

Balance Counseling and Wellness

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DISCLOSURE OF INFORMATION, POLICIES AND CLIENT AGREEMENT

Welcome to my practice. This document contains important information about your rights as a client and my professional services and business policies. Provision of the following information and written acknowledgement of its receipt are required by Washington state law. Please read it carefully and jot down any questions you might have so that we can discuss them.

MY TRAINING AND APPROACH TO THERAPY

My educational preparation includes a Ph.D. and M.S. in Clinical Psychology from Washington State University. I trained as an intern at Foothills Hospital, Tom Baker Cancer Centre and Alberta Children's Hospital in Calgary, Alberta and have worked in private practice, counseling center, academic, and hospital settings. I strongly believe that education continues for a lifetime and continue to develop my skills through workshops, reading, consultation and ongoing clinical practice.

My therapeutic orientation is a blend of cognitive-behavioral and mindfulness-based approaches. Cognitive behavior therapy is based on the assumption that the way we interpret our life experiences, both past and present, affects our emotions, thoughts and behaviors. Mindfulness emphasizes increasing awareness and acceptance of bodily and emotional experience and the present moment.

Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult aspects of your life, you may experience a variety of uncomfortable feelings. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Since people are complex, I cannot guarantee what you will personally experience.

Psychotherapy involves teamwork. It calls for a very active and self-responsible effort on your part. In order for the therapy to be most successful, it will be important to schedule regular appointments and work on things we talk about both during our sessions and at home. As a therapist, my role is to educate and support you as you work toward the goals you set. In supporting your perception of reality, present and past, I will not attempt to determine in a legal sense whether the events you describe happened exactly as you remember them. I see you as the one who sets the course for your own life and as the one responsible for the decisions and life changes that you make. I may, at various times, make suggestions and give advice, but of course, you are in charge of what choices you make and how you implement them. If you have questions about my procedures and our work together, I encourage you to bring them up for discussion whenever they arise.

MEETINGS AND PROFESSIONAL FEES

Appointments are typically approximately 53 minutes in length after the initial assessment appointment. Longer sessions will incur an extra charge based upon the amount of time we take. **The scheduled time for your session is set aside for you. I allow one missed session or late cancellation without charge. However, after the first missed session, if you miss a session without canceling, or if you cancel with less than 24 hours' notice, I will bill you \$65 per appointment hour for that time.** Insurance or other third-party payers will not compensate you under such circumstances. If you are up to 25 minutes late for a session, you will be seen for the remainder of your scheduled time and charged the full rate. If you are more than 25 minutes late, this will be considered a missed session and charged accordingly.

Unusual circumstances may arise when there is an emergency or when you are unable to physically come into the office. Options in these circumstances are telehealth (similar to Skype but within a more secure network) and telephone contact. If we agree to schedule a telephone conversation lasting more than 10 minutes, I will ask you to provide a credit or debit card number and will run the card for \$140 before we begin the conversation. If the call takes less than one hour, I will prorate the fee and credit your account accordingly. Telehealth is more likely to be paid for by your insurance than a telephone call is, though this depends upon your policy. Ask me if you would like to know more about telehealth or would like to arrange an appointment.

I support your decision to terminate therapy with me at any time, for whatever reason. You may prefer a different provider or approach, or you may decide that the time is right to end therapy. If you would like to end therapy, I encourage you to inform me of your decision at the beginning of a regularly scheduled session so that we can review progress made and what steps you might take toward achieving future goals.

If you cancel an appointment or miss an appointment without leaving notice of rescheduling with my scheduling service or assistant, or if you do not schedule appointments for 30 days without informing me of your plans to take a break, notice of termination will be assumed and your time slot will be given to the next available client. Please call the office if you would like to resume therapy after termination and we will make every effort to accommodate you, although this is subject to availability of a regularly scheduled time slot.

My standard fee is \$210 for a 60-75 minute diagnostic interview, \$175 per 53-minute therapy session (including telehealth), and \$50 per 75-90 minute group therapy session. In addition to scheduled appointments, I charge \$140 per hour for other clinical services you may need. Other clinical services include report writing, test scoring, reviewing records, completing paperwork for disability and workers' compensation claims, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, travel time to other locations, preparation time, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay \$275 per hour for my professional time. Although my office manager is happy to bill your insurance for services, you are ultimately responsible for full payment of my fees. I accept cash, checks made payable to Alisa Murray, Ph.D. or Balance Counseling and Wellness, VISA, or MasterCard. I cannot take medical coupons or barter. A \$40 fee per check will be charged for returned checks.

PAST DUE ACCOUNTS AND CREDITS

Our office bills insurance and clients on a monthly basis. Although we make every effort to obtain accurate information about your insurance benefits prior to services being rendered, this is not a guarantee of what your insurance will pay. Consequently, to avoid collection costs, we request that you provide us with a valid bankcard number to maintain on file. If you overpay your account, we will apply the overpayment to future charges unless you specifically request a refund. After you terminate therapy and all insurance payments have been received, if you have a credit on your account, the amount will be refunded, typically in the form of a check that is mailed to you. In the event that you have an outstanding balance owing, we will mail you a statement. If you still have a balance owing after 120 days, we will run the card we have on file for the balance owing. Charges will **only** be applied to your card after we have mailed you a statement, allowing you the opportunity to pay by another method if you prefer. If you have any questions about billing, please call my office manager Kristine Steen at (253) 499-4239, option 1, or email scheduling@experiencebalance.com.

CONTACTING ME

My phone number is (253) 499-4239, option 3. If you are running late for a session or need to cancel or reschedule, please text (253) 480-4961. I check for messages several times a day. If I cannot be reached, you will either be routed to my voice mail or, if I am out of town, to another therapist who is covering for me in my absence. If you are in crisis and are unable to reach me, please go to the nearest emergency room or call 911. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

I use email as a means of communication, and this is recognized as an acceptable practice by my profession. I prefer to keep email content limited because email is not completely secure or confidential. Any emails I receive from you and any responses that I send to you may become a part of your records and, as such, are open to review if you agree to a records release, or if a judge orders me to release records.

Please do not use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact me because I may not read these messages in a timely fashion. Doing so may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. In addition, I do not accept social networking (e.g. “friend”) requests from current or former clients. Mobile text messaging should be used only for questions/comments confirming appointment times, running late, etc. and not clinical issues.

Clients in private practice psychotherapy are **not** assumed to be in need of day-to-day supervision. I encourage you to discuss any concerns or expectations of after-hours care with me at the first session so that, if necessary, an appropriate referral can be made.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep adult clients’ treatment records for eight years. After eight years all records will be deleted from our computer billing systems and the physical files will be shredded. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any time spent in preparing information requests.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by state law, and I can only release information about our work (and the fact that you are seeing me) to others with your written permission. But there are a few exceptions required by law:

- If a judge in a court of law orders my testimony;
- If I believe that a child or vulnerable adult is at risk for abuse, I must file a report with Children’s Protective Services or Adult Protective Services;
- If I believe that a client is threatening serious bodily harm to another, I am required by law to take protective actions, which may include notifying the potential victim, contacting the police, or seeking hospitalization for my client;
- If a client threatens to harm him/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection;
- If I or another health care provider has been determined to have committed unprofessional conduct, have been determined to present a risk to patient safety due to a mental or physical condition, or if I have actual knowledge of unprofessional conduct by another licensed provider, I am required to report the provider to the Department of Health.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

If you are using your insurance benefits to pay for therapy, you should also be aware that most insurance companies required some information regarding your treatment with me, including a clinical diagnosis.

If another facility or provider is providing health care services to you and I believe that an exchange of information is important to ensure that you receive quality of care, I may exchange relevant information with that health care provider or facility.

If you have been directly referred to me by someone else, I may, as a good business practice, acknowledge to them that you have contacted me and thank him/her for the referral.

I may occasionally find it helpful to consult with colleagues about a case. During a consultation, I make every effort to avoid revealing the identity of my client. Consultants are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

If other exchanges of information are requested (e.g., with an attorney or employer) apart from the exceptions listed above, I will not release any information without your signed permission. If our work together involves more than one person (e.g., in the case of family therapy), I will not release information without the signed permission of all parties involved in our therapeutic work together, except as required by law.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

QUALITY OF SERVICE

I am a member of the American Psychological Association and abide by its code of ethics, as well as the professional standards stipulated by Washington State law. If you think I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved. If you think that this does not resolve the issue, you may contact the State of Washington Department of Health Professions, P.O Box 47869, Olympia, WA 98504-7869, (360) 756-2147.

CLIENT CONSENT TO TREATMENT

I have read or have had satisfactorily explained to me Dr. Alisa Murray's Disclosure of Information, Policies and Client agreement and understand it. I have asked any questions that I have had about this statement. I understand and agree to the description of confidentiality and its exceptions as stated above. I consent to therapy under the terms described above with Dr. Murray, and understand that I have the right to end treatment at any time I desire. My signature below indicates that I have received a copy of this agreement.

Client Signature

Client Printed Name

Date

Alisa Murray, PhD, RYT

Date

Client Name _____ Today's Date _____

Cardholder Name _____

Card Number _____ Expiration Date _____

Billing Zip/Postal Code _____ CVV2 code _____