Wellness and Rehabilitation Psychological Services, PLLC
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PSYCHOTHERAPY INFORMATION AND AGREEMENT FOR PSYCHOLOGICAL SERVICES

Following is an explanation of the rights and responsibilities held by you as a client, and by me as your practitioner. Please discuss with me any questions you have regarding what is included here.

Confidentiality
All issues discussed in the course of therapy are strictly confidential. By law, information concerning treatment or evaluation may be released only with the written consent of the person treated or such person's parent or guardian. However, please be aware of the following situations in which I may be required (e.g., ethically, legally) to release information otherwise regarded as confidential:

1. If I believe that you are in imminent danger of harming yourself, or are unable to take care of your basic needs, I may legally break confidentiality and call the police or the county mental health professionals.
2. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn him/her of your intentions. I must also contact the police and ask them to protect the intended victim.
3. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform the proper authorities within 48 hours.
4. If you disclose HIV infection, do not have a physician monitoring the condition, and have IV drug using or sexual partner(s), I may be obligated to report your identity and your partner's identity to the local public health authorities. I will first consult with the health care official without identifying you, as there may be an exception to this ruling.
5. When ordered by a court of law to release information, or when required to comply with an investigation by the State Board of Health, Department of Psychology, I must release the requested information.

In addition:
• Case consultation is critical to providing high quality treatment. As per Revised Code of Washington (RCW 70.02.050), I may speak with another health-care provider in order to coordinate continuity of care, if necessary. Furthermore, the competent and ethical practice of psychology dictates that I participate in case consultation with other licensed professionals on a regular basis. As such, I may occasionally consult with my colleagues about our work. Should I seek such consultation, I will make every effort to avoid revealing your identity, and I will share only the minimum amount of information necessary for them to understand the clinical picture. My colleagues are also legally and ethically bound to keep any information discussed confidential.
• If another health-care provider, such as your primary care provider or a specialist physician, referred you to me for an assessment and/or a health-related issue, I will communicate with that person to coordinate care. I also will submit a final report to the referring provider for any pre-surgical assessment and post-surgical follow-up intervention performed.
• I use a billing service to process medical billings and to perform other administrative tasks. I have a formal business associate contract with this business, in which they commit to protect your privacy to the extent allowed by law.

• If you use health insurance for reimbursement of my fees, your insurance company will require access to your otherwise protected health information (PHI). At minimum, this will include a psychiatric diagnosis and dates of services, but could extend to more detailed information about your history, problem(s), treatment, and progress.

NOTE: The only way for you to be assured that your file is kept confidential from your insurance carrier is to choose not to file for reimbursement, and to pay out of pocket for services. Although this will cause you to incur some expense, it will maintain your privacy in the long run. You must decide if the potential loss of privacy to an insurance company is worth the reduction in cost. All insurance carriers require a psychiatric diagnosis on all claim forms.

In the event that I feel it is important to release any confidential information, I will make every reasonable effort to discuss this with you first.

Educational Background and Approach to Treatment

I obtained a PhD in Clinical Psychology from Washington State University, and I completed a residency and post-doctoral fellowship at the University of Washington School of Medicine. In these settings, I received advanced training in health psychology, rehabilitation psychology and neuropsychology. I am licensed to practice psychology in Washington State.

I specialize in working with individuals who are experiencing difficulties adjusting to the aftermath of a critical illness or a physical trauma. I also provide pre-surgical assessment (e.g., bariatric, spinal cord stimulator, transplant) and post-surgical follow-up intervention. In addition, I work with individuals who are experiencing difficulties adjusting to new or chronic illness or stressful life events.

My approach to treatment is integrative and draws from humanistic, behavioral, cognitive-behavioral, motivational, and mindfulness methods. All of these approaches focus on the here-and-now, though it may sometimes be helpful for us to explore past experiences and how those may affect current function. We will collaborate and work together to help with your presenting concerns, as I believe that underlying any effective therapy is the relationship between client and practitioner. As such, underlying my therapeutic approach are a non-judgmental stance and empathic understanding.

Generally, the first one to three sessions will be used to learn more about your presenting problem(s). This assessment will include talking with you and, with your permission, may include talking with other relevant persons (e.g., family members, friends, or medical providers). When necessary, the assessment also will involve the administration of psychological tests. After the assessment process, I may refer you to another therapist if, in my judgment, my expertise does not match your needs. If I believe I can be of help to you, after the assessment process we will discuss a plan for treatment. Therapy will continue until goals are met, or until you decide that you wish to discontinue. Please feel free to discuss any questions you have with me throughout our work together. I will utilize my experience, education and training in working with you and pledge to perform my services in a professional, competent manner.

Risks and Benefits

Psychological treatment has both benefits and risks. The benefits often include a reduction in feelings of distress, increased satisfaction in relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. Risks may include experiencing uncomfortable feelings, discussing unpleasant topics, or hearing uncomfortable feedback in order to move toward your goals. Although I use evidence-based approaches, I cannot provide guarantees about the effectiveness of your treatment or the number of sessions that will be required to reach your goals.

Service Policies

My Practice
I am an independent practitioner at Associates in Behavioral Health, PLLC (ABH). I am solely responsible for the services I provide to you. I am not responsible or liable for the practices of any other practitioner in this office, and they are not responsible or liable for my practices. My clinical records are kept separately from those of other practitioners. No other practitioner at ABH can access these records without your specific, written permission.

Identity Verification
Per rules provided by the Federal Trade Commission and designed to reduce health care related identity theft, health-care providers are required to request identification from clients. The purpose of this policy is to flag possible cases of identity theft and fraudulent use of health insurance coverage. At your first visit, I will request and make a copy of your identification (in the form of a driver's license, passport, or other government issued photo ID).

Payments
Please refer to "Out-of-Network" Financial Agreement form for a listing of fees.

Payments are due at the beginning of each session. You will need to provide a credit/debit card prior to starting services. If you prefer to pay by cash, check, or with an alternative card, you always have the option of doing so at the beginning of the session, in lieu of my using the card on file.

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 reimbursement depends on your plan. I will provide you with the statements your insurance company requires for reimbursement purposes.

If your insurance company refuses to reimburse you, it is your responsibility to pay for that as well. You must arrange for any pre-authorizations necessary.

If, for any reason, you must carry a balance owing on your account, you will be expected to pay all of the balance within 30 days of receipt of a billing statement. If you are having financial difficulties, we can discuss alternative payment schedules and/or treatment plans. If payment of your account is neglected, or if the outstanding balance is large, I reserve the right to suspend treatment until your balance is paid. Interest will be charged at 1.5% per month on outstanding balances that are past due more than 90 days. Outstanding balances past due more than 90 days shall be sent to collection unless a negotiated payment schedule is adhered to. Under these circumstances, you will be responsible for all expenses, including collection fees, attorney fees and other associated costs. If collection procedures or actions must be initiated on your account, only information necessary for collection will be released.

Medicare
If you have Medicare, please notify me in advance of services. Although I will be able to work with you, please note that I am NOT a provider on panel with Medicare. If you have Medicare, you will NOT be able to receive reimbursement from Medicare or from any secondary insurance company. All services will be payable out-of-pocket and not reimbursable.

Cancellations
I will do all that is possible to keep appointments on schedule. In the event that you are late for an appointment, please note that we will not be able to run over your scheduled time. **If you cancel your session with less than 48 hours' notice, you will be responsible for paying a late cancellation fee of $100.** In general, I will only grant exceptions if you are sick, if you have a medical or family emergency, or if you cannot reach the office due to icy roads. **If you miss a session without notifying me at least 4 hours in advance, you will be responsible for paying a fee equivalent to the full price of the missed session.**

If I find myself unable to make your appointment due to my own illness, or due to an emergency in my personal or professional life, I will also do my best to give you advance notice. I respect the value of your time, as well as my own.

Communicating with Me
The best way to reach me is to leave a voicemail message on my office telephone: 206.329.5255 ext. 315 or contact me through the online client portal. I will not answer immediately because I will be either in session, or out of the office.

Emergencies
I cannot be available for 24-hour clinical coverage. In the event of an emergency, you may call my office number (206.329.5255 ext. 315), leave a message, and/or follow the recorded instructions for emergencies. **Please NOTE: During non-business hours, I check messages infrequently.** If am not able to return your call quickly enough, phone the Crisis Clinic at 206-461-3222, call 911, or go to the Emergency Room of the nearest hospital.

Record Keeping
Your records will be stored electronically using SimplePractice®. This practice management software uses bank-level security so that your personal health information is transmitted and stored securely with multiple layers of encryption. Such data encryption technologies are compliant with legal and ethical privacy requirements.

Additional Client Rights
As a client receiving psychological services, you have the right to the following: a) to have full and complete knowledge of my qualifications and training; b) to be informed regarding the terms under which services will be provided; c) to discuss your treatment with anyone you choose, including another therapist; d) to refuse treatment; e) to have access to your treatment records, make corrections to those records, and to have pertinent information shared with another therapist, or another party, provided you sign a release of information; and f) to end treatment at any time and request referral to another therapist.

Ethics and Professional Standards
As a licensed psychologist and member of the American Psychological Association, I am accountable for my work with you. If you have any concerns about the course of treatment, please discuss them with me. Remember that you have the right to discontinue your therapy or ask for a referral to another therapist at any time. Should you feel that I have been unethical or unprofessional, you may contact the Department of Licensing, Examining Board of Psychology, P.O. Box 47869, Olympia, WA 98504-7869. The phone number is 360-236-4910.

As a result of recent state regulations adopted by the Washington State Department of Health, I am required to report myself or another healthcare provider in the event of a final determination of unprofessional conduct, a determination of risk to client safety due to a mental or physical

condition, or if I have actual knowledge of unprofessional conduct by another licensed provider. If you have any concerns about this requirement, please talk with me about them.

Client Consent

If you have questions about anything you've read here, please discuss them with me prior to signing this form. Your signature below indicates that you have read, understand, and agree to these policies and accept responsibility for payment of fees in accordance with these terms and conditions.

I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I hereby authorize Wellness and Rehabilitation Psychological Services, PLLC (Dr. Jennifer E. Jutte) to provide assessment and/or psychotherapeutic services to me. I agree to pay the fees at the rates listed in this "Psychotherapy Information and Agreement for Services" at the time of service, unless other arrangements have been made.

I understand I can end therapy at any time and can refuse any requests or suggestions made by Dr. Jutte. This authorization constitutes informed consent without exception.

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Client Signature Date

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Jennifer E. Jutte, Ph.D. Date