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 Phone: 360-799-5782 ~ Fax 360-539-1715

831 12th Avenue Longview, WA 98632
 Phone: 360-7994556 ~ Fax : 360-846-1722

DISCLOSURES AND INFORMED CONSENT AGREEMENT

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.

Provider Information

PMHS counselors, therapists, interns, and associates come from diverse educational backgrounds, with varied sets 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.

For more detailed disclosure information about your individual provider, please see the Individual Provider Information Addendum to this Disclosure and Informed Consent Agreement which your provider will give you during your first appointment.

Length of Sessions

Individual Therapy or Family/Couples	53 Minutes
Play Therapy with the Child	40 Minutes + 10-13 Minutes with parents
Group Counseling	60-90 Minutes
United Insurance – Individual or Family/Couples Therapy	45 minutes. Appeal should be directed to your insurance company.



Financial Requirements

Payment for Services: Fees are set with your insurance. If you are paying out of pocket, please refer to the attached 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: _____)

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, **a minimum of 48 business hours' notice is required for cancellation**. Sessions that are last-minute cancellations or no-shows 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. *Please note: Telehealth may be an option in lieu of a last-minute cancellation.*

- **Private Insurance and self-pay:** Missing an appointment without providing at least 48 business hours' notice will result in a **charge of \$65.00**. Before rescheduling your appointment, you will be required to pay for your missed appointment. 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 suspension of your treatment at Pathways. (Client Initial: _____)

Late Policy: If you are late, your session will end at the scheduled time. **Arriving more than 10 minutes late** for a scheduled appointment will result in a last-minute cancellation due to billing and quality-of-service impact.

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 fee is required to be paid in full prior to the start of the assessment.

Special Mental Health Evaluation: Special mental health evaluations are billed at \$200.00 per 60-minute assessment. Testing materials associated with the evaluation will be charged to you in addition to the hourly charge of \$200.00 (Client Initial: _____). If you are paying out of pocket for behavioral health or alcohol and drug services, please see our fee schedule. Urinalysis is not included in any of our service fee schedules; you are responsible for paying for those tests separately. The evaluation may last from 60-120 minutes. Requests for copies and the printing of the assessment are billed per WAC 246-08-400.

We do not conduct child custody evaluations, psychological testing, domestic violence & anger management assessments, court-ordered chemical dependency assessment/treatment, 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*, the fee is \$150.00 per hour. Expenses incurred from requesting of records from previous providers will be charged to the client seeking the assessment.

Court Appearances associated with legal matters at your request 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, employers, schools, courts, military organizations, and other third parties for the purpose of verifying your participation in counseling, as well as other letters that we 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. A small per-page charge in accordance with fees authorized by WAC 246-08-400 will be assessed for printing.
(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: Completion of forms such as the FMLA, SSA, disability paperwork or any other paperwork directly related to your care needs to be discussed 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. Our Telehealth platform is also HIPAA compliant.

Request for Records: We will provide and release your records with a signed release of information. A small per-page printing charge in accordance with fees authorized by WAC 246-08-400 will be assessed to print your records for your personal use or provide them to third parties. (Client Initial: _____)

Confidentiality

Your participation in counseling, the content of your sessions, and any information you provide to your provider during those sessions is protected by legal confidentiality. Exceptions to confidentiality occur in the following situations where your provider may choose to, or be required to, disclose that information:

- If you give written consent to have the information released to another party;
- In the case of your death or disability, your information may be disclosed to your personal representative
- If you waive confidentiality by bringing legal action against your provider
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation
- If your provider reasonably believes that disclosure of confidential information will avoid or minimize imminent danger to your health or safety or the health or safety of any other person



- If, without prior written agreement, no payment for services has been received after 30 days, the account name and amount may be submitted to a collection agency
- If the contemplation or commission of a crime or other harmful act is revealed
- If your provider has any other legal right or obligation to report

As a mandated reporter, your provider is required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05. For additional information regarding your confidentiality rights, please review our HIPAA and Washington State Notice of Rights and Privacy Practices.

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 13 years of age or older may receive outpatient mental health treatment 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).

Social Media Policy

Professional ethics standards do not permit healthcare providers to communicate with clients via personal social media. We use Patient Ally in order to secure our communication with you.

Emergencies

If you are experiencing an emergency or crisis, please call 911, the Thurston County Crisis line at 360-586-2800 or the Suicide Prevention line at 800-273-8255. You may also go to the nearest hospital emergency room. For our *Longview Clinic* current and active patients, please call our crisis line at 360-799-4556, and then press #2 if you are calling after hours.

State of Washington Disclosures

The State of Washington requires that we provide you with the following information:

You have the right both to receive appropriate care and treatment and to refuse any treatment you do not want. You have the right to choose a counselor who best suits your needs and purposes. Counselors practicing for a fee must be registered or licensed with the Department of Licensing for the protection of public health and safety. Credentialing of an individual with the Department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

A copy of the Acts of Unprofessional Conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:



Health Systems Quality Assurance Complaint Intake
Post Office Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700
E-mail: HSQAComplaintIntake@doh.wa.gov

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.

Consent for Treatment

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, contained in the Individual Provider Information and the fee schedule, and have been given the opportunity to ask questions.

By signing this document, you are also consenting to participation in services provided by the individual provider named below.

_____ Client Name (please print)	_____ Signature	_____ Date
_____ Legal Guardian Name (if applicable)	_____ Signature	_____ Date
_____ Clinician Name and credentials (print)	_____ Signature	_____ Date