

POLICY STATEMENT

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Washington State License #1658

Fees & Payments: General Session Fees are \$200.00 for a **45 minute** session (standard rate); \$150.00 for a 30 minute session; and \$250.00 for a 55 minute session. However, because the very first 45 minute session requires more out of session documentation time, the initial evaluation session is \$285.00. Some or all of the fees for psychological services may be covered by your health insurance. **It is important that you find out the details of your coverage.** Payment for the percentage of fees not covered by insurance is collected at the time of each session. In order to devote maximal time to your therapy, **please have your check made out in advance.** At your preference, I will either bill the outstanding balance directly to your insurance company or send the bill to you. **Please remember that if your insurance company refuses to pay for the outstanding balance, you are responsible for the remaining payment.** There will be a \$25.00 service charge for all returned checks. A 2% fee will be added to the outstanding balance of bills that are more than 60 days overdue from the date of the initial billing. Also, If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment.

Telephone Consultation: There is no charge for phone calls made to schedule/reschedule appointments or for the initial pre-therapy telephone consultation. I try to return all calls within 24 hours during weekdays. Telephone consultations will be billed at the standard rate for the time spent. Telephone consultation time includes time spent talking with you directly or with other professionals or individuals you have authorized me to speak with. Payment for telephone consultation is due at the time of your next office visit. Please note that I no longer provide emergency service access. If you feel you need a therapist who has emergency access, I would be happy to suggest referral resources to help you find another therapist who would provide these services.

Clinical versus Administrative Services: Therapeutic services provided are limited to clinical treatment. Any administrative service requests such as, but not limited to, disability certification and special accommodation requests will be referred an objective third party psychologist. This practice is in accordance with professional guidelines in order to avoid situations that can contradict or interfere with the treatment process. In certain exceptional circumstances, requests for short-term disability certification will be considered but are limited to a period of time not to exceed 6 weeks, at which time further determinations will also have to be made by another third party psychologist.

Written Consultation: All reports, letters, and email responses will be billed at the standard rate for the time spent (with the exception of legal documentation which is outlined below). Time spent includes time necessary to review records to complete any written communication. A minimum retainer of one hour advanced standard fee is required before work will commence on written materials. Please be aware that the typical time to produce written materials is between two to three weeks or longer. Any written materials needed before two weeks will be billed at the legal services rate (below) regardless of purpose or content. For practical purposes, email responses requiring therapeutic content will be saved for reading and discussion at the next scheduled appointment time.

Legal Services: If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation time and costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$350 per hour for preparation and attendance at any legal proceeding. This same hourly rate is required for the completion of all written materials. A minimum retainer of two hours advanced fee is required before work will commence on legal matters. Usually in legal circumstances you will be asked by an attorney to sign a release of your treatment records for duplication. Charges for record duplication are accordance with RCW 70.02.010 which sets and updates the standard charges for Washington State. As a psychologist, I am required to maintain your records for a period of 8 years from the date of last treatment contact, after which records can be destroyed.

Appointments: Sessions are for 45 minutes and are usually scheduled once per week (progress is best when sessions occur on a regular and predictable basis). Longer or more frequent sessions can be arranged by special request. Please be aware that the time is yours. **If you are late, the session will not be extended** and you will be charged the full standard fee. If you need to cancel or reschedule an appointment, I must receive at least 48 hours notice or I will charge for the session. Charges for sessions which are not cancelled within 48 hours are not submitted to your insurance company but are provided directly to you. If a true emergency occurs, please call and an exception to my cancellation policy will be discussed. Please be aware that if you schedule appointments during work hours, any work conflicts which arise will not be considered sufficient reason for an exception to this cancellation policy.

Course of Treatment: The first one to four sessions are used to assess your presenting problem. This assessment is comprised of gathering pertinent information related to your concerns. When necessary, this assessment may also involve the administration of psychological tests. Depending on your needs, therapy can be brief (six or less sessions) or may be extensive (six months or more). My therapeutic orientation is eclectic, meaning that I utilize a variety of treatment modalities (cognitive-behavioral, humanistic, systems, and dynamic). Psychotherapy will also require your active participation. In order for the therapy to be most successful, you will have to work on treatment strategies both during your sessions as well as at home. Psychotherapy can have both benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may, at times, experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, participation in psychotherapy does not guarantee a particular outcome.

Termination of Therapy: At any point in therapy, you have the right to terminate treatment and to receive a referral to another therapist. Please be aware that a therapist also has the right to terminate therapy. The following are reasons why a therapist may choose to terminate therapy: 1) If a therapist feels threatened in any way by a client; 2) If a therapist feels he or she is being treated abusively by a client; 3) If a therapist should lose objectivity in treating a case; 4) If a client repeatedly attempts to violate the boundaries of the therapeutic relationship; 5) If, as the facts of a case unfold, a therapist feels that it is in the client's best interests to be treated by another professional who has specialized expertise in an area needed by that client; 6) If a client is repeatedly late or misses appointments; or 7) If a therapist is not being paid for services.

Gifts: Your progress in treatment is the greatest gift you can provide. Please do not bring material gifts to this practitioner, even during the holiday season. Should you feel so inclined, thank you cards, holiday cards, or a note updating me on your life are acceptable and welcome.

Ethics of Practice: Please be advised that I am here to serve you. If you have any concerns about the course of treatment, please discuss them with me. Should you feel that I have been unethical, you may contact the Licensing Department in Olympia (P.O. Box 9649, Olympia, WA 98504).

Educational Background:

1983 B.A. in Psychology - University of California, Santa Barbara
1987 M.A. in Clinical Psychology - The Ohio State University
1991 Ph.D. in Clinical Psychology - The Ohio State University

My signature below indicates that I have read, understand, and agree to the information on both sides of this policy statement. My signature also indicates that I have been given the option of obtaining a copy of the contents of this policy statement.

Client Signature

Date

Printed Name