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**DISCLOSURE OF CLINICAL PSYCHOLOGY PRACTICE AND  
AGREEMENT FOR PSYCHOLOGICAL SERVICES  
(Revised 11/2019)**

*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 and am a licensed psychologist in the State of Washington. "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 providing psychotherapy services since 1992, and have practiced in a variety of settings including academic and hospital settings, private mental health clinics, and independent practice.

I am an independent practitioner in private practice. As such, I am solely responsible for the services provided and am not responsible or liable for the practices of any other practitioner in this office, nor are they responsible or liable for my practices.

As a general practitioner, I see people with a wide range of concerns. I work only with adults and integrate Western evidence-based practice and approaches to therapy with Eastern notions of nonjudgmentalness, radical acceptance, and mindfulness. Among the Western therapy approaches I draw from are cognitive-behavioral, humanistic, psychodynamic, and feminist. These include an emphasis on identifying and changing maladaptive thought patterns and behaviors; embracing a hopeful, constructive view of human beings and the individual's substantial capacity to be self-determining; as well as exploration of how early environmental experience and attachment histories have impacted development, identity, self-esteem, and relationship formation. Finally, I also believe in the importance of an egalitarian relationship between client and therapist, embrace strengths rather than focus exclusively on weaknesses, and assist the client in realizing their own inherent power.

**Risks and Benefits**

Although psychotherapy is often beneficial, as with any treatment, there are inherent risks. During therapy, you will discuss personal issues which may bring up emotions such as anger, guilt, and sadness. The benefits of psychotherapy can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced

feelings of emotional distress, and improved problem solving skills. I cannot guarantee these benefits, of course, because the outcome is, in part, your responsibility. Your active involvement and honest communication with me are crucial ingredients for achieving your stated goals. It is my goal to create a safe environment which facilitates your active and honest involvement and within which we can work together collaboratively to achieve your desired goals.

### **Client's Rights and Limits of Confidentiality**

You have a right to total privacy *except as explained below*. This confidentiality is very important and is intended to 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).

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. Without a signed Authorization, I may also 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. Additionally, I employ a billing specialist to process medical billings and to perform other administrative tasks, who is also legally bound to protect your privacy. Also, without your written Authorization, I am allowed to disclose information to your health insurance company or to a collection agency in order to collect past due fees.

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. Please talk with me if you are involved in or contemplating litigation. Opening your files to court proceedings has huge ramifications to your privacy, which you will want to carefully consider.

There are other situations where I am permitted or legally required to disclose information without either your consent or Authorization:

- (1) If I have a reasonable suspicion that a child has suffered abuse or neglect, 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 reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must make a report to the appropriate authorities.

- (3) If I have reason to believe that you or someone else are in imminent danger, I must take necessary action to prevent that harm from occurring, including, but not limited to: Informing family members or friends, contacting police or other officials, notifying potential victims, contacting the county designated mental health professional, or seeking hospitalization for you.
- (4) 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. If you yourself are a health care provider, and I believe that your behavior poses a clear and present danger to your patients or clients, I am also required to report you. If you have any questions or concerns about this requirement, please discuss them with me.
- (5) If a government agency is requesting the information for health oversight activities;
- (6) If you file a complaint or lawsuit against me, I am permitted to disclose information as relevant to my defense;
- (7) 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.

In any of the above situations, I will make an effort to talk with you before taking action and I will limit my disclosure to what is necessary.

### **Other Client 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.

### **Additional HIPAA Client Rights**

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and 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 law requires that I obtain your signature acknowledging that I have provided you with this information during our initial meeting.

## Professional 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. However, because these are professional records, they can easily be misinterpreted and/or are upsetting to untrained readers. For this reason, I may 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. When clinicians agree to this request, a record must still be kept which includes the date, time, type of service, and diagnosis, but clients can sign a waiver so that no other notes are kept on file. However, I consider session notes integral to the delivery and continuity of good treatment, and if this is your desire I may decline to accept you as a client and instead refer you elsewhere. You should also be aware that without records insurance companies may decide that treatment is not “medically necessary” and may not reimburse for your treatment.

## Appointments

**Sessions and Appointments:** Therapy sessions are generally 55 minutes in length and are usually held either weekly or every two weeks at the same time unless we agree to an alternate schedule. I request that clients make every effort to come to sessions on time and to observe the 55 minute session length without going over. If you are late, we will end on time and not run over into the next person’s session, but you will be charged for the full session. I also request that client’s allow time within the 55 minute session for future appointment scheduling if necessary and other administrative matters, such as making payment. Appointments may be made by calling me directly at [425-301-8832](tel:425-301-8832) or by emailing me at [cakkehrer@gmail.com](mailto:cakkehrer@gmail.com). Before choosing email, please first read “[Information Regarding Unencrypted E-mail and Text](#).” If you choose email, please note that as stated in that document, ***email and text communication are not considered secure***. For this reason, I use email or text ***only for appointment reminders and to arrange or modify appointments***.

**Appointment Reminders:** With your permission, I will use email or text to send reminders of your appointment. Due to time constraints and because I do not have staff to assist me, I am unable to make reminders by telephone. Please note that while I will attempt to send an email reminder at least 24 hours prior to your session, I may not always be able to do so, and ***you are responsible for remembering your appointments regardless of whether or not I have sent a reminder***.

**\*\* Late Cancellations & Missed Appointments \*\***

**Cancellation is requested no later than 9 am on the day prior to your appointment:** Your appointment time is reserved especially for you, and if you cancel with short notice I am often unable to fill the slot. This deprives others of the opportunity to schedule an appointment and causes me significant income loss. To maintain the financial viability of my practice and in consideration of other clients who are on a waiting list and may wish to schedule, I ask that when canceling or re-scheduling a session that you notify me ***by 9 am on the day preceding the appointment*** so that I may offer your slot to another client.

**Late Cancellation or Missed Appointment fee is \$130.00:** Failure to notify me by 9 am on the day preceding your appointment will result in a Late Cancellation fee of **\$130.00**. This is the responsibility of the client and cannot be billed to insurance or Medicare. The fee is to be paid prior to or at the next regularly scheduled session. If you would like to reschedule your appointment for another time that week and I am able to do so, I will not charge for the original appointment. However, my schedule is often fully booked and rescheduling may not be possible, in which case the Late Cancellation fee will apply.

**One “freebie” per calendar year:** I understand that unforeseen events or emergencies sometimes necessitate cancelling appointments with short notice. Because of this, each client is granted ***one grace late-cancel or missed appointment, or “freebie,” per calendar year*** in which you will not be charged a fee. ***After this “freebie” has been used, the \$130 fee will be charged for any subsequent Late Cancels or Missed Appointments, regardless of the reason.*** If medical or other circumstances result in an unusually high number of appointments which cannot be kept, late or otherwise, then it may be necessary to remove you from my regular schedule and to instead schedule sessions as you are able to attend and when I have availability.

**Telephone, Voice Mail, Email and Text**

I am usually in session during the day and unable 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 note that I am unable to listen to lengthy voice messages. During week days I check messages frequently and attempt to return calls from clients within 24 hours, ***but may not be able to do so on weekends, evenings and holidays.***

Many clients choose to communicate with me via email or text and I can usually respond quicker using these modalities than I can to telephone messages. However, before choosing email or text, please first read the document: **“Information Regarding Unencrypted E-mail and Texts.”** It is very important to be aware that e-mail and texts can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. ***For this reason, I use email or text only for appointment reminders and to arrange or modify appointments and I ask for your signed permission before doing so.***

I do not routinely offer telephone or Skype therapy. 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 please call either 911 or the Crisis Clinic at 206-461-3222, or go to the Emergency Room of the nearest hospital. You may also leave a message on my voice mail at 425-301-8832. Please note that **during non-business hours, including holidays, evenings and weekends, I do not check messages as frequently.** If you need immediate assistance and cannot wait for my return call, please call either 911 or the Crisis Clinic, as noted above.

### Fees

Fees are reviewed quarterly and are subject to adjustment based on local professional standards and cost of living. Current fees are as follows:

Initial Diagnostic Evaluation	\$225.00
Individual Psychotherapy, 55 minutes	\$175.00
Phone Therapy	Prorated at hourly rate
Late Cancels & Missed Appointments (one freebie per calendar year)	\$130.00 per occurrence

In addition to weekly appointments, I may charge for other professional services such as letter or report writing, completion of forms, or other requested tasks, prorated according to my fee schedule. As noted above, I also charge for phone calls over ten minutes in length. **Insurance companies do not normally reimburse for these services, so you will be responsible.**

I request that clients make every effort to pay off their account balance monthly in order to keep their account in good standing. Failure to pay an account balance may result in termination of services as well as the possibility of turning over the account for collection.

### Insurance

If your sessions are being billed to insurance, it is important that you are knowledgeable about your policy's mental health coverage including any deductible and/or copayment you must pay and whether the number of sessions is limited. If you have a copayment, I request that it be paid at the beginning of each session.

Each individual insurance plan is different and it is impossible for me to know the details of each policy. For example, many plans now have quite high deductible amounts that you must pay yourself before services are covered. Your insurance policy is a contract between you and your insurance company, and I strongly recommend that you be proactive and knowledgeable about your mental health benefits and to understand what your policy provides. **It is you, not your insurance company, who are ultimately responsible for 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.***

If you are using insurance 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 sometimes 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 may also 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.

***Please note that I am required to give a diagnosis to your insurance company in order to be paid.***

Diagnoses are technical terms that describe the nature of your problems and indicate whether they are short or long-term in nature. Each diagnosis comes from a book entitled the ***Diagnostic and Statistical Manual of Mental Disorders***. If you desire, I would be happy to discuss your diagnosis with you and show you a copy of this book to help you learn more.

Please note that any amount due that is your responsibility, such as payment toward a deductible and copayments, are expected in full 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 are having financial difficulty and desire special arrangements, I am more than happy to discuss this with you. Questions about your balance, billing or insurance may be directed either to me or my Biller, Northwest Clinical Billing (telephone number 360-491-8002).

### **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. 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 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, 1300 SE Quince Street, Mail Stop EY-21, Olympia, WA 98504, telephone 360-236-4700.

If you have questions, please feel free to discuss them with me prior to signing this form. Your signature indicates that you have read, understand, and agree to these policies, and accept responsibility for payment of services in accordance with these terms and conditions.

**Agreement for Psychological Services  
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 when canceling or rescheduling an appointment, I must provide notification by 9 am on the day preceding my appointment, and that failure to do so will result in a \$130 Late Cancellation fee. I understand that missing appointments will also result in a \$130 Missed Appointment fee. I understand that I am granted one Late Cancel or Missed Appointment "freebie" per calendar year, after which the Late Cancel/Missed Appointment fee will apply, regardless of reason. I understand that insurance or Medicare will not pay for such fees and that I am responsible, and that payment must be made prior to or at the next regularly scheduled appointment.

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 the 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 also understand that without my written Authorization, Dr. Kehrer may occasionally consult about my treatment with other licensed professionals.

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.

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Client Signature

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Date

\_\_\_\_\_

Constance A. Kehrer, Ph.D.

\_\_\_\_\_

Date

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

**Agreement for Psychological Services  
File Copy**

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Date

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