying for those services. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end our professional relationship. You are responsible to pay for services you receive before our professional relationship ends.

Scheduling Policies

Understanding policies about scheduling appointments, financial policies, and submitting claims from the beginning is essential to a positive therapeutic, as well as financial, relationship. Please ask any questions that you have. I encourage you to fully understand my policies and expectations before you proceed, so you are comfortable signing the agreement to follow these policies.

SCHEDULING APPOINTMENTS

I usually schedule 1–2 hours for our first meeting because we have a great deal of information that needs to be shared. I will make every effort to schedule appointments that are convenient to your schedule, but please understand that there are a limited number of “preferred” hours (usually between 2:00 and 6:00 PM) each week.

An appointment is an agreement to meet, as well as a commitment to our work: we agree to meet here and to be on time. If I am ever unable to start on time, I ask for your understanding. I also assure you that you will receive the full time agreed to. If you are late, we may be unable to meet for the full time, because it is likely that I will have another appointment after yours.

If I need to be away from the office I will make every effort to inform you at least two weeks in advance of my vacations or any other times we cannot meet.

CANCELLED APPOINTMENTS

A cancelled appointment delays our work. When you must cancel, please give me at least 48 business hours' notice (e.g., two full **business** days; calling on a Friday evening to cancel a Monday appointment is not sufficient notice). I am rarely able to fill a cancelled session unless I know a week in advance. **If you do not provide me with 48-hours notice, you will be billed for the scheduled time.** The exception would be if shorter notice is due to a situation that we both agree is an emergency that did not allow for 48 hours' notice.

MISSED SESSIONS

Unexpected events periodically arise that may interfere with scheduled appointments. If this should occur, please call the office as soon as possible to cancel/reschedule our appointment. If a pattern of missed appointments should develop, you will be charged the full hourly rate for such missed appointments. A pattern consists of two or more missed appointments in a row or 3 missed appointments in a 6-appointment time frame. **Please note that insurance companies will not cover charges for missed appointments or those cancelled with less than 48-hours notice.**

CHILDREN AT YOUR SESSION

I request that you do not bring other children with you to therapy appointments (particularly if they are young and need babysitting or supervision), as this may distract from our work.

Financial Policies

PAYMENT FOR SERVICES

Payment is expected at the time of service. You are expected to bring check or cash to pay the full cost of each scheduled appointment, unless prior arrangements are made. My practice is not equipped to accept credit cards.

RESPONSIBLE PARTY

In the case of minor children, the parent who brings the child for treatment is responsible for payment. This includes separate household situations. In order to remain in a neutral relationship with all account holders, I cannot enter into financial disputes between households. It is your responsibility to make payments on your portion of what is owed. Until the balance is zero, both households receive a copy of the ledger.

MISSED PAYMENT POLICY

If you have not made prior arrangements with me and you forget to bring payment to an appointment, at the first occurrence, you may choose one of these options:

1. Locate an ATM machine (there are several banks within 3 minutes drive time) to retrieve cash and continue the session with the time still available at the full fee. No missed payment fee assessed.
2. Choose a reduced appointment (15 minutes) in which you may reschedule at no cost. At this time, you will need to sign an agreement to bring your payments to all appointments and that you will pay the missed-payment fee (\$50) that will be assessed should you forget to bring your payment to any future appointment.

ELIGIBILITY FOR DEFERRED PAYMENT

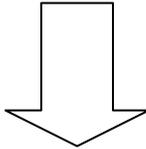
Eligibility for deferred payment is based on unusual financial hardship and regular monthly payments. If you think you may have trouble paying your entire balance at the time of billing, please discuss this with me. If you are eligible to apply for one of the deferred payment options, I will give you an agreement to sign. Here is how deferred payment is managed:

DEFERRED PAYMENT

- We will discuss your circumstances and explore payment options you may or may not have considered, including personal line of credit, loans, sponsorships.
- We will decide whether your unusual circumstances warrant a *single-billing* deferred payment plan or a *multiple-billing* deferred payment plan.
- In either case, a **5% deferred payment fee** is assessed to the total balance at each statement cycle. Please pay agreed amount within 5 days of receipt of bill.
- In multiple-billing situations, consistent, agreed monthly payments are due within days of receipt of bill until your balance is zero.

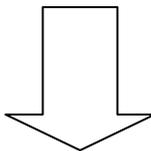
UN-AGREED MISSED PAYMENT PROCESS

▶ A missed payment requires an **advance phone call** to let me know why and obtain agreement to miss that month's payment. Non-payment without **advance agreement** initiates the missed payment process.



UNPAID BALANCES

If your unpaid balance reaches \$390, or if you have missed a payment without my prior consent, I will call you so we can arrive at a solution. If you do not return my call or inquiry does not result in agreed installments, I will notify you by mail that you have 30 days in which to make a payment or I must stop therapy with you until your balance is zero. At that time, a **5% fee** is assessed to your total balance. If, after 30 days, you have not made a payment, you have initiated **inactive status**. It is the designation given to someone, who needs to attend to his or her balance before scheduling therapy appointments can resume.



INACTIVE STATUS

- Appointment times are reserved for active-status families.
- Unpaid balance fee is **5%** of current balance, applied at the 1st of each month.
- You may make agreed monthly installments on your balance until it is brought to zero. Payments are expected 5 days from when you receive statement.
- A zero balance resumes active status, and rescheduling can begin again.
- If, by the end of the **third** statement cycle, you have not made *any* payments, you have terminated the therapy relationship.

TERMINATION BY DEFAULT

Once you have been transferred to inactive status, I will expect monthly installments from you to bring your balance to zero so we can resume our therapy work. I will reserve my scheduled time for active-status patients. If, by the end of the third statement cycle, you have not made *any* payments, thus terminating the therapy relationship, I will send the unpaid balance with an **additional 5%** unpaid balance fee added to the final total to a **collections agency**.

DISPUTES OR PROBLEMS

If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Un-addressed problems or concerned feelings about finances can interfere with our work, and therefore it is to our mutual advantage to work them out openly and quickly.

Insurance Requirements and Claim Submission

TRADITIONAL (OR “INDEMNITY”) HEALTH INSURANCE COVERAGE

Because I am a Licensed Psychologist, most health insurance plans will help you pay for therapy and other services I offer. Some companies have clauses that limit coverage to “contract” providers. I cannot tell you what your plan covers. Please read your plan’s booklet under coverage for “Outpatient Psychotherapy” or “Treatment of Mental and Nervous Conditions” or call your employer’s benefits office. Please keep these things in mind:

1. I had no role in deciding what your insurance covers. Your employer decided which, if any, services will be covered and how much you (and I) will be paid. You are responsible for checking your insurance coverage, deductibles, payment rates, co-payments, and so forth. Your insurance contract is between you and your company; it is not between me and the insurance company.
2. You - not your insurance company or any other person or company - are responsible for ensuring payment of the fees we agree upon. If you ask me to bill a separated spouse, a relative, or an insurance company, and I do not receive payment on time, I will then expect this payment from you.

PRE-AUTHORIZATIONS

Please call your insurance carrier before beginning therapy to determine whether **pre-authorization** is required by your plan. If it is a requirement that you have not met, claims will be denied and you will be responsible for your total balance.

PREFERRED PROVIDER COVERAGE

Some insurance policies may contain “preferred provider” stipulations in which coverage can be less than that available to providers who carry a contract with the insurance carrier or denied altogether. **I am a preferred provider with Premera Blue Cross and Regence Blue Shield.** Be sure to find out what your insurance carrier’s non-preferred provider coverage is. You are responsible for uninsured balances.

PREMERA AND REGENCE INSURED PATIENTS

If you are insured by **Premera Blue Cross** or **Regence Blue Shield**, as a courtesy, I will help you complete your insurance claim form and submit your claims to the insurance company for you. Once I have sent the claims in, these are your responsibilities:

1. Keep track of whether or not the claim is processed.
2. Call your insurance carrier if claim is more than 30 days old.
3. Provide additional information and resubmit claims in a timely fashion. If any claim is not processed because you have neglected this responsibility, you will be responsible for paying the balance.
4. Pay for any uninsured amounts (this includes deductibles, copays, fee adjustments.)

INSURANCE CLAIM STATUS:

All insurance responses are noted in your account history ledger. When no notes about a particular date of service appear in the ledger, you can assume your insurance carrier has not processed the claim you submitted. For delays over 30 days, contact your insurance carrier.

ALL OTHER INSURANCE

If you are insured by any other insurance carrier, you are responsible to submit your claim form within 10 days of your visit and to coordinate all communication and follow up with your insurance carrier until the claim is paid.

To seek payment from your insurance company, you must first obtain a claim form from your employer's benefits office or call your insurance company. Complete the claim form. Then attach my statement to the claim form and mail it to your insurance company. My statement (entitled "Receipt and Record of Services Provided") provides the information most frequently requested on the common claim forms.

PATIENTS SUBMITTING THEIR OWN CLAIMS

Complete the form, following the instructions provided below, and submit it to your insurance carrier within 10 days of your appointment. **INCOMPLETE FORMS CAN BE DENIED.**

1. Using pen, PRINT your address, patient's birth date, subscriber social security number and birth date, employer, group number, and plan number. Photocopy the completed claim in case you need to resubmit it.
2. Mail claim (address on back of insurance card) within 10 days of your appointment. Mail a copy of pre-authorization (if required) with first claim.

MULTIPLE INSURANCE COORDINATION

1. Call your insurance carriers to determine which is your **primary** carrier.
2. Photocopy the claim before you complete it. The blank photocopied claim will be completed with the secondary insurance.
3. When primary insurance pays, photocopy the Explanation of Benefits to submit with a completed claim to the secondary insurance carrier.

SAMPLE HEALTH INSURANCE CLAIM FORM (HCFA) ON FINAL PAGE

Fee Schedule

My current fees are listed below. If this fee schedule should change, I will provide at least one month's notice.

Initial intake session: \$250.00 for 90-minute intake; \$300.00 for 2-hour intake. This includes time previewing previous records, telephone discussions with referral sources, and scoring any evaluation measures.

Hourly psychotherapy: \$140.00. A psychotherapy hour is typically 50 minutes in length, with an additional 10-15 minutes of record-keeping.

Extended sessions: \$140/hour, pro-rated. Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you and you will be charged on a pro-rated basis.

Routine Telephone Calls: No charge for making/changing appointments or similar business.

Telephone Consultations: \$140.00/hour, pro-rated. Telephone consultations may be suitable or even needed at times in our therapy. If conversations continue beyond 15 minutes, I will charge you my regular fee, pro-rated over the time needed.

Professional Telephone Conferences: \$140.00/hour, pro-rated. If I need to have long telephone conferences with other professionals as part of your treatment, I will inform you in advance and you will be billed for these services. If you are concerned about this, please be sure to discuss it with me in advance so we can set a policy that is comfortable for both of us.

School meetings or conferences you have authorized: \$140/hour, pro-rated (including travel time).

Psychological testing services: \$200.00/hour. This includes the time spent directly with your child, the time needed for scoring and analyzing test results, the writing of a report summarizing on the findings, and time to meet and share feedback and recommendations with you.

Routine Insurance Reports: No charge for nominal reports.

Extensive Insurance Reports: \$180/hour, pro-rated. The company will not cover this fee.

Home or hospital visits, consultations with other therapists: \$130/hour pro-rated.

Court-related services: \$400.00/hour, pro-rated. These include consultations with lawyers, depositions, or attendance at courtroom proceedings (and include travel time), as well as preparation of written material for court-related proceedings. Some services may require payment in advance.

Missed payment fee: \$50. This applies at your second missed payment appearance and is per appointment to which you do not bring payment, unless you have arranged for deferred payment plan prior to scheduling appointment.

Deferred payment fee: 1% of total balance, applied at first billing cycle.

Unpaid balance fee: 5% of total balance, applied monthly until balance is zero.