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**PMHS POLICIES, PROGRAM RULES AND  
 MENTAL HEALTH INFORMED CONSENT**

Welcome! This is a therapy practice deeply committed to confidentiality, multicultural sensitivity, and quality care. It is our intent to provide quality counseling services combined with systemic, cognitive, and solution-focused approaches. It is our hope that the issues that have brought you into therapy may be resolved as we work together.

In accordance with the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW), the following Professional Disclosure Statement is provided for the client and must be signed by both the client(s) and the counselor. The client’s signature indicates that she/he has read and understands the information.

PMHS counselors, therapists, interns, and associates are from a diverse educational background, with a varied set of clinical experiences in mental health, family therapy and addictions services. Licensed Mental Health Professionals who work in our clinic are Marriage & Family Therapists, Mental Health Counselors, Clinical Social Workers, and Psychologists who have, at minimum, a Master’s degree and/or Doctoral degree in Psychology. They are licensed by the Washington Department of Health and are considered independent practitioners in the field of behavioral/mental health. They are not allowed to prescribe psychotropic medications but could refer you to a medical prescriber while receiving psychotherapy from our facility.

Our Chemical Dependency Counselors (CDP) are certified by the Washington Department of Health. Those who have a CDP certificate are fully credentialed to supervise the Chemical Dependency Counselor Trainees (CDPT) who may be working with you. The CDPTs are working on getting their required training and experience in the field of addiction.

**Length of Sessions:** Please see the breakdown below:

Individual Therapy or Family/Couples	50-55 Minutes
Play Therapy with the Child	40 Minutes + 10-15 Minutes with parents
Group Counseling	60-90 Minutes
United Insurance – Individual or Family/Couples Therapy	40-45 minutes. Appeal should be directed to your insurance company.
Regence or Uniform Insurance – Individual or Family/Couples Therapy. Beginning 10/01/15	40-45 minutes. Appeal should be directed to your insurance company.

**Cancellation/No Show/Missed Appointments:** Missed appointments are NOT covered by your insurance. Since the scheduling of an appointment involves the reservation of time specifically for you, *as of October 15, 2015 a minimum of 48 hours’ notice is required for cancellation.* Exceptions can be made in case of illness or emergency. Sessions that are **last-minute cancellations, missed or no-show** without this advanced notice will incur a penalty. Appointments canceled with less than 48 business



hours' notice will be considered last-minute cancellations. If you have multiple cancellations, we may require proof of the reason.

- **Private Insurance or Self-Pay:** A missed appointment without at least 48 business hours' notice will result in a **charge of \$65.00**. In order to reschedule your appointment, you will be required to pay for your missed appointment first. In the case of multiple missed appointments, we reserve the right to require that you pre-pay for future appointments. (Client Initial: \_\_\_\_\_)
- **State Insurance/Medicaid:** A total of **2 last-minute** cancellations and/or missed appointments will result in a termination of your treatment at Pathways. (Client Initial: \_\_\_\_\_)

**Late Policy:** If you are late, your session will be shortened by the amount of time you are late. Please remember that individual, couples, and marital therapy is a 50-55 minute session or depends on your insurance set time. Play therapy is 40 minutes with the child and 10-15 minutes with the parent/guardian, which equals to 50-55 minutes per session. Group Therapy sessions are 90 minutes.

**Payment for Services:** Fees are set with your insurance. If you are paying out of pocket, you will need to ask for our fee schedule. *If your insurance denies our claim you are responsible for the full amount.* Our medical billing person handles all the billing for this practice, including coordination with collection services. Returned checks will be charged \$25.00 along with any bank fees. (Client Initial: \_\_\_\_\_)

**DOT SAP Services:** The Department of Transportation (DOT) Substance Abuse Professional (SAP) and Washington Commercial Driver's License (CDL) SAP assessment, and court or special alcohol and drug or mental health evaluations are billed at a flat rate. Case management and follow-up are billed separately. *The assessment will not start until the assessment fee is paid.*

**Special Addiction or Mental Health Evaluation:** Mental Health Evaluation is billed as \$200.00 per 60-minute assessment. Testing materials associated with the Mental Health Evaluation will be charged directly to you in addition to the hourly charge of \$200.00 (Client Initial: \_\_\_\_\_). If you are paying out of pocket for behavioral health or any alcohol and drug services, please see our fee schedule as this is a set fee. Urinalysis is not included in any of our service fee schedules and you are responsible for paying for those tests separately. Effective September 1, 2015 we are no longer providing court-related alcohol and drug and/or DUI assessments.

The evaluation may last from 60-120 minutes. Request for a copy and the printing of the assessment is billed per DSHS guidelines. Please note that we do not conduct child custody evaluations, psychological testing, domestic violence & anger management assessments, and/or fitness-for-duty evaluations.

**Court Issues:** Telephone consultations associated with the evaluation will be billed as regular individual therapy hour at \$125.00 per 60 minutes; *if the call is concerning couples/family issues*, then it will be 150.00 per hour. Expenses incurred from requesting of records from previous providers will be charge to the client seeking the assessment.

Court Appearances associated with custody issues and/or other legal matters are billed at \$200.00 for the first hour. Additional time is billed at \$150.00, similar to couples/family therapy fees. In the case of court appearances, the clock starts from the time the clinicians leave the office until the court, judges, or attorneys dismiss them and they return to the office (Portal to Portal). Telephone calls that last more than *10 minutes* associated with your legal issues will be billed as regular family therapy hours.



**Verification Letter:** Letters to institutions, companies, work, school, court, military, and other third parties for the purpose of verifying your participation in counseling, as well as other letters that we have to write on your behalf will be billed separately. A separate letter containing treatment summaries and diagnostic impressions which requires more than 30 minutes of billable time will be billed at a flat rate of **\$75.00**. (Client Initial: \_\_\_\_\_)

A simple form letter for attendance verification is available upon request at a fee of \$1.09 per page. Copying charge per page is \$1.09 per page for the first 30 page and \$0.82 per page for additional pages (Client Initial: \_\_\_\_\_)

**Additional Charges:** Other financial considerations may arise in the counseling/therapy experience. At times, a workbook is required to attend and participate in group counseling treatment. Workbook fees vary, and your counselor/financial coordinator will discuss this with you. Please see our fee schedule.

**Disability or Other Paperwork:** If we need to complete forms such as the FMLA, SSA, disability paperwork or any other paperwork directly related to your care, you are required to discuss them first with your counselor or therapist. The paperwork completion will take place at your individual time with your assigned counselor (Client Initial: \_\_\_\_\_).

**Electronic Records:** We utilize a HIPAA compliant electronic healthcare record (EHR) system in order to protect your confidentiality and privacy. The EHR provider has a Business Associate Agreement (BAA) with us that complies with HIPAA standards.

**Request for Records:** We will provide and release your records with a signed release of information. A printing charge of \$1.09 per page for the first 30 pages and \$0.82 per additional page will be assessed to print your records for your personal use or provide them to other third parties. (Client Initial: \_\_\_\_\_)

**Confidentiality:** All information disclosed within sessions is confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law or for insurance claim purposes. Disclosure may be required under the following circumstances: where there is a reasonable *suspicion of child or elder abuse*; where there is a reasonable suspicion that the client presents a danger of violence to others; where the client is likely to harm himself or herself unless protective measures are taken; or when the client discloses sexual contact with a mental health professional. Disclosure may also be required pursuant to a legal proceeding. *Pathways MHS licensed counselors, licensed therapists, Chemical Dependency Professionals (CDP), and CDP Trainees are mandated reporters in the State of Washington.* Please see the Chemical Dependency Counselor's Disclosure concerning conduct, acts, or conditions that constitute unprofessional conduct for any CDP license holder.

**Group Therapy Confidentiality:** *This statement applies in addition to the above confidentiality policy when we are facilitating group therapy.* We strongly stress that group members adhere to protecting each other's sensitive information. In a group setting, confidentiality is highly valued and emphasized, but we cannot guarantee confidentiality in this setting. We can only assure confidentiality on our part and not on the part of other members of the group.

**Minors in Outpatient Mental Health & Addiction Services:** Minors may receive *outpatient mental health treatment if they are 13 years of age or older without the consent of a parent or guardian.* The parents will not be notified without the minor's consent. **RCW 71.34.530.**



Minors *13 years of age* or older may receive *outpatient substance abuse treatment without parental consent*. The provider will inform the parents that the minor is receiving outpatient treatment within seven business days if the minor gives written consent or if the provider determines that the minor is not capable of making a rational choice to receive the treatment. **RCW 70.96A.096, 230.**

**Client Rights, Appeals, and Grievances:**

The Washington State Licensing Department asks that you be informed of the following:

“Counselors practicing counseling for a fee must be credentialed with the Department of Health for the protection of the public health and safety. Credentialing of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.”

*As a client receiving services in the State of Washington, you have the following rights:*

- 1) Choose a counselor and treatment approach that best suits your needs and purposes*
- 2) Have full and complete knowledge of your counselor’s qualifications and training*
- 3) To participate in treatment and be fully informed as to the terms under which services will be provided*
- 4) Refuse treatment*
- 5) You have a right to be treated in a manner that is ethical and free from abuse, discrimination, mistreatment, and/or exploitation.*

If you have any concerns regarding your counseling experience, please discuss it with us or ask for the Clinical Director of PMHS. If you believe our behavior has been unethical or unprofessional, you may file an official complaint by contacting the Washington State Department of Health, Health Systems Quality Assurance Division, P.O. Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-4700 or go to [www.doh.wa.gov](http://www.doh.wa.gov) to file electronically.

It is our desire that your time spent in counseling/therapy and healing will be instructive, effective, and life-changing. It will be our pleasure to assist you through this rewarding and fulfilling process.

With an understanding of the above policies, procedures, requirements, and conditions, I agree to participate in behavioral health therapy and/or addiction counseling and release the therapist and PMHS from any liability.

_____	_____
Client Name & Signature	Date
_____	_____
Client/Legal Guardian Name & Signature	Date
_____	_____
PMHS Clinician Name & Signature	Date