

AGREEMENT FOR PSYCHOLOGICAL SERVICES

(Revised 1/2015)

GENERAL INFORMATION: This Agreement discusses professional services and laws regarding your rights and privacy protections. For us to begin, the law requires that you sign this “Agreement for Psychological Services” and that you affirm that I have provided you with a copy of my “HIPAA” policy, which you can download. Please ask if any of this is unclear. Your signature represents an agreement between us. You can revoke this agreement in writing at any time. That revocation is binding on me except (1) when I have already taken action; (2) if you have health insurance that requires information to support an insurance claim; or (3) if you have not honored your financial agreement with me.

I am a licensed psychologist. I received my Ph.D. in Clinical Psychology from an accredited university, passed the State Boards, the State monitors competence, and the law provides a complaint procedure which you can access at 360-236-4910, or by writing the Examining Board of Psychology, P.O. Box 47869, Olympia, WA 98504-7869.

Associates in Behavioral Health, PLLC (ABH) is the name of the legal corporation owned by the psychologists and psychiatrists that comprise this practice. There are other practitioners in the office that have no legal relationship to ABH. They share no liability for the Owners/Partners of ABH. Each provider runs their own practice autonomously.

When you arrive for your first appointment, I will collect the below signature page along with some initial information and a copy of your insurance card and identification, such as a driver's license. Identification is required as a way to reduce identity theft and the fraudulent use of medical insurance. (My full identity theft prevention policy is available upon request.)

PSYCHOTHERAPY RIGHTS AND RESPONSIBILITIES: Psychotherapy involves a mutual commitment to work toward better understanding issues in your life. It is hoped that this will lead to greater happiness, a stronger ability to cope with problems, and improved relationships. Your active participation and honest communication is essential for progress. The first few sessions will involve evaluating your needs which will determine the scope of our work. Psychotherapy sometimes means discussing unpleasant aspects of life or hearing uncomfortable feedback, always with the intent of moving toward your stated goals. I continually evaluate our work and any appropriate changes or referrals will be offered. You have the right to refuse service at any time. A psychologist is not a physician and medications cannot be prescribed.

To contact me outside of appointment times, call my regular office number (206-329-5255 Ext. 304) and leave a message. I generally return calls promptly during business hours. The message at this number also provides a way to reach me for afterhours emergencies or contact information for someone who is covering for me if I am unavailable. In an emergency or if you are unable to wait for my return call, please contact your physician, a hospital emergency room, or the Crisis Clinic (206-461-3222). Calls made after hours that are not urgent may not be returned until the next business day.

CONFIDENTIALITY: You have the right to privacy except as explained below. Information discussed will remain private and will not be disclosed to any person or agency unless you sign an Authorization.

Without a signed Authorization, I may consult with other professionals about our work. If I do so, I make every effort to avoid revealing your identity. These other professionals are also legally bound to keep information confidential. Unless you request otherwise, I may not tell you about these consultations, however I will note them in your file. Also, I work with staff for billing and administrative tasks. Employees are trained to protect your privacy and will not release any information without permission. Your signature below allows me to disclose information to your insurance company and to collect fees.

If you are involved in a legal proceeding, I may disclose information if you provide a signed Authorization. Even without an Authorization, I will have to disclose if I am presented with a subpoena, unless you inform me that you are seeking a Protective Order against my compliance. I also must disclose information if I receive a court order. Please let me know if you are involved in or contemplating litigation, and you should talk with an attorney about the ramifications to your privacy.

There are other situations where I am permitted or required to disclose information without your Authorization. If a government agency is seeking information for health oversight, I may be required to provide the requested information. If you file a lawsuit against me, I am permitted to disclose any information that is relevant for my defense. If you file a worker's compensation claim and your psychotherapy is relevant to the injury, I must provide a copy of your record to your employer and the Department of Labor and Industries. If I have suspicion of abuse, neglect, exploitation or abandonment of a child, elderly person or other vulnerable adult, the law requires that I file a report. Finally, if I have reason to believe that you or someone else is in imminent danger, I am required to take protective actions including notifying police, the potential victim, hospitalizing you, or contacting family members or others who may provide for your protection.

PROFESSIONAL RECORDS: As a result of HIPAA, I keep Protected Health Information (PHI) in two parts. One part constitutes your Clinical Record and includes information about why you are here, the impact of problems on your life, diagnosis, treatment goals, progress toward those goals, relevant history, records that I receive from other providers, professional consultations, billing records, and any reports that I have sent to anyone including your insurance carrier. You may examine or receive a copy of this Clinical Record by providing a written request and paying the allowed fee of \$22 and a \$.95 copying fee per page. I can deny you access to your Clinical Record if I believe disclosing it could reasonably be expected to cause danger or distress, or if disclosure would compromise the identification of any person who provided me information under the expectation of confidentiality. In this situation, we can discuss your right of appeal. I will always recommend that if you want to review your record, you do so during a regularly scheduled appointment.

I also keep a set of Psychotherapy Progress Notes. These notes are sensitive, for my own use and are designed to assist me in working with you. Unless there is a court order, I can decline to share these notes if I believe doing so would be counterproductive or would compromise the identity of any person who provided me information with the expectation of privacy. These notes are not included in your Clinical Record.

While insurance companies can request a copy of your Clinical Record, they cannot require your authorization as a condition of coverage, nor penalize you if you refuse to authorize the release of Progress Notes. However, when you signed onto your insurance, you may have already agreed to release your records upon their request. Please be sure you understand what you have authorized your insurance company to request and how it impacts your privacy. Finally, I cannot disclose Progress Notes when the information will be used solely for litigation, quality assurance, peer review, administrative purposes, or is otherwise prohibited by law.

ADDITIONAL HIPAA PATIENT RIGHTS: HIPAA provides rights regarding Protected Health Information (PHI). Please see the attached HIPAA Policy.

INTERNET SECURITY AND SOCIAL NETWORKING: Professional ethics dictate that I not engage in online social networking with clients. I will not be able to accept invitations to become a “contact” or “friend” on sites such as Facebook or Linked-In. Also, I cannot guarantee email security. I will only respond to personal information by email if you initiate the contact. *Your initiation of email exchanges means that you are accepting the responsibility for any security or privacy breaches.* I strongly recommend that email only be used for business purposes, such as to schedule or change an appointment.

FEES, BILLING, INSURANCE AND MANAGED CARE: The fee for psychotherapy is \$150.00 for each 45-60 minute session. Initial appointments are billed at a one-time rate of \$175 due to extra time for required documentation. Report and letter writing, consultation with other professionals conducted at your request, preparation of records or summaries, extensive phone or email time, and other services that I perform at your request will be prorated at this same fee. Because of the disruption of legal involvement, legal proceedings that require my participation will be billed at \$300.00/hour for all related expenses, including preparation, consultation, transportation, and testimony, even if I am called to testify by another party.

Please note the following policies:

Unless other arrangements are made in advance, the fee for each session is to be paid in full when you come for your appointment. If you have insurance, you only need to pay applicable fees at the time of your appointment. Insurance claims will be submitted for you. If it is determined that your work here is not *medically necessary*, you will be responsible for the psychotherapy fee.

Please remember that you are responsible for the full fee if your insurance is declined.

If you are unable to stay current on your account, you may be denied services until your bill is paid. Unpaid bills go to a collection agency and may be pursued in court. This will require me to disclose otherwise confidential information. Accounts sent to collections will incur an additional charge of \$60.00 and 1.5% interest per month to help compensate for time and costs

Since a specific time is reserved for you, you will be billed in full for appointments not canceled with 24 hours advance notice. Insurance cannot be billed for a missed or late canceled appointment.

Most medical insurance policies provide coverage for necessary treatment. It is your responsibility to understand what your policy covers and to inform me of any limitations that will impact treatment goals. Although I will assist you in obtaining insurance reimbursement, it is your responsibility to monitor your insurance coverage and to honor this agreement.

Please monitor your insurance benefits. Many policies have limitations. Insurance billing is a courtesy and does not release you of responsibility for prompt payment.

If your insurance is a “Managed Care” policy, you are required to follow certain rigid guidelines in order to have coverage. Often you must obtain authorization before you arrive for your first appointment. At times you or I will need to request additional authorization to achieve our treatment goals. That coverage is not guaranteed, as most managed care plans are oriented toward short term problem resolution.

Your contract with insurance or managed care requires that I furnish information about the services that I provide to you. I will always attempt to disclose the minimum amount of information necessary, which will generally include a diagnosis, and may include treatment plans, summaries, and in some cases, your entire Clinical Record. Information I provide to an insurance company becomes part of their files and will be stored in a computer. Although insurance companies claim to keep information confidential, I have no control over how they handle information. By signing this agreement, you allow me to provide information to your insurance or managed care company if it is being billed.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT FOR PSYCHOLOGICAL SERVICES, YOU AGREE TO THE TERMS, AND THAT YOU HAVE RECEIVED A COPY OF THE HIPAA NOTICE REFERENCED ABOVE.

Name _____ Signature: _____

Date _____

Please give a copy of this signed page to Dr. Leonard and keep a copy for yourself.