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DISCLOSURE OF CLINICAL PSYCHOLOGY PRACTICE AND AGREEMENT FOR PSYCHOLOGICAL SERVICES (Revised 1/1/19)

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 cognitive-behavioral, humanistic, psychodynamic, and feminist approaches to help 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; that I value the importance of a client's self-awareness and understanding of the influence of the past on present behavior; and that I 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.

I view psychotherapy as a collaborative process which is most effective when you bring an attitude of collaboration, openness, and willingness to invest time and effort between sessions in working toward change. 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 and honest communication with me are crucial ingredients for achieving your stated goals.

Client's Rights

You have a right to total privacy ***except as explained below***. 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).

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 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.

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 of $23 and $1.04 per page copying fee for the first 30 pages and $0.79 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 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 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, Appointment Reminders, and Late Cancellations & Missed Appointments

***Sessions and Appointments*:** You are responsible for coming to your sessions on time, which are 55 minutes in length. *Please help me stay on-time by coming to sessions on time and by observing the 55 minute session length and allowing time within that for appointment scheduling and other administrative matters.* If you are late, we will end on time and not run over into the next person's session. Appointments may be made by calling me directly at 425-301-8832 or by emailing me at 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 is not considered secure. For this reason, I use email or text only for appointment reminders and to arrange or modify appointments. Once you have begun treatment, I encourage you to schedule further appointments at the beginning or end of sessions.

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 Cancellation & Missed Appointment Policy: 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 a significant income loss. Unlike your family physician who may see four patients per hour, I have a low-volume practice and typically see only five to six clients per day. It does not take a large number of Late Cancellations or Missed Appointments to pose a significant threat to the viability of a private practice. For that reason and for the 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. Failure to notify me by 9 am on the day preceding the appointment will result in a $150 Late Cancellation fee, which 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, I attempt to keep my schedule fully booked and it is highly likely that I will not have another appointment available, in which case the Late Cancellation fee will be charged.

I regret that I am unable to make exceptions to this policy, ***except*** in the case of sudden ***severe*** illness (i.e., illness requiring medical attention or hospitalization), emergency, or death in the family, or significantly adverse weather conditions such as ice and snow. I am also unable to make exceptions for car or driving problems such as mechanical issues, a healing injury that prevents driving, or feeling unable to or not wanting to drive for other reasons. For times such as these, I recommend making out in advance a list of alternative means of transportation, such as friends or relatives willing to drive, public transportation possibilities, or contact information for a taxi service or Uber.

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 to email than I can to telephone messages. However, before choosing email, 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, which is usually the only way to reach me. Please note that ***during non-business hours, including holidays, evenings and weekends, I do not check messages 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. Currently my fees are as follows:

Initial Diagnostic Evaluation	$225.00
Individual Psychotherapy, 55 minutes	$175.00
Individual Psychotherapy, 45 minutes	$160.00
Phone Therapy	Prorated at hourly rate
Late Cancels & Missed Appointments	$150.00 per occurrence
Copies:	$1.17 per page (1-30 pages) $0.88 per page (31+ pages) + $26 clerical fee

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

Insurance and Managed Mental Health Care

In most cases, session fees will be billed directly to your insurance by my billing service, Northwest Clinical Billing. If you have insurance, you are responsible for providing me with the information I need to send in your bill. Please be aware of your policy's mental health coverage, <u>including any deductible</u> and/or copayment you must pay and the number of sessions allowed. If you have a copayment, I will ask to collect that 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. <u>For example, many plans now have quite high deductible amounts that you must pay yourself before services are covered</u>. 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 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 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 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, 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 $150 Late Cancellation fee. I understand that missing appointments will also result in a $150 Missed Appointment fee. 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 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.

_____ _____

Client Signature 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

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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Client Signature Date

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Constance A. Kehrer, Ph.D. Date

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