



Disclosure Statement & Informed Consent for Psychotherapy

Last revised: 11/03/2025

Please read this statement carefully. It is important that you understand the information and practice policies below before deciding whether you would like to receive my services. It is always appropriate to ask me questions about the way I work and the policies of my practice.

[Qualifications](#)
[Acknowledgement](#)
[Scope of Practice](#)
[Psychotherapy](#)

[Contacting Me](#)
[Appointments](#)
[Fees & Billing](#)
[Third Party Payers](#)

[Confidentiality](#)
[Professional Records](#)
[Questions & Concerns](#)
[Signatures](#)

Qualifications

I received my PhD in clinical psychology from Emory University in 2009 after completing an internship at Columbia Medical Center, and I have been licensed to practice psychology in Washington since 2012. You understand that I provide psychological services through Insight Psychology, PLLC, a professional limited liability company.

I hold authorization to practice interjurisdictional telepsychology under PSYPACT (APIT) and maintain an active E.Passport issued by the Association of State and Provincial Psychology Boards (ASPPB). This authorization permits me to provide telepsychology services to individuals physically located in participating PSYPACT states at the time of service. In this, I follow the laws and standards of practice in both Washington and the PSYPACT receiving state where you are located during sessions.

Acknowledgement

You acknowledge that Insight Psychology, PLLC, is not affiliated with Whitman College and that the college bears no responsibility for any aspect of the psychological services I provide.

Scope of Practice

This Disclosure Statement & Informed Consent form is for individual, outpatient psychological evaluation and psychotherapy via telehealth, and not for any emergency services. Not all psychological difficulties are appropriate to treat on an outpatient basis or via telehealth. During the initial evaluation and the first few sessions, you and I will decide whether my services are appropriate for you. If you start treatment with me and your condition changes, then we will revisit this question as needed. If the initial evaluation and the first few sessions reveal that you require a different form or care and/or a different professional, then I will make a reasonable effort to refer you to more appropriate services.

- **Limitations under PSYPACT:** Under PSYPACT, services can occur only when you are physically located in a participating PSYPACT state. You will be asked to confirm your physical location at each session. If you are temporarily outside of a PSYPACT state, I cannot provide telepsychology services until you return to a PSYPACT jurisdiction.

Disclosure Statement & Informed Consent

Local emergency and safety procedures will be based on your physical location at the time of service.

- **Emergencies**

In case of a general emergency, call 911. In case of a psychiatric emergency, call 988 or go to the emergency room, then call me and your primary care physician. In Washington State, you may also Google “Designated Crisis Responder” along with the name of the county you are in to find the phone number of the local Crisis Response Team. Other states typically have psychiatric emergency response teams (usually called crisis response teams or mobile crisis units). Consistent with PSYPACT rules governing telepsychology, in an emergency I may contact emergency services in the jurisdiction where you are physically located, as well as your identified emergency contact. You agree to provide and update a local emergency contact and local crisis resources.

- **Medications**

I do not prescribe medications. If my evaluation of your needs suggests that medication may be helpful, then I may recommend that you see a prescriber, and I may refer you to one. If you are taking psychiatric medication, then I may ask your permission to consult with your prescriber about your medication treatment. Within the scope of my practice, I may be able to help you how to understand and monitor the psychological effects of medication treatment, how to remember to take it as prescribed, and how to communicate with your prescriber about it.

Psychotherapy and Its Benefits and Risks

Psychotherapy is a relationship between a psychologist and a client who have agreed on certain rights and responsibilities. It requires regular meetings between you and me, during which you bring up problems or goals and I respond, based on your personality and your needs. Therapy is likely to succeed if you engage during sessions and work on your goals between sessions. Therapy has been shown to lead to such benefits as solutions to specific problems, reduction in distress, and improved relationships. Therapy can also have discomforts – for example, it may involve discussing unpleasant experiences and feelings. There is no guarantee what you will experience. In general, the first 1 to 4 sessions involve an evaluation of your needs. By the end of the evaluation, I will offer to you my initial impressions of what may be helpful. Please evaluate that information along with your impressions of me. Because therapy costs time, money, and energy, you should choose a therapist with whom you feel comfortable. If you begin therapy with me, I will usually schedule one 45-minute session (an appointment hour) per week at a time we agree on. I will expect you to come regularly and on time. If you cannot attend a session, then, with advance notice, we can try to reschedule. If and only if clinically indicated, I may ask you to commit to attending a given number of sessions.

Psychotherapy and Suicide Risk

As a psychologist, I cannot predict if a client will attempt suicide or die by suicide. However, I know that some types of psychotherapy, such as cognitive behavioral therapy (CBT), have been shown to reduce the risk of suicide attempt and death by suicide by up to half when the therapist and client work together to replace suicidal thoughts and behaviors with helpful new skills (Tarrier et al., 2008). This means that a person who has attempted suicide before starting therapy, or who has suicidal intent at the start of therapy, may still attempt suicide and, very rarely, die by suicide during or after a course of therapy. However, CBT tends to reduce this risk over time (Bryan & Rudd, 2018). These reductions in risk are meaningful, but they do not eliminate risk entirely. Therefore, I cannot guarantee a zero-risk outcome, as individual risk depends on many factors and can fluctuate based on life events. Ultimately, only you can choose to live, and I can help you learn new skills to manage stress safely and improve your well-being. Although CBT

Disclosure Statement & Informed Consent

has not been shown to increase the risk of suicide, the process of learning new skills may involve brief increases in unpleasant emotions as you learn to practice these skills. Therefore, it is important that you share your thoughts and feelings openly with me, including any suicidal thoughts. It is also important that we collaborate in deciding on treatment goals and which new skills to work on.

Telepsychology Services

I provide services through an encrypted telehealth platform and use its videoconferencing feature to meet with clients online. In addition to this Disclosure Statement & Informed Consent form, please carefully review the separate **Informed Consent for Telepsychology Services**. You may always ask me questions about the contents of either statement.

Ending Psychotherapy

Because ending relationships can be difficult, it is important to have an appropriate ending process to achieve some closure in psychotherapy. This ending process is often referred to as “termination.” The appropriate length of termination depends on the length, intensity, and nature of the treatment.

Psychotherapy usually ends when you decide so or when external circumstances require it. For example, you may conclude that your treatment goals have been met, or you may move to a state where I am not licensed or a jurisdiction that is not a PSYPACT state. In such cases, we would usually undertake together an appropriate ending process. Travels to a non-PSYPACT jurisdiction temporarily pauses treatment. Additionally, I may terminate psychotherapy if my observations indicate that you have met your treatment goals, or that you are not effectively using the treatment, or that (even after appropriate modifications) the treatment is not helping. I may also terminate psychotherapy if you are in default of payment. To the extent that it is reasonably feasible, I will not terminate the treatment without first discussing and exploring with you the reasons and purpose of terminating.

If therapy is terminated for any reason or you request another therapist, I will make a reasonable attempt to provide you with a list of qualified therapists to treat you. You may also choose someone on your own or from another referral source.

For legal and ethical reasons, unless other arrangements have been made in advance, I must consider the professional relationship terminated if you fail to schedule an appointment for three consecutive weeks.

Contacting Me

To protect your privacy, the best way to reach me outside of an appointment is by phone at 509-876-1793. I will make a reasonable effort to respond to you by the next business day. If you are difficult to reach, please inform me of times when you will be available. If you are unable to reach me, you may wish to call your physician. If I will be unavailable for an extended time, I will make a reasonable effort to provide you with the name of a colleague to contact, if needed.

I cannot personally ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to send me a text message over the secure telehealth platform, then I will respond to it. However, I cannot guarantee an immediate response, and I request that you do not use text messages to discuss therapeutic content or to

Disclosure Statement & Informed Consent

request assistance with urgent matters. Here are some additional recommendations to help protect your privacy.

I recommend against using text messages (SMS) to communicate with me. As noted above, you may leave a message on my phone line or on the secure telehealth platform. I also recommend against using unencrypted e-mail to communicate with me. If the need for us to exchange e-mail communications arises, then I may use an encrypted e-mail service that requires you to log into an encrypted website to view and respond to my e-mail.

Appointments and Cancellations

Please remember to cancel or reschedule 24 at least hours in advance. You will be responsible for the entire fee of your scheduled session if cancellation or rescheduling is less than 24 hours in advance or if you do not appear for that session. This is necessary because I make a time commitment to hold that time exclusively to you. If you are late for a session, then you may lose some of that session time.

The standard psychotherapy session is 45 minutes. Health insurance usually covers sessions with standard duration based on clinical necessity. You may request shorter or longer sessions, and I may recommend shorter or longer sessions for clinical reasons. Health insurance requires demonstration of medical necessity for longer sessions. Requests for longer session need to be discussed with me in advance so that time can be scheduled and prior authorization from the health insurance obtained (when applicable).

Professional Fees, Billing, and Payment

Responsibility for Fees & Insurance. You are responsible for paying my fees. If health insurance is applicable, and if I am a preferred provider with your insurance, then I will file the claims; you will be responsible for any co-pays, co-insurance, deductibles, and services that are not covered. If health insurance does not apply, or if I am not a preferred provider with the insurance network, then you may be able to obtain reimbursement for out-of-network services; if that is the case, then I may be able to file a courtesy out-of-network claim on your behalf, and I will complete any reasonable amount of necessary paperwork. Health insurance generally does not pay for psychological services that are not directly health-related (e.g., services for academic, employment, court-related, disability-determination, and other purposes).

Fees. My usual fees are \$300 for a 90-minute evaluation and \$175 per 45-minute psychotherapy session. Additional time increments are billed at \$60 per every 15 minutes. Similarly, phone conversations longer than 15 minutes are billed \$60 per 15-minute increment. This applies to most other services you may request. I charge \$600 per hour for preparation and attendance at legal proceedings. This includes record review, travel, and waiting time. A \$20.00 service charge will be billed for any checks returned for any reason for special handling. To account for changes in the economy and in the cost of doing business, my fees may change. If I am planning to increase my fees, I will provide you with at least 90 days advance notice.

Unpaid balances. If you do not pay your balance for more than 30 days and payment arrangements have not been agreed on, I may use legal means to secure payment. This means that personal identifying information about you may be disclosed to a third party (e.g., a collection agency); such information does not include any diagnoses, findings, or chart notes. You are responsible for paying my fees and any collection or lawyer fees associated with collection.

Certain Third-party Payers

Disclosure Statement & Informed Consent

As of 2023, I participate in Medicare. I do not participate in Medicaid, TriCare, or L&I.

If you have arranged that another person (like a family member) pay for my services, then I will ask that they agree in writing to forfeit any claim on your evaluation and treatment record.

Confidentiality

The privacy of our communication is protected by law. Typically, I can only release information about you with your written permission. Situations may occur that may permit and even require me to disclose your identity and other information about you. In such situations, only the minimum necessary information is disclosed. Such situations include, for example:

- If a judge were to order the release of my records or testimony;
- If I believe that a child or a dependent adult (as defined by law) is being abused or that you or another person is at foreseeable risk of death, serious bodily harm, or violence, then I may be required to take protective action and report this to an appropriate agency. In such cases, I will first attempt to discuss this with you to find a solution that protects your confidentiality;
- If the release of information may help others to treat you for a medical emergency;
- If you choose to use health insurance to help pay for my services, then your diagnosis, the type of service you received, and the date and time of service will likely need to be released to the insurance company. Typically, I will provide this information to you in the form of an itemized invoice (called a “superbill”) to convey to the insurer.

Encounters in Public

To protect your right to confidentiality, if you and I encounter one another in person, then I will not acknowledge you first. If you acknowledge me, then I may acknowledge you.

Social Media

Given the importance of your confidentiality and the importance of minimizing dual relationships in psychological practice, I do not accept contact requests from current or former clients on social networking sites or apps. Adding clients as contacts on such sites or apps can compromise their confidentiality and our respective privacy. It may blur the boundaries of the psychologist-client relationship and undermine the treatment.

Further Recommendations

Your confidentiality and privacy are important. Please consider the following precautions to protect your own privacy:

- Avoid communicating with me from public or unsecured computers;
- Contact me by phone or using the secure telehealth portal rather than via e-mail;
- Do not contact me on my faculty phone, e-mail, or mail address at Whitman College.

Professional Records

The law and professional standards require that I keep records of the psychological healthcare services I provide. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Insight Psychology, PLLC, does not offer 24/7 access to your entire electronic health record. One reason for this is the infeasibility of the financial cost (given the small size of my practice). Furthermore, professional psychological records can be misinterpreted by untrained readers. If you wish to review your records, I recommend that you do so in my virtual presence (in a telehealth videoconference) so that we can discuss the contents.

The law permits billing for the expenses associated with duplicating and sending you records, and the law also sets limits on such billing.

Disclosure Statement & Informed Consent

Questions and Concerns

I welcome your questions about my practice, your evaluation and treatment, and the practice of psychology in general. It is also appropriate to address to me any concerns that you may have about my practice, and I will attempt to resolve them.

Because telepsychology under PSYPACT is regulated by both Washington and the state where you are located during sessions, concerns may be directed to the Washington State Department of Health and, if applicable, the psychology licensing board in the state where you were located while receiving telepsychology services.

By signing below, you indicate that you have read, understood, and agree to the items contained in this document. Feel free to bring to me any questions about this form prior to signing it.

Client's name: _____

Signature: _____

Date: _____

Psychologist: _____

Signature: _____

Date: _____