

Sessions and Fees

I Acknowledge and Agree:

- ❖ Each therapy session is **approximately 50 minutes**, beginning at the scheduled time.
- ❖ If I am unable to keep the scheduled appointment, **I will give 24 hours appointment cancellation notice; otherwise, a fee will be charged.** The only exceptions are for a serious emergency or an appointment rescheduled and kept within 6 days.
- ❖ I am responsible for my **copayment, \$_____** (or full payment if there is no insurance), by cash, check or credit card when the session starts. The full charge is \$125.00. A copy of the sliding fee schedule can be made available to me.
(EAP=\$0)
- ❖ **I authorize the release of information necessary to process my insurance claim.**
- ❖ In situations of **possible divorce, custody litigation and other legal procedures**, I (or my representative) will not seek production of any case records or documents made in the course of therapy. Sandra Mathews, M.S.W., will not testify in court.
- ❖ I have had an opportunity to read and ask for clarification of this client handout.

Client's Signature

Date

Client's Signature

Date

Therapist's Signature

Date

Confidentiality (also see Notice of Privacy Practices)

All that you say to me in therapy is held in strict confidence. The legal exceptions to this are:

- ❖ I may discuss relevant issues with an immediate family member (if you invite them into the session) or healthcare providers. **However, you may request that I not have any contact with these people, including your physician.**
- ❖ I must report suspected suicidal intent (or harm to others), or indication of child or elder abuse, neglect, or molestation as required by law to federal, state, or local law enforcement authorities.

Other exceptions where I may (or must) release confidential information under the law are:

- ❖ With the written consent of: a) you; b) in the case of death or disability, your personal representative; c) the person listed as the beneficiary of an insurance policy on your life, health, or physical condition.
- ❖ If you reveal the contemplation or commission of a crime or harmful act.
- ❖ If you waive the privilege by bringing charges against me.
- ❖ In response to a subpoena from a court of law.
- ❖ If you require me to bring charges owed by you to collection for payment.
- ❖ As required under Chapter 26.44 of the Revised Code of Washington (RCW).

If you are using insurance benefits:

In order to get the insurance benefits you or your employer purchased, you may have signed a blanket disclosure form that permits your treatment record to be shown to insurance company auditors and sent to insurance company mental health care managers. **By law, this information is not to be shared with your employer.** The mental health management company for your insurance plan sometimes requires that certain personal information be kept and disclosed to their clinical team. This information is held confidential. The information is used for monitoring of progress, approval of treatment, and statistics to improve quality of service. After therapy is concluded, the insurance company clinical staff or I may follow up with you by phone, e-mail or questionnaire, with your permission, to evaluate effectiveness and satisfaction.

Insurance audits of my records may be conducted, but information identifying your participation in treatment will not be disclosed by the auditors.

If and when you are no longer using your insurance benefits, you may request that I limit my record-keeping to that required by law (see Request to Limit Record-Keeping)

Request to Limit Record-Keeping

I understand that my therapist is required by law to document the following minimum information:

- a. Name
- b. Fee arrangement and record of payments
- c. Dates therapy occurred
- d. Agreement regarding fees and services, signed by therapist and client

I also understand that I may request that no additional records be kept. Otherwise, my therapist is required by law to document the following additional information:

- e. The problems or purpose for which I seek treatment, or my diagnosis
- f. Notation and results of formal consults, including information obtained with my permission from other persons or agencies
- g. Progress notes from each session of my therapy

Please choose:

- I would like to request that *no additional records* (e. through g.) be kept by my therapist.
OR
- I prefer *unlimited records*; or I am using an insurance plan that requires additional records.

Client's Signature

Date

Client's Signature

Date

Therapist's Signature

Date

Your Rights

As a client receiving services in the state of Washington, you have the right to:

- ❖ choose a counselor and treatment approach that best suits your needs and purposes;
- ❖ have full and complete knowledge of your counselor's qualifications and training;
- ❖ be fully informed regarding the terms under which treatment will be provided;
- ❖ discuss your treatment with anyone you choose, including another counselor;
- ❖ have a detailed information of any form of treatment prior to its implementation;
- ❖ have direct access to your treatment records with a minimum notice of three working days, and ask for a copy of and correct those records;
- ❖ question the practices and competence of your counselor (including a grievance to your insurance company);
- ❖ know your counselor's state certification number (#SW 40002227);
- ❖ request a copy of the ethics code and other guidelines/procedures that govern your counselor's practice; and
- ❖ request a change of counselor, request a referral to another counselor, or to terminate treatment at any time.

Assurance of Professional Conduct

The Washington State Department of Health requires all counselors to inform their clients that the following are violations of the law (RCW 18.130.180):

- (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not;
- (2) Misrepresentation in obtaining a license;
- (3) Advertising that is false, fraudulent, or misleading;
- (4) Incompetence, negligence, or malpractice which results in injury to a client;
- (5) Suspension, revocation, or restriction of the counselor's license to practice;
- (6) The possession, use, prescription for use, or distribution of controlled substances or illegal drugs;
- (7) Violation of a state or federal statute or rule regulating counselors, including any statute or rule defining standards of practice;
- (8) Failure to cooperate with the disciplining authority;
- (9) Failure to comply with an order issued by the disciplining authority;
- (10) Aiding or abetting an unlicensed person to practice when a license is required;
- (11) Violations of rules established by any health agency;
- (12) Practice beyond the scope of practice as defined by law or rule;
- (13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
- (14) Failure to adequately supervise auxiliary staff to the extent that the client's health or safety is at risk;
- (15) Practicing counseling while suffering from a contagious or infectious disease involving serious risk to public health;
- (16) Promotion for personal gain of any drug, device, treatment, procedure, or service that is unnecessary or has no acceptable benefit to the client;
- (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession;
- (18) The procuring, or aiding or abetting in procuring, a criminal abortion;
- (19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, or treatment;
- (20) The willful betrayal of a practitioner-patient privilege as recognized by law;
- (21) Violation of chapter 19.68 RCW;
- (22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of fact before the disciplining authority or its authorized representative;
- (23) Misuse of: (a) alcohol; (b) controlled substances; or (c) illegal drugs;
- (24) Abuse of a client or sexual contact with a client;
- (25) Acceptance of more than a nominal gratuity where a conflict of interest is presented and based on recognized professional ethical standards.

Also, the Washington State Department of Health wants you to know that: "Counselors practicing counseling for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. **Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.**" (WAC 246-810-030J)

If you have concerns about your counselor, please contact the following: Department of Health, Health Professions Quality Assurance Division, P.O. Box 47869, Olympia, Washington 98504-7869 (360) 236-4902