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Psychotherapist - Client Services Agreement

Please read the following pages and feel free to ask questions. As required by Washington State law, I will ask you to acknowledge that you are aware of this information. Feel free to keep this copy or read this statement on my website.

Contacting Me

Please call me to make an appointment. I can best be reached at 847-477-0355. I check my messages frequently and will return your call most likely the same day, but certainly within 24 hours. If you need to speak to someone urgently and I am not available, please call the Crisis Clinic at (206) 461-3222 or go to the nearest hospital emergency room.

Therapy sessions start as scheduled and last 50 minutes. **Please call at least 48 hours in advance if you need to reschedule or cancel an appointment. Otherwise, you will be billed the full fee for the session. Please note that if you are using insurance for your therapy and you miss a session, you will be responsible for the full appointment because your insurance will not pay for missed appointments.**

Fees and Payment

Individual Adults

The fee for an initial assessment appointment is \$190 and lasts for one hour. All other sessions will be 50 minutes @ \$160 per session. Payment is due at the time of the appointment. Having your check ready before the appointment leaves more time for therapy. Phone consultations (longer than 10 minutes) and report writing will be prorated at an hourly rate.

Adolescents (Under 18 years of age)

The fee for an initial appointment for an adolescent and parent(s) is \$250 and lasts for one hour and a half hours. Typically, I will meet with the adolescent and their parent(s) together; then just the parent(s), and afterward, see the adolescent individually for the remaining time. This format allows me to get a comprehensive view of the presenting concerns from both the adolescent's and the parents' perspective. All other sessions will be 50 minutes at a rate of \$160 per hour.

If you plan to use insurance to pay for your psychotherapy sessions, you will need to verify your mental health coverage under your plan, including the amounts for copayment, deductible and session limit. If there is a copayment, I ask that you pay that at the time of the session. I will then bill your insurance company for the remainder of the cost of therapy.

Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy and would like to use it, it will usually provide some coverage for mental health treatment. **For both Premera Blue Cross and First Choice, I am an in-network provider.** For these plans, I will file the claim for reimbursement and you will owe me any copayment at each session. For all other insurance plans, you will need to pay me the session fee at the time of service, but I will provide you with a billing statement which you can submit to your insurance for reimbursement if you wish.

I strongly advise you to contact your insurance company prior to our first meeting so that you fully understand your benefits as they pertain to our work together.

You should also be aware that if you use your health insurance to help pay for therapy that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. For example, I am required to provide a clinical diagnosis. Occasionally, it is possible that I would be required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such rare instances, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

Confidentiality

The law protects the privacy of all communications between a client and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA.

There are other situations in which I am permitted or required to disclose information without either your consent or Authorization. These include the following:

-If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

-If a client communicates an imminent threat of serious physical harm to an identifiable victim, I may be required to disclose information in order to make protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

- If a government agency requests the information for health oversight activities, I may be required to provide it for them.

- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.

-If I have reasonable cause to believe that any child or dependent adult with whom you may have contact or knowledge of has been abused, I am required to file a report with the appropriate government agency. Once such a report is filed, I may be required to provide additional information.

If any of the situations listed above were to arise, I would make every effort to fully discuss it with you before taking any action and I would limit my disclosure to what is necessary:

Professional Records

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. As a clinician, I keep a written record of therapy sessions. If you prefer that written information concerning your sessions not include the content of the sessions, you have a right to make this request in writing.

Rights of Clients

As a client, it is your right to request a change in therapy, to discontinue therapy, or to request a referral to other resources. I encourage you to discuss with me any concerns that you may have. If you do plan to end therapy, it is helpful to have a review and closure session. The Washington State Licensing Board in Olympia, which oversees licensed psychologists, can also clarify any concerns you may have about the therapy process.

Minors and Parents

Clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. Even where parental consent is given, children over age 12 may have the right to control access to their treatment records. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment, particularly with younger children. For children age 12 and over, I request an agreement between my client and his/her parents allowing me to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible and do my best to handle any objections he/she may have.

Statement of Agreement Regarding Fees and Services—Consent:

Your signature below indicates that you have read the Notice of Privacy Practices and the information included in this document and agree to abide by this document's stipulations during our professional relationship.

I have read Dr. Widlansky's places and my responsibilities as a client, fee for service, confidentiality and patient rights. I understand and agree that I will be charged for any outstanding, unpaid bills: a full session fee for any appointments that I mess for any reason with less than 48 hours notice. I have had the opportunity to ask questions and discuss them, and give my informed consent for services. If requested, I have received a copy of this agreement. I agree to abide by the terms therein.

Client Name (Printed)

Client Signature

Date

Guardian Name (Printed) (If applicable) Date

Guardian Signature (if applicable) Date