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**DISCLOSURE OF CLINICAL PSYCHOLOGY PRACTICE AND
AGREEMENT FOR PSYCHOLOGICAL SERVICES**

The State of Washington requires that all psychologists provide a complete disclosure statement of their practice, office policies and payment guidelines. The following Statement is detailed and meets the requirements of the State. It will also help you to clearly understand the process of receiving psychological services and should be read carefully. Thank you.

My training, practice, and approach to therapy

I have a Ph.D. in Clinical Psychology from the University of Washington (1998) and have been practicing as a licensed psychologist in the State of Washington since January, 2002.

“Licensure” means that I have passed a national written examination and an oral examination given by the Washington State Examining Board of Psychology. I have been seeing clients in psychotherapy since 1992, and have practiced in a variety of settings including private mental health clinics, hospital settings, and independent practice.

As an independent and general practitioner, I see people with a wide range of concerns. My practice includes work primarily with adults, and integrates cognitive-behavioral, humanistic, interpersonal, and psychodynamic approaches to helping individuals develop insight into and change maladaptive ways of behaving, feeling, and thinking. This means that I believe in the importance of identifying and changing maladaptive thought patterns, belief systems, and behaviors that may be contributing to current problems; that I hold a hopeful, constructive view of human beings and the individual’s substantial capacity to be self-determining; and that I value the importance of examining interpersonal relationship patterns and family of origin issues in the pursuit of psychological wellness.

I view psychotherapy as a collaborative process in which we work in partnership to identify problems, set treatment goals, and then work together to assist you in achieving those goals. During the first one or two sessions, we will discuss your presenting problems or concerns and I will gather some information about your personal history and current life situation. I may also request that you complete one or more psychological assessment inventories to further assist me in identifying salient issues, making a diagnosis, formulating goals, and planning treatment. As we begin therapy, I am likely to suggest readings or other activities outside of our sessions, which I believe will increase the likelihood of a successful outcome. As treatment progresses, we will periodically assess your progress and make modifications to the treatment as needed. Please know that I am open to any suggestions you may have on how to make our work together more beneficial. I will utilize my experience, education, and training to work with you to achieve your identified goals. However, I cannot guarantee the success of therapy, because

the outcome is, in part, your responsibility. Your active involvement in the therapy process and honest communication with me are crucial ingredients for achieving your stated goals.

Patients' Rights

You have a right to confidentiality. What we discuss in therapy is confidential information and privileged communication in the same way as conversations between an attorney and client. This confidentiality is very important and should help you in being open. Information discussed will remain private and will not be disclosed to any person or agency unless you sign an Authorization form, which meets the legal requirements imposed by the State of Washington and by the Health Insurance Portability and Accountability Act (HIPPA).

However, there are some situations where I am permitted or legally required to disclose information without either your consent or Authorization:

- (1) If I have a reasonable suspicion, based on the information you provide, that there is a child, vulnerable adult, or developmentally disabled person who is or has been abused or neglected, I must make a report to the appropriate authorities. It may be important for you to know that ***if you reveal you were abused as a child and your abuser still has access to children***, I must make a report to the appropriate authorities;
- (2) If I have reason to believe that you are in imminent danger of harming yourself or another person, I must take necessary action to prevent that harm from occurring, including, but not limited to, the following: Informing friends or family members, contacting police or other officials, or contacting the county designated mental health professional;
- (3) State regulations adopted by the Washington State Department of Health require that I report myself or another health care provider in the event of a final determination of an act of unprofessional conduct, a determination of risk to patient safety due to a mental or physical condition, or if I have knowledge of unprofessional conduct by another licensed provider. I also have to report a patient who is a health care provider who may pose a clear and present danger to his/her clients. If you have any questions or concerns about this requirement, please discuss them with me.
- (4) If a government agency is requesting the information for health oversight activities;
- (5) If you file a complaint or lawsuit against me, I am permitted to disclose information as relevant to my defense;
- (6) If you file a worker's compensation claim, and your psychotherapy is relevant to the injury involved in your claim, if properly requested, I must provide a copy of your record to your employer and the Department of Labor and Industries;
- (7) Under the Health Care Information Access and Disclosure Law of Washington State, I do not require your written Authorization to confer with current, prior, or future health care providers for purposes of continuing of care, unless you have instructed me otherwise;
- (8) Without a signed Authorization, I may occasionally consult with other health or mental health professionals about our work. Should I seek such consultation, I make every effort to avoid revealing your identity. These other professionals are also legally bound to keep any information discussed confidential. Unless you request otherwise, I will not tell you about these consultations, however I will note them in your clinical record;
- (9) I employ a billing specialist to process medical billings and to perform other administrative tasks. These individuals are trained to protect your privacy and will not release any information without permission;

- (10) I am allowed to disclose information to your health insurance company or to collect past due fees;
- (11) If you are involved in a legal proceeding, I can disclose information if you provide your written Authorization. If I am presented with a properly served subpoena and you do not inform me that you are seeking a protective order against my compliance, then I will have to comply with the request of the subpoena. I must also disclose if I receive a signed court order requiring the disclosure.

Other Patient Rights

You have a right and responsibility to choose a treatment provider whom best suits your needs. You have a right to refuse treatment or evaluation. You have a right to ask questions about anything that happens in therapy. You have a right to change therapists or receive referral to another therapist if you decide I am not the right therapist for you. I may also refer you to another therapist if I feel I do not have the expertise needed to help you. You have a right to have information disclosed to other practitioners for the purpose of coordination of services and/or treatment. Information will be disclosed only on the condition that you sign an appropriate Authorization.

Additional HIPAA Patient Rights

The Health Insurance Portability and Accountability Act (HIPAA) is a relatively new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI). Briefly, you can provide a written request to (1) amend your Clinical Record; (2) request restrictions on what information in your Clinical Record is disclosed to others; (3) request an accounting of most disclosures of PHI and where they were sent; (4) request that any complaints you make about my policies and procedures be recorded in your record; and (5) receive an additional written copy of this Agreement. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice will be provided to you in the form of a handout and will explain HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information during our initial meeting.

Records

I keep a record of the health care services I provide you. You may examine or receive a copy of this record by providing a written request and paying a clerical fee of \$22 and 96 cents per page copying fee for the first 30 pages and 73 cents per page after that. However, because these are professional records, they can easily be misinterpreted and/or are upsetting to untrained readers. For this reason, I will discourage you from examining your record or suggest that you review it in my presence. In some circumstances I can decline to provide you access to your record if I believe disclosing it could reasonably be expected to be injurious to your health or if disclosing your record would compromise the identification of any person who provided me information under the expectation of confidentiality. In this case, I must segregate that section of the record and permit you to examine the remainder of the file. I may also supply a summary report of the record. If I decide to deny you access totally or in part to the record, you have the right to request that this decision and the entire file be reviewed by another psychologist of your own choosing. In this case, I must copy the file and send it to the psychologist of your choosing; I may charge you for copying and mailing.

It is also your right to have no session notes kept on file. If this is desired, a record which includes the date, time, type of service, and diagnosis must be kept, but clients can sign a waiver so that no other notes are kept on file. *Please understand that without records insurance companies may decide that treatment is not “medically necessary” and may decide that they will not reimburse for your treatment.*

Insurance and Managed Care

If you are using insurance or managed care to pay for therapy, your rights as a client may be limited by your benefit company. That company may limit the number of sessions available to you, the length of your treatment, or your choice of psychologist. Also, insurance companies and managed care organizations usually require that your psychologist provide information about you before they pay for sessions. The information required varies by benefit company, but usually includes any diagnoses for which you meet criteria. Managed care companies also often request specific treatment plans and periodic progress reports, and occasionally require copies of your treatment records. You should be aware that your benefit company may have less strict policies on confidentiality than the ethical and legal standards upheld by psychologists.

Appointments and Cancellations

Appointments: Appointments may be made by calling me directly at 425-301-8832, or via email at cakkehrer@gmail.com. Please note that the confidentiality of email communication is not secure, and I therefore use it primarily for appointment scheduling and appointment reminders only and will avoid discussing treatment issues via this modality. Once you have begun treatment, I encourage you to schedule further appointments at the end of sessions.

Reminder Calls: While I will attempt to place an email or reminder call at least 24 hours prior to your session, *you are responsible for remembering your appointments regardless of whether I have placed a reminder call.*

Cancellation & Missed Appointment Policy: Please give me at least **24 hours** notice when canceling or re-scheduling a session, so that I may offer your slot to another client. Missed Appointments or Cancellations made with less than 24 hours notice are subject to the following fee: \$75.00 for the first Missed Appointment or Late Cancel, and my full fee of \$150.00 for all subsequent Missed Appointments or Late Cancels. Unfortunately, I am unable to make exceptions to this policy based on the reason for the Missed Appointment or Late Cancel, with rare exception (death in the family, sudden severe illness or emergency, snow, icy roads). Please note that I cannot bill late cancel or missed appointment fees to your insurance. Thus, they are your responsibility and are payable prior to your next appointment and before further appointments are made.

Session Length: Sessions run 50 minutes, and may begin on the hour or on the half-hour. I will make every effort to begin your session on time. However, due to the nature of psychotherapy, including crises that sometimes arise, I ask for approximately five to ten minutes flexibility in terms of session starting time. If this is not workable for you, please let me know and I will make every effort to schedule your appointment time where there is less chance of a delayed start, such as the first appointment of the day or the first appointment after my lunch.

Telephone and Voice Mail

Please note that I am usually in session during the greater part of the day and not usually available to directly answer your call. As I do not have an answering service, my private voice mail system will take your call. Please leave your name and phone number, even if you think I already have it, and a *brief* message as to the nature of your call. *Please be aware that I am unable to listen to lengthy voice messages.* I check messages frequently during the week and at least once on weekend days. I attempt to return most calls within 24 to 48 hours, but may not be able to do so on weekends. Please note that I do charge for phone calls over ten minutes in length, prorated according to my regular fee schedule (\$37.50 per 15 minutes).

If you are calling in an emergency and cannot wait for my return call, please call either 911 and/or the King County Crisis Clinic at 206-461-3222 (toll free at 866-427-4747).

Please note that I rarely conduct therapy sessions over the telephone as telephone sessions may not be billed to your insurance. If you desire a telephone consultation, my policy is to charge for calls greater than ten minutes prorated according to my regular fee schedule. Again, insurance companies do not reimburse for such calls and the client is therefore responsible.

Emergencies

In the event of an emergency or urgent situation you may call my voice mail and leave a message at 425-301-8832. Please note that although I attempt to check messages frequently, I may not be able to get back to you as soon as you would like. **Therefore, if the situation involves imminent risk to yourself or to someone else or if you cannot wait for my return call, please call either 911 and/or the King County Crisis Clinic at 206-461-3222 (toll free at 866-427-4747).**

Fees, Payments, Insurance

My fees are as follows:

Initial session		\$200.00 / session
Psychotherapy (Individual, 50 minutes)		\$150.00 / session
Psychological evaluation and report writing		\$160.00 / hour
Neuropsychological evaluation and report writing		\$170.00 / hour
Court related preparation, deposition, & testimony		\$275.00 / hour
Phone Consultation (with patient or other, non-legal)		\$ 37.50 / 15 minutes
File Review, letter writing		\$ 37.50 / 15 minutes
Late Cancells & Missed Appointments:	First:	\$ 75.00
	All Subsequent:	\$150.00
Copies:		96 cents per page (1-30 pages)
		73 cents per page (31+ pages)
		+ \$22 clerical fee

Individual therapy sessions run 50 minutes in length. If we decide to meet for a longer session, I will bill you prorated on the hourly fee (\$37.50 per 15 minutes). Please note that I do charge for phone calls over ten minutes in length, and also for letter-writing at the prorated rate. *Insurance companies do not reimburse for telephone calls, letter writing, late cancels, or missed appointments, so you will be responsible for such fees.*

Payment for each session is handled differently depending on whether there is insurance, the type of insurance company, and whether I am a preferred provider for a particular insurance company. In all cases either full payment or co-payment, if an insurance company is involved, is required at the time of service. Please note that at this time I am not set-up to accept credit or debit cards, so I ask that all payments be made in cash or by check. If you have insurance, you are responsible for providing me with the information I need to send in your bill. You must pay me your deductible if it applies and any co-payment. Pre-authorizations are also sometimes required.

Although I will provide what assistance I can in helping you receive the benefits to which you are entitled, such as requesting pre-authorizations and determining co-payments, *you, not your insurance company, are responsible for full payment of my fees and it is your responsibility to check with your insurance company to determine exactly what mental health services are covered by your policy and to request pre-authorization if necessary.*

Each individual insurance plan is different and it is impossible for me to know precisely the limits of each policy or to always accurately track allowed sessions for each client. Your insurance policy is a contract between you and your insurance company. I strongly recommend that you be proactive and knowledgeable about your mental health benefits. It is your responsibility to understand what your policy provides and to track the number of sessions as they are being used, so that re-authorizations for additional sessions may be requested in a timely manner, before the authorized number of sessions have been used up. If your policy provides a yearly maximum number of mental health visits be sure you are keeping track so you do not go over your allowed number of visits.

Mental health coverage is often quite different than that of your regular health benefits. Please call your insurance company prior to beginning treatment in an effort to fully understand your mental health benefits and understand your financial responsibility. I will bill your insurance company using the information provided by you, *but please be aware that there is no guarantee that your insurance company will pay for your sessions, and you are responsible for your bill whether or not your insurance pays.*

You will receive a statement each month if your account has an unpaid balance related to any co-payment or annual deductible that you are responsible for. Payment in full is expected at the end of each month, as I am not willing to have clients run a balance with me. If you are in a unique situation and having financial difficulty and desire special arrangements, I am more than happy to discuss this with you. However, I can only lower my fees for a very small percentage of clients and may need to refer you to non-profit agencies that are subsidized by the government or some other sources.

Termination of Therapy

There is no set amount of time for a person to be in therapy. Therapy will continue until goals are met, there is a mutual decision that the work of therapy is complete, or you decide that you

wish to stop. Periodic discussion of the progress that we are making will help to clarify the goals and determine the appropriate length of treatment. If you are feeling frustrated with the progress of therapy, I urge you to discuss this with me. Please know that I am open to any comments or suggestions you may have as to how I may better be of service. Also, please know that you have the right to end treatment when you choose, with the following exceptions:

- (1) Some insurance companies set limits on the number of sessions for which they will reimburse. In most cases this will be known when you first come to therapy based on the insurance carrier. If you do not know the limits of your coverage, please call your insurance carrier to find out that information. This will help us develop a treatment plan that will take into account your psychological needs and the limits of your coverage, set reasonable goals, and explore alternatives for what to do when and if your insurance no longer covers you.
- (2) If we have contracted for a specific short-term piece of work, we will normally finish therapy at the end of that contract.
- (3) If I am not in my judgment able to help you, either because of the kind of problem you have or because my training and skills are not sufficient, I will inform you of this fact and refer you to another therapist who can better meet your needs. I will continue to meet with you until you have established a relationship with this new therapist and will assist you in finding this person.
- (4) If you threaten or act in a violent way toward my office, my family, or myself, or harass me in any manner, I reserve the right to terminate therapy unilaterally and immediately. I will do all that I can to work with you to prevent such an episode from occurring if it appears possible.
- (5) I reserve the right to terminate therapy and refer clients to appropriate community mental health agencies due to repeated non-payment for services. In most cases, a payment plan will be worked out so as not to interfere with the therapy process.

Professional Ethics and Complaints

I am a member of the American Psychological Association and adhere to the ethical code as established by the American Psychological Association as well as the professional standards as described in the Washington State Psychology Licensing Laws. If you have any concerns about the treatment you receive, I urge you to discuss them with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If I fail to respond to your satisfaction, you have the right to register a complaint with the Department of Health, Washington State Examining Board of Psychology.

Informed Consent for Treatment – Client Copy

My signature below indicates that I have read, understand, and agree to the policies as stated on the form, “DISCLOSURE OF CLINICAL PSYCHOLOGY PRACTICE AND AGREEMENT FOR PSYCHOLOGICAL SERVICES.”

I understand my rights and responsibilities as a client, and my therapist’s responsibilities to me.

I agree to the fees as stated on this Disclosure statement. I understand that if I miss a session without canceling or cancel with less than 24 hours notice, I will be responsible for paying a fee as outlined on pages 4 & 5 of this statement by our next regularly scheduled session. *(Note: This fee is \$75 for the first Missed Appointment or Late Cancel, and \$150 for all subsequent Missed Appointments or Late Cancels).*

I understand that Dr. Constance Kehrer is an independent practitioner and that in the context of our psychotherapy relationship she is not a part of, or responsible to, a group.

I authorize Dr. Constance Kehrer to provide psychotherapeutic services to me.

I consent to the use of a diagnosis in billing and to release of that information and other information necessary to complete the billing process.

I understand that under the Health Care Information Access and Disclosure Law of Washington State, Dr. Kehrer is allowed to confer with my current, prior, or future health care providers for purposes of continuing of care, without my written Authorization, unless I have instructed her otherwise.

I know I can end therapy at any time that I wish and that I can refuse any requests or suggestions made by Dr. Kehrer.

This authorization constitutes informed consent without exception.

Client Signature

Date

Constance A. Kehrer, Ph.D.

Date

Please sign and remove this page and return as a permanent inclusion in your client file.

If you have questions, please discuss them with me prior to signing this form.

Informed Consent for Treatment – File Copy

My signature below indicates that I have read, understand, and agree to the policies as stated on the form, "DISCLOSURE OF CLINICAL PSYCHOLOGY PRACTICE AND AGREEMENT FOR PSYCHOLOGICAL SERVICES."

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