

Inland Psychiatry and Psychology

906 W. 2nd Avenue, Suite 600

Spokane, WA. 99201

Telephone: 509-458-5889

Facsimile: 509-624-1216

Client Disclosure Statement with Therapists

Welcome to the office of Inland Psychiatry and Psychology. It is important that you take time to read and understand the following information as it will inform you about us, what kind of therapy each individual therapist practices, your rights as a client and your responsibilities. This information is required by law and also will minimize and misunderstandings that might otherwise occur. It will assist you in choosing the therapist that best meets your needs. It is your right to refuse treatment at any time with or without notice to your therapist, though the practice cancellation policy will still apply. Please read it carefully before you sign indicating that you have read, understand and agree to the information provided.

OFFICE PRACTICE AND PROCEDURES:

We make every effort to run on time and we ask you to be on time, too. However, there are times when either you or we may be late. We will let you know if we are running more than 10 minutes late and we ask that you let us know if that is true for you as well. Initial intakes generally run 45 to 50 minutes. The fee for the intake is \$210. Therapy appointments generally run 45 to 50 minutes. The fee for these sessions is \$150. By signing this agreement, you acknowledge that it is ultimately your responsibility to pay for charges you incur. Our office will assist you with any insurance you may have, in an effort to utilize that resource to pay for part or all of your costs. However, the contract for therapy is between you and Inland Psychiatry and Psychology and as such, it is ultimately your responsibility to pay for any costs not covered by your insurance. It is your responsibility to contact your insurance to find out what your benefits cover. The questions you will want to ask include whether outpatient mental health is a covered service, do you need a referral, is the particular therapist a covered provider, how many visits you are allowed per year, is it a calendar or fiscal year, what is your deductible, how much if any of that has been satisfied, and what is your co-pay. Our office staff may be able to assist you in obtaining this information. We will need a copy of your insurance card in order to be able to bill your insurance properly. It is customary that you pay your portion of our fee at the time of service. If that is a problem, you must make arrangements with the staff to address this prior to services being rendered. Please contact the billing personnel as soon as possible to make appropriate arrangements. If there is a balance on your account, you will receive a monthly statement which is due and payable upon receipt. Accounts accruing a balance that are more than 30 days past due will be assessed a service charge as well unless prior arrangements have been made. Please talk to us if you are having any issues with payment. Accounts 90 days past due may be forwarded for collection.

CANCELLATIONS:

Therapy is most productive when regular appointments are kept. From time to time it may be necessary to cancel or change an appointment. If that is necessary, we require 24 hours advance notice to cancel or change an appointment. If that is not given, you will be responsible for the full fee for that appointment as insurance cannot be billed for missed or late cancelled appointments. We realize that there are circumstances that exist where that notice may not be feasible. Exceptions may be made for illness, injury, emergencies and other unforeseen problems. In those cases the 24 hour cancellation rule may be waived. We ask that you contact us as soon as you know that you will be unable to make your scheduled appointment.

CONFIDENTIALITY:

Under the laws of the State of Washington, your communication with your therapist is considered confidential. This means that we cannot and will not disclose anything you discuss with your therapist without your written permission. This confidentiality law does not apply (RCW 18. 19. 1800) under the following circumstances: 1) With the written consent of that person or in the case of death or disability, the person’s personal representative, other person authorized to sue, or the beneficiary of an insurance policy on the person’s life health or physical condition; 2) That a person licensed under this chapter is not required to treat as confidential a communication that reveals contemplation or commission of a crime or harmful act; 3) If the person is a minor, and the information acquired by the person licensed by this chapter indicates that the minor was the victim or subject of a crime, the person licensed may testify fully upon any examination, trial, or other proceeding in which the commission of a crime is the subject of an inquiry; 4) If the person waives the confidentiality by bringing charges against the person licensed; 5) In response to a valid subpoena from a court of law or the Secretary of the Department of Health. The Secretary may subpoena only records relating to a complaint or report under Chapter 18. 130 RCW; or 6) As required under Chapter 26. 44 RCW; 7) If the person licensed under this chapter has a reason to believe the client is a danger to himself/herself or to others, then the licensed person is required by law to notify the appropriate authorities.

NOTICE TO CLIENTS:

As required by RCW 18. 19. 060, you are to be informed the “Counselors practicing counseling for a fee must be registered or licensed 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 implies the effectiveness of treatment.” In addition to the purpose of the law regulating counselors that provides protection for public health and safety, is to also provide a complaint process against those counselors who would commit acts of unprofessional conduct.

Questions or complaints may be addressed to:

Washington State Health Professional Licensing /Complaint Hotline: 360-236-4700

Or write to: Department of Health, 101 Israel Rd. S.E., Tumwater, WA 98504-7890

By signing below, I acknowledge that I have been provided with a copy of this disclosure information and I have read, understand and agree to the information provided herein.

Client Signature

Date

Witness

Date