

OFFICE POLICY

EVALUATIONS

I do not promise to make any particular diagnosis or to reach any particular conclusion when I perform an evaluation. Likewise, I do not promise any particular outcome of treatment. However, I promise to use my best efforts and to perform all of my services for you in a professionally competent manner.

If you request an evaluation of yourself or of a person for whom you are responsible, you are expected to pay for my time regardless of the outcome. You may not withhold payment because the outcome of my evaluation is not what you expected or wanted.

THERAPY

A successful program of psychotherapy requires of the client: honesty, concern for others, and effort.

Therapy is not something that is done to the client, but is a process that the client learns and begins to live.

APPOINTMENTS AND FEES

The fee for evaluation is \$175 per hour. My fee for forensic work, attending depositions and/or testifying at trial or other adversarial proceedings is \$200 per hour, including travel time, and time spent waiting to testify. Regardless of the type of service I am asked to perform, the person who signs this Agreement as the responsible party is responsible for paying my fee according to the terms of this Agreement, unless other arrangements have been made in advance and in writing.

The fee for therapy appointments or consultation is \$150 based on 50 minutes per session. Your session begins at the scheduled time – not when you arrive. The fee charged for the time spent in testing, report preparation, telephone consultation, court testimony, travel and so forth, should be discussed with your therapist.

Periodically, it is necessary for the therapist to communicate in writing to the referring party, P.O., attorney, etc. The client will be charged an appropriate fee for this service.

Payment should be made at the time of appointment. Service charges will accrue at 1% per month, not to exceed the amount allowable by law, on any balance not paid within 30 days after the charge was incurred.

Cancellation of, or changing, appointments must be made at least 24 hours in advance. Clients must speak to their therapist when canceling an appointment.

Late cancellation and missed appointments will result in the client being charged a full fee for the session.

Clients will be charged a fee of \$25.00 for a returned check.

COLLECTIONS

If an account is due for 90 days, it shall be sent for collection. The responsible party shall pay all reasonable costs of collection, such as reasonable collection agency charges, which are 50% of the bill, reasonable attorney's fees, and court costs. The 50% collection agency charge shall be added to the bill and shall become part of the financial responsibility at the time the account is sent to the collection agency.

INSURANCE COVERAGE

You are responsible for paying the fee, even if you believe that a third party, such as your insurance company or a government agency, should pay for services. I am not responsible for collecting from your insurance company or from a government agency, unless arrangements for collection from a third party have been made with me in advance and in writing. When you enter into this Agreement, you agree to pay my fee, and to seek reimbursement from third parties, such as your insurance company. If you have questions we will, of course, assist you.

After you have paid for my services, or have made arrangements to pay for my services, I will furnish you with information ordinarily necessary to obtain reimbursement from your insurance company. When appropriate, I will furnish you with a diagnosis according to the current Diagnostic and Statistical Manual of the American Psychiatric Association.

Income Tax Records: Fees may be tax deductible as a medical expense if you itemize. You may also deduct your transportation expense to and from this office. Your cancelled check is a sufficient receipt. However, if you wish a summary statement for a given year, this will be furnished on request.

CONFIDENTIALITY

In general, I will not release information about your care without your written consent. However, the law requires the reporting of certain information: suspected child abuse, potential suicide behavior or threatened harm to others. In addition, the court may, in certain situations, subpoena treatment records. (RCW 18.83.110 and RCW 26.44.030 apply)

TERMINATION OF TREATMENT

Either the therapist or the client may terminate treatment at any time. In that case, a report will be made to the referring or supervising party.

AGREEMENT

All agreements are in writing. There are no oral agreements that may supersede this written policy statement. Any modification of the terms of this statement must be in writing and signed by your therapist.

I have read and understood this document. I accept the terms of this Agreement.

Date: _____

Client: _____