

Kara Meyer, Ph.D.

Clinical Psychologist

1802 Black Lake Blvd. SW, Suite 103, Olympia, WA 98512
360.402.6117

OFFICE POLICIES

Welcome to my practice. This document explains my services, fees, policies, business practices, and your rights as a client. Once you have read this statement, you will be asked to sign it as an agreement between us. Please feel free to ask me any questions you have about the information contained in this document.

ABOUT ME

I earned my M.A. and Ph.D. from Louisiana State University in Baton Rouge, LA. I completed my predoctoral internship in the Departments of Psychiatry and Clinical & Health Psychology at the University of Florida, and my postdoctoral fellowship in the Department of Psychiatry at the University of Florida. Throughout my educational training and professional practice, I have worked in many settings and with a variety of populations. I am committed to upholding professional and ethical standards, as well as to continually improving my skills through participation in continuing education and other trainings. I have been licensed psychologist in the State of Washington since June 2010 (PY60146646). If you have questions or concerns you may contact the Examining Board of Psychology at 360.236.4700.

EVALUATION & TREATMENT PROCESS

In order for us to have a good working relationship, it is important for you to understand the treatment process. The first few sessions are devoted to gathering a detailed history and evaluating your current concerns. This can involve an interview, completion of behavior rating scales and questionnaires, psychological testing, review of records, and behavioral observations. I use this information to assess your needs and determine a course of action. We will then work together to develop your treatment plan and goals. Your progress and needs will be assessed throughout the course of treatment and we will make adjustments as needed.

Participation in therapy can result in a number of benefits to you. Working toward these benefits, however, requires effort on your part. Therapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. This also includes making time in your daily life to practice skills and enact changes discussed in session. Change will sometimes be easy and swift, but can often be slow and even frustrating. While I am committed to using evidence based treatment methods, I cannot guarantee that psychotherapy will yield positive or intended results.

I do not provide court-ordered or mandated treatment, nor do I provide custody evaluation recommendations. I do not participate in court proceedings on your behalf unless subpoenaed by law.

TERMINATION OF TREATMENT

Once you have made acceptable progress, we will gradually work towards terminating treatment. In many cases, some periodic follow-up is necessary. Please let me know if you are considering discontinuing treatment. If you do not schedule an appointment for a period of 60 days and make no arrangement with me in writing, you may no longer be considered in active treatment, and you will be notified in writing of this change in status. If you no show or late cancel (failing to provide 24 hours notice) for two consecutive appointments, no show/late cancel for one appointment without rescheduling within thirty days, or you are otherwise not engaged in treatment, you will be considered to have terminated treatment, and you will be notified in writing of this change in status. When treatment is terminated for any reason and you wish to re-engage treatment with services, we will discuss options at that time depending on availability and any other pertinent factors.

TREATMENT OF MINORS

In Washington, minors age 13 and older can legally obtain mental health treatment without parental consent. Per the law, the mental health provider must include the parents before treatment has ended unless it is believed that to do so would cause harm. In these cases, the child's parents' insurance cannot be billed without informing the parent of treatment. Individuals younger than age 13 and who are not legally emancipated are required by law to have a parent or guardian consent for treatment. Parents and legal guardians may request to review a minor child's treatment records, and these requests will be honored. Confidentiality of clients is necessary to ensure honest and open communication, and confidentiality will be maintained except in rare instances. Those instances include the exceptions listed below and communication with parents or legal guardian for treatment planning. By law, if a parent has the right to access a minor client's medical record, then providers are legally required to release records to both custodial and non-custodial parents. If a court has terminated the parental rights of one parent or both parents, then providers are not authorized to release records

to the parent that has lost their parental rights. In cases of divorce or separation, I will ask for documentation regarding legal parental/guardian rights of adults consenting to treatment. Adults with no legal parental rights cannot legally consent to a minor child's treatment.

CONFIDENTIALITY

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission. Exceptions to this include:

- If I believe you may be in danger of harming yourself or another person.
- If there is reasonable cause to believe abuse or neglect of a child, elder, or someone with disabilities has occurred.
- If a court order is received.
- If required for insurance billing purposes, when you have given permission to bill that insurance for services.
- When an emergency situation requires sharing of information.
- Other situations required by law.

RECORD KEEPING

As outlined by Washington State laws and standards within my profession, I will keep records for a specified amount of time. I agree to comply with Washington State laws and privacy laws set forth by the Health Insurance Portability and Accountability Act (HIPAA) regarding record keeping (a paper copy of the HIPAA Privacy Rule is included at the end of this document). You have the right to review your treatment records unless I deem it harmful for you to do so. In the event I deem it harmful for you to review your full record, I may provide you with a treatment summary or release your records to a qualified health professional. All requests to view your records must be in writing. 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 will need to sign an authorization form that outlines what information is to be shared, with whom, and why.

CONSULTATION

There may also be times that I may seek consultation from an outside professional regarding your care. In doing so, I will be sure to not reveal any identifying information about you. These professionals are also legally obligated to protect your confidentiality.

APPOINTMENTS

Therapy sessions are typically 50-55 minutes in length and will be scheduled at a time agreed upon by us and will occur at a frequency based on your needs (there are no walk-in hours). If you arrive late for your scheduled appointment, your appointment will still end at the scheduled time. Infrequently, I may need to be late to your appointment based on the needs of another client. If I am late, I will make up the time when possible or charge you for a shorter appointment time.

FEES & CHARGES

My fee for the initial appointment is \$225, \$175 per 55-minute therapy session, and \$155 per 45-minute therapy session. Psychological evaluation fees are based on length of time to complete testing, scoring, interpretation, and feedback, billed at a rate of \$175/hour.

INSURANCE & COPAYS

If you choose, I will bill your insurance company for your treatment. You are responsible for understanding your insurance coverage including deductibles and copays. It is recommended you contact your insurance company to understand your coverage prior to starting treatment. **Billing insurance does not guarantee payment for treatment services. You are responsible for any balance not covered by insurance. You are required to provide me with your insurance information prior to our first appointment. Insurance copays are required at the start of each session.**

If your account balance reaches \$300, you will not be allowed to reschedule until the balance is paid in full or a payment plan has been arranged. If no payment has been applied to your account for 90 days, I have the right to hire a collection agency or attorney to retrieve payment for your services. Any returned checks to my office are subject to an additional \$25 fee.

Fees for additional professional services such as telephone conferences, attendance at meetings or consultations, travel time, or other services you request of me will be charged on a prorated basis. The hourly rate for these services will be broken down for you in the event they are needed.

CANCELLATION & MISSED APPOINTMENT POLICY

Reminder calls and emails are given as a courtesy only. You are responsible for remembering your appointment times. If you need to cancel your scheduled appointment, you must do so at least **24 business hours** in advance of your scheduled appointment time (for Monday appointments, a cancellation notice from you must be received by 12:00 p.m. on the previous Friday). **Failure to attend your scheduled appointment or cancellation within 24 hours of your appointment time will result in a \$75 missed appointment fee. Insurance does not cover these fees.** Exceptions to this are made at my discretion for reasons including illness, personal or family emergency, and inclement weather. I also have the right to cancel your appointment due to personal illness, family or personal emergency, and inclement weather. In the event that I need to cancel or reschedule your appointment, I will notify you as soon as possible.

COMMUNICATION

In my practice, I communicate by phone, email, and fax. **Text messages are not an acceptable form of communication.** I can be reached at my office during normal business hours (M-F, 8:00am-5:00pm). Although, keep in mind that I am not always immediately available by phone. At these times, you may leave me a message and I will return your call as soon as I am able. I check my messages a few times during the daytime only, unless I am out of town. There may be times that I am not available, such as those when I am out of town. You will be notified of these absences in advance when feasible.

It is important to remember that the above-mentioned avenues of communication are completely secure and confidentially is not guaranteed. My email is not encrypted. If you would like to refrain from using any of these types of communication, please notify me and we will work together to develop a plan that you are comfortable with.

In case of an emergency when I am not available, you are encouraged to call 911, go to your local hospital emergency room, or contact the Thurston County Crisis Clinic (360.586.2800). Please do not use email or faxes for emergencies.

INFORMED CONSENT

Your signature below indicates you have read this document in its entirety, including the privacy policies that follow, and agree to these terms. I have read the above Office Policies; I understand them and agree to comply with them:

Client Name (please print)

Client Signature

Parent or Legal Guardian (if child is a minor)

Date

Kara Meyer, Ph.D.

Date

HIPAA Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

What is this Notice? Who will follow this Notice and Why is it Important? As of April of 2003, a new federal law (“HIPAA”) went into effect. This law requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how Kara Meyer Psychology Services, LLC will protect your medical information, how this information may be used or disclosed, and describes your rights. If you have any questions about this notice, please contact me.

Understanding Your Health Information During each appointment, I record clinical information and store it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical or health record, serves as a basis for planning your care and treatment. Typically I may use your health information and share it in order to:

- *Treat you and communicate with other professionals who are treating you.*
For example: Your primary care physician or your psychiatrist/nurse practitioner might call me to discuss your treatment, and in that situation I would disclose information about your diagnosis, your treatment, and so on.
- *Bill and get payment from health plans or other entities.*
For example: In order to get paid for my services, I send a bill to you or your insurance company. The information on the bill may include information that identifies you, as well as your diagnosis and type of treatment. In other cases, I fill out authorization forms so your insurance company will pay for extra visits, and this includes some information about you, including your diagnosis. I use an electronic health record, which may also include information that identifies you including specific health information.

I may be allowed or required to use your information in other ways – usually ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/index.html. These additional uses and disclosures may include:

- Sharing health information about you for certain situations such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; preventing or reducing a serious threat to anyone’s health or safety.
- Using or sharing your information for health research.
- Sharing information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- Sharing information about you with organ procurement organizations.
- Sharing information with a coroner, medical examiner, or funeral director when an individual dies.
- Using or sharing health information about you for worker’s compensation claims, for law enforcement purposes or with law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.
- Sharing information about you in response to a court or administrative order in response to a subpoena.

Your Health Information Rights You have the following rights related to your medical record:

- *Obtain a copy of this notice.*
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.
- *Authorization to use your health information.*
Before I use or disclose your health information, other than as described in this notice, I will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- *Access to your health information.*
You may ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge reasonable, cost-based fee.
- *Change your health information.*
You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this. I may say “no” to your request, but we’ll tell you why in writing within 60 days.
- *Request confidential communications.*
You may request that when I communicate with you, I do so in a specific way (e.g. at a certain mail address or phone number). I will make every reasonable effort to agree to your request.
- *Accounting of disclosures.*
You may request a list of the times we’ve shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- *Choose someone to act for you*
If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.
- *Ask me to limit what I use or share.*
You can ask me not to use or share certain health information for treatment, payment, or our operations. I am not required to agree to your request, and I may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or our operations with your health insurer. I will say “yes” unless a law requires me to share that information.
- *File a complaint if you feel your rights were violated.*
You can complain if you feel I have violated your rights by contacting us. You can file a complaint with the US Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Ave, SW, Washington, DC 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

My Responsibilities

- I am required by law to protect the privacy of your health information, to provide this notice about my privacy practices, and to abide by the terms of this notice.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I reserve the right to change my policies and procedures for protecting health information. When I make a significant change in how I use or disclose your health information, I will also change this notice.
- Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law and as described above, I will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>

Will I Disclose Your Health Information to Family and Friends? While the new law allows such disclosures without your specific consent (as long as it contributes to your treatment), my office policy is that I will generally not share your clinical information with your family without a signed authorization from you. The primary exception to this is if I believe you pose an immediate danger to yourself or someone else—in that case, I will do whatever is necessary, even if that means breaching confidentiality.

For More Information or to Report a Problem. If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact me any time. If you feel your privacy rights have been violated in any way, please let me know and we will take appropriate action.

You may also send a written complaint to:

Department of Health & Human Services, Office of Civil Rights,
Hubert H. Humphrey Building 200 Independence Avenue
S.W. Room 509 HHH Building
Washington, D.C. 20201