

## Information About and Consent for Treatment

### General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it. Your signature indicates that you agree to the stipulations set forth in this document and that you have received a copy of my HIPAA/Privacy Policy, which is always available for review. You can revoke this agreement in writing at any time.

### The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. Psychotherapy is a collaborative process in which we will work together to determine your goals and the best ways to go about accomplishing them. The outcome of your treatment depends largely on your honest communication and willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, sadness, hopelessness, etc. You may feel worse before you feel better. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and your repeating patterns, as well as to help you clarify what it is that you want for yourself. To get the most out of our work together, you can take responsibility for your part of the therapy process (show up on time, communicating cancellations timely, thinking about our sessions beforehand, completing assignments), be ready and motivated to make changes in your life, value directness in feedback, take risks, try new things, and apply the new coping strategies to your life). In some cases, referral to a physician or nurse practitioner for a medical evaluation or for pharmacological treatment may be advised in order to supplement your therapy.

### About Me

I am a licensed psychologist in the state of Washington since July 14, 2017. I received my Ph.D. in Counseling Psychology in 2016 from the American Psychological Association accredited program at the University of Oregon. I utilize an integrative approach to therapy, meaning that I combine different theories together to best suit your individual needs (including Psychodynamic Therapy, Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, Mindfulness, Emotion

Focused Therapy, Emotionally Focused Couples Therapy, Health at Every Size ® Approach, and Psychodrama). I use an overarching feminist multicultural and interpersonal process framework, which means that I will explore with you the historical, societal, community, family, relationship, and personal factors that contribute to your concerns. I believe that our therapeutic relationship is an important vehicle for change. I will provide a supportive space with deep listening, warmth, understanding, encouragement, and gentle challenging. I am responsive to the unique needs of each individual and will tailor my interventions to you. I believe that we all have the power to heal ourselves by getting in touch with our inner wisdom and nurturing our mind, body, and spirit. Together, we will explore the origins of your patterns of thinking/behaving/relating as well as the functions that these patterns serve, assess your barriers to change, identify your strengths and resources, and practice new ways of coping in order to help you live a deeply satisfying life.

## About Associates in Behavioral Health, PLLC (ABH)

ABH is a group of independent practitioners that have chosen to share an office space. We are not a “group” and I am not an employee of ABH. I am the owner and sole practitioner of Thrive for the People, PLLC, which is who your contract is with.

## First Appointment/Intake

Before our first appointment, you will be asked to complete your paperwork online through the SimplePractice™ client portal. During our first few sessions, I will collect some more detailed information to supplement the paperwork you filled out to evaluate your needs and offer you some first impressions of what our work will include. We will then create a treatment plan together. The first few sessions especially will be an opportunity for you to evaluate whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you. If I do not feel like a good match for you, I would be happy to provide referrals to other mental health professionals. If you have questions about the psychotherapy process and recommendations, I would be happy to discuss them when they arise. You have the right and responsibility to choose a therapist and treatment modality that best meets your needs. You also have the right to refuse evaluation and/or treatment.

## Treatment Length and Course of Treatment

We will work together to determine the optimal amount of time for our work. We will decide on an initial amount of sessions and reevaluate as needed based on the goals we set, progress toward those goals, and how things have gone so far.

## Contact Information

For scheduling and general questions, please call my office number and leave me a confidential voicemail (206) 329-5255 ext. 305. I will return your call within 24 hours (or Monday if the message is left Friday). If the question is only scheduling related, you may email me at [dr.jenniferchain@thriveforthepeople.com](mailto:dr.jenniferchain@thriveforthepeople.com). You should be aware that emailing information to me is not a secure or confidential avenue of communication; it is important that you limit email communications to coordination or cancelation of appointments. Your signing this document indicates that you know this and accept this limitation of confidentiality should you decide to email me. **Do NOT contact me by email in an emergency.** Please be aware that I do not maintain 24-hour access to email and email is checked intermittently during normal business hours. Further, I will likely not be able to read emails prior to session, so please do not include information you believe is crucial for treatment. Instead, please write notes (many clients do so on their phones) and bring that to session so that we can discuss it together. Please note that phone sessions are only utilized in rare circumstances (i.e., one of us is out of town, you are sick, etc.).

## Emergencies

In an emergency, please call 911 or **my voicemail at (206) 329-5255 ext. 305 and follow the instruction for emergencies.** If you have caller ID and call my voicemail, please be willing to receive a blocked call in the event that I might be calling from my home number. If I am scheduled to be out of town, I will arrange for another mental health professional to be available for emergencies. If you are unable to wait for my return call, please call the King County Crisis Clinic (206-461-3222) or go to your nearest emergency room. Mental health emergencies can be assessed at emergency rooms, though we often don't think of them as places to go in a mental health crisis.

## Fees

You are responsible for payment for services at the beginning of each session.

<b>Session Type</b>	<b>Length</b>	<b>Fee</b>
Initial Phone Consultation	15 minutes	Free
Subsequent Phone/Email Consultations	Varies	\$25 per 15 minutes
Exceeding 10 Minutes		
Intake Session	80-85 minutes	\$250
Individual Therapy Session	50-55 minutes	\$200
Couples/Family Therapy Session	80-85 minutes	\$250

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Seattle, WA 98101  
206-329-5255 ext.305  
[dr.jenniferchain@thriveforthepeople.com](mailto:dr.jenniferchain@thriveforthepeople.com)

Initial appointments are billed at a onetime rate of \$250 due to extra time to acquire information in the initial session and subsequent documentation. Report and letter writing, lengthy email/phone conversations, consultation with other professionals conducted at your request, preparation of records or summaries, and other services that I perform at your request will be prorated at \$200 an hour.

I reevaluate my fees every quarter. I will give you a full 60 days notice in writing if I decide to raise your fees in order to allow you ample time to reassess your financial situation, make other financial arrangements, or find another therapist if needed.

## Payments

As a Licensed Psychologist, I am insurance eligible for all insurance carriers in Washington State. I am not on panel with any insurance company. My clients see me on an out-of-network basis or pay for sessions out of pocket. If you would like to use your out-of-network benefits, please contact your insurance company prior to our first meeting and ask what the out-of-network reimbursement would be for outpatient, in-office psychotherapy. The specific amount of this reimbursement depends on your plan. I will provide you with the statements your insurance requires.

If your insurance company refuses to reimburse you, it is your responsibility to pay for that as well. You must arrange for any preauthorizations necessary. You may pay by cash, check, or credit card. Please make checks out to Thrive for the People, PLLC. If you choose to pay by card, you can pay at each session or have the information stored in the SimplePractice™ client portal and billed automatically after each session.

## Missed Payments/Unpaid Bills

A \$30 fee will be charged for checks returned from your bank to me for nonsufficient funds. I will never let your unpaid bill reach over \$200. If payment of your account is neglected, or if the outstanding balance is over \$200, I reserve the right to suspend treatment until your balance is paid. Outstanding balances past due more than 90 days may be sent to collection unless a negotiated payment schedule is adhered to. This would require me to disclose otherwise confidential information. Accounts sent to collections will incur an additional charge of \$100 and 2% interest per month to help compensate for time and costs. Under these circumstances, you will be responsible for all expenses, including collection fees, attorney fees, and other associated costs.

## Late Arrival/Late Cancellation/No Shows

If you are late, you will be charged the full fee and we will end our session on time, and we will not run over into the next person's session. Should I be late for a session, I will make up the missed time or adjust your bill accordingly. I ask for a 48 hours prior notice for cancellations or rescheduled appointments. For Monday appointments, this means receiving notification on the previous Friday. **For appointments that are cancelled or no showed without a 48 hours prior notice will be charged a \$200 cancellation fee.** Insurance companies cannot be billed for such charges. Exceptions to these charges are serious or contagious illness (your own), emergencies, and certain conditions that can't be predicted (e.g., hazardous weather conditions). In these situations, please call me with as much prior notice as possible. If I find myself unable to make your appointment due to any emergency in my personal or professional life, I will do my best to give you 24 hours notice.

I will not contact you to reschedule after a late cancellation or no show. If you want to reschedule after a cancellation or no show, please use the SimplePractice™ client portal to reschedule.

## Confidentiality (Please see Privacy Policy for more information.)

Information discussed between us will remain private and will not be disclosed to any person or agency unless you sign a Release of Information. There are some exceptions to this, which are discussed here briefly and in more detail in my Privacy Policy.

1. You are at imminent risk to kill or harm yourself or someone else.
2. Any report of child or vulnerable adult abuse.
3. A court order from a judge to release your records.
4. Information that would assist you in a medical emergency.
5. Information necessary for your insurance company to process your claim.
6. A worker's compensation claim (if your psychotherapy is relevant to the injury).
7. A request from a government agency for health oversight.

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. Your signature below allows me to disclose necessary information to your insurance company and to collect fees. Additionally, I employ a billing specialist who processes medical billings and performs other administrative tasks. They are trained to protect your privacy and will not release any information without authorization.

I may utilize supervision or consultation to better serve your needs. With this informed consent, you authorize me to retain any such providers necessary in my judgment. Information about you

will be described only to the extent necessary and confidentiality will be maintained. My supervisors and consultants are legally bound to keep the information confidential.

## Confidentiality for Couples Therapy

The same confidentiality described in the section above applies to couples therapy. However, confidentiality may not be enforceable to the extent of an individual therapy, and therefore may not be protected by law in the same way confidentiality of an individual therapy may be protected. When couples enter into therapy, it is considered to be one unit. I find this particularly important in creating a space where both partners can feel safe. Therefore, I adhere to a “no secrets” policy. This means that I do not hold secrets for either partner.

## Email, Social Networking, and Accidental Meetings Outside of Session

I strongly recommend that email only be used for business purposes, such as to schedule or change an appointment as I cannot guarantee email security. If you would like to discuss therapeutic issues, please phone me or speak to me in person. I will not respond to emails about treatment issues. We are entering into a professional relationship and therefore I cannot accept invitations to connect personally outside of therapy. I will not be able to accept invitations to become a contact or friend on sites such as Facebook or LinkedIn. This will apply even after you are no longer a client to ensure that you can return to therapy in the future. If we accidentally see each other outside of the therapy office, I will not acknowledge you first in order to maintain your confidentiality. You are welcome to approach me and introduce me to others however you see fit. I will follow your lead in the conversation and disclose only the information that you disclose or request.

## Records (Please see Privacy Policy for more information.)

Your Clinical Record 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 \$25 and a \$.50 copying fee per page. 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.

## Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process. The appropriate length of the termination depends on the length and intensity of the treatment. We will terminate treatment after appropriate discussion of the reasons and purpose of terminating. This can be for a variety of reasons, including completion of your goals, a determination that I am not a good fit for you, or if I believe that therapy is not being used effectively. “Booster sessions” are part of this process and generally how I recommend terminating (i.e., meeting more and more infrequently as things continue to go well). If therapy is terminated, but you would like to continue regular treatment, I will provide you with a list of qualified psychotherapists to treat you. If you have not scheduled an appointment for four consecutive weeks, cancel late for two appointments, or no show for two appointments, unless other arrangements have been made in advance, for legal and ethical reasons, I will assume that you are no longer interested in therapy; I will close down your file and consider the therapeutic relationship terminated.

## Ethical Concerns

I strive to adhere to the highest possible professional standards of competence and ethics. If you have concerns about the treatment you are receiving, please talk with me about those concerns in session or contact me by writing. If you feel that I have behaved unprofessionally or unethically, you may contact the Department of Health, Examining Board of Psychology, at P.O. Box 47868, Olympia, WA, 98504-7869 or at (360) 753-2147 to file a complaint.

## Patient Consent to Treatment

Your signature below indicates that you have read the information included in this document and have received a copy of it. You have had the opportunity to ask questions, understand it to your satisfaction, and agree to abide by this document's stipulations during our professional relationship.

Full name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jennifer Chain, Ph.D., License Number PY60750684