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Disclosure Statement and Treatment Agreement

As a new client considering psychotherapy for yourself, your family, or your child, you have the right to know something about your psychotherapists' background and qualifications, and to know what to expect from your work together. Please read this document carefully so that you can make an informed decision about using our services. If, after reading this introduction, you have further questions, please do not hesitate to ask them when you meet your therapist. Once you sign this form, it will constitute a binding agreement between the two of you.

Qualifications: I am a licensed mental health counselor (license LH61306855), licensed to practice independently in the State of Washington. I received an *Associates of Science* from Seattle Central College (2015), a *Bachelor's degree summa cum laude with honors in psychology*, with a minors in bioethics from the University of Washington (2017), and my *Master's degree* in psychology from Seattle University (2019).

For my associate's I focused largely on the pre-medical sciences and psychology. For my bachelor's I completed honor's work in the areas of substance abuse and the LGBTQ community. I worked as a crisis telephone worker for about a year during this time. My master's program had a focus on existential-phenomenological psychology and granted me licensure within the state of WA as an associate mental health counselor. My internship was generalist within a community mental health agency, where I retained employment after its completion as a means to further my training. Post internship I received 3,000 hours of supervised training, at which point I became eligible to practice as an independent clinician.

Psychotherapeutic Services: My orientation to the practice of psychotherapy is integrative, where I use a wide variety of techniques to help clients reach their goals. Primarily, I work from an interpersonal framework, which focuses on the relationship between the psychotherapist and client as a collaborative vehicle that requires high participation on both fronts. I believe that each person is the best resource for insight and change, with my role as a guide to assist clients in discovering their own answers in a safe environment. Secondary to this I practice from a liberation and empowerment lens, realizing that it is our positioning within society and culture that can often lead to symptoms that might otherwise be labeled as pathological.

Depending upon your needs and goals, after your initial session together we will develop a therapeutic strategy which may take a variable length of time. It may turn out that I am not the therapist most suited to assist you; in that case, I will do my best to provide you with an



appropriate referral. Please don't hesitate to ask me if you have any questions or concerns about our work together.

Confidentiality: A fundamental part of the therapeutic contract is confidentiality, an understanding that whatever you tell your therapist will not be revealed to anyone else, unless you specifically authorize it in writing, or your therapist is legally required to do so. While we are willing to text and email if requested, we strive to limit electronic communications with current patients, such as texting or emailing, **to scheduling issues or emergent concerns, due to the lack of ability to assure confidentiality of this communication.** Responding to electronic queries, whether directly or through our website, such as messaging, texting, emailing, or any other form of electronic mode of communication, shall not constitute a professional therapist-patient relationship nor can it be guaranteed to be confidential.

Current clients may check their appointments, complete documentation, and request appointments on our Portal at <https://www.therapyportal.com/p/chrisperry/>. We consider former clients inactive when they have not been seen for 30 days and do not have an appointment. At 60 days inactive without an appointment, we close the file. It is also our policy to remove client initials from any electronic devices upon ending treatment and subsequent archiving your patient file. We do this to protect former clients from identity theft and possible privacy breaches occasioned by hacking these devices.

As many therapists do, we sometimes seek consultation with other licensed mental health professionals regarding clients we are currently treating. In these consultations we do not give out any identifying information. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, we will not tell you about these consultations unless we feel that it is important to our work together.

There are rare exceptions to confidentiality that you should be aware of. Unless it is impossible to do so, we will always discuss a report we are required to make with you before making it. We may be required by law to make a report to the Department of Social and Health Services or a law-enforcement agency if we learn about:

- The abuse of a child or vulnerable adult;
- Potential suicidal behavior;
- If we believe a client is not able to take care of her/his basic needs;
- Threat of harm to another;
- A court subpoena; or
- If a client becomes aware that she/he has AIDS or has become HIV-positive and she/he refuses to be under medical care.
- Limited communication for insurance reimbursement of out-of-network services



Professional Records: Both law and the standards of my profession require that we keep appropriate treatment records. You are entitled to view and/or receive a copy of your records. If you are a current client, and wish to see your records at any point, we recommend that you review them in your therapist's presence so that we can discuss the contents. Please request any invoices or copies of reports previous to ending treatment, as it is our policy to archive records and remove electronic identifying information from our devices two weeks after treatment is concluded. I charge my standard hourly fee for any preparation time required to comply with an information request.

- No more than \$1.24 per page for the first 30 pages
- No more than \$0.94 per page for all additional pages
- A \$28 clerical fee may be charged for searching and handling

Your record will not be disclosed to others unless you direct us to do so in writing, or unless the law authorizes or compels us to do so. Please note, we cannot guarantee the extent of confidentiality of your records once they have been released from your file. This office is compliant with federal HIPAA rules for the privacy of personal health information (PHI). This means we will disclose the minimum necessary information to required entities for payment or other administrative services. In case of incapacity, your therapists' records will be managed by Sophie Mandel, MA, at (206) 712-5446.

We may be required to disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. By law we cannot reveal when we have disclosed such information to the government.

Appointments: Our normal practice is to conduct a consultation that will last from 2 to 4 sessions. During this time, we can both decide whether your therapist is the best person to provide the services that you need in order to meet your goals. If you are more than 15 minutes late without notice, we may assume you are not coming and use our time otherwise. We may or may not be available to meet with you in that situation, depending upon our activities. Appointments are 45-53 minutes in length once per week or more frequently, or as arranged. Extended sessions are also available. **Once we agree to work together, your therapist will reserve a weekly or biweekly appointment time or times specifically for you unless otherwise agreed upon. Please note that you will be charged for any appointments that you miss altogether ("no shows") or that you cancel with less than 2 days notice. Due to limited availability rescheduling is often challenging, and though I try it may not be available in such cases. Cancelled appointments with little or no notice are generally not rescheduled with the exception of emergencies. Repeat cancellations (considered more than three**



appointments cancelled in a row, or excessive cancellations within a short period of time) may result in a lost regular slot. The following exception applies to these rules:

- 1) 1 no show is allowed per year, for any reason. To use this you must contact your therapist at least one hour before the appointment start.**
- 2) A second no show is allowed per year, and is reserved for emergency use only.**

Couples and families, please note that our approach to couple therapy necessitates that all members of the couple or family attend every session, and be informed of all information discussed in each session. If only one member of a couple shows up for an appointment, we will not meet with her or him individually. Therefore, if one of you does not show up for any appointment, it will be considered a missed appointment and you will be charged accordingly.

Vacation and sick days: Your therapist does take quarterly days off. This can mean missing up two sessions per quarter. Some holidays (i.e. Christmas, Thanksgiving) may be days off in addition to vacation days. You will always be notified well in advance of this, unless your therapist is ill. In general, expect to have therapy available for about ten months out of each twelve-month year. If you are in need of crisis support while I am away please send me an email, at which point you will receive an auto-response with instructions. Crisis support may not be available during this period of time.

Professional Fees:

Unless we have previously agreed upon a sliding-fee rate, my fees are as follows:

Standard psychotherapy sessions (50 minutes): \$195

Extended psychotherapy sessions (80 minutes): \$312

Couple's or family sessions (50 minutes): \$225

Couple's or family sessions (80 minutes): \$360

Individual intake, assessment, evaluations (50 minutes): \$215, each additional 10 minutes is \$43

Couple's intake, assessment, evaluations (50 minutes): \$245, each additional 10 minutes is \$49

Emergency consultation - \$45/10 minutes (first 10 minutes are free, on a limited basis)**

Paperwork is billed at the hourly rate of \$195, with a minimum billing of \$100

Consultation is billed at the hourly rate of \$195; the first 10 minutes are waived once per year

A note regarding emergency consultation: it may not always be available. If this is the case, please utilize emergency services outlined elsewhere within this document. Emergency or crisis



rates will always be billed for services rendered outside of usual office hours (Tuesday through Friday, 10am to 5pm); this means that for all sessions received on Saturday, Sunday, or Monday crisis rates will apply. Crisis rates will also be billed if I am on vacation and we need to hold a session.

Billing is in 10-minute increments.

I do offer a limited number of sliding-fee slots, please inquire if you feel that you would be an appropriate fit for reduced-fee services.

In addition to standard appointments, it is our practice to charge this amount on a prorated basis for other professional services you may require, such as report writing, telephone conversations, consultations with other professionals that you have authorized and requested, preparation of records or treatment summaries, or the time required to perform other services that may arise in the context of your treatment. Reports are released upon payment in full for the services provided. If you become involved in litigation that requires our participation, you will be responsible for paying for the extra professional time required, because of the complexity and difficulty of legal involvement.

Billing and Payments: Billing is done at the beginning of each day. Your credit card will be charged the morning of our appointment, before we meet. I can bill many insurance companies as an **out-of-network** provider, but I am not in-network with any insurance companies. If you are eligible for this benefit, then your insurance company will issue you a check for reimbursement (full or partial) of fees already paid for our time together. It is your responsibility to check with your insurance company what benefits you may be entitled to. The electronic submission of claims that I offer is for convenience only and does not guarantee reimbursement of services. Should your insurance company mistakenly send our practice a check, which sometimes does happen, this will be applied as a credit for future services on your account. You may request that a refund be issued for any credit accrued on your account at the end of each quarter.

Accounts more than 30 days overdue will accrue interest charges at a rate of 1.5% per month. If your account becomes more than 60 days past due, and suitable arrangements for payment have not been agreed to, we may need to use legal means to secure payment, including collection agencies or small claims court. In most cases, the information we would release about a client's treatment would be the client's name, the nature of the services provided, and the amount due.

Contacting Us: Like most outpatient mental health professionals, we are very often not immediately available by telephone. When we are with clients, in court, or out of the office, our



phones are answered by the answering machine, which we monitor frequently. We will make every effort to return your non-emergency call by the next business day, **with the exception of presence in court, vacations, weekends and holidays, family emergencies, or at night.** We follow the Seattle School District for snow or other school closures. If you are a current client and cannot reach us, it is an emergency, and/or you feel that you cannot wait for us to return your call, you should contact:

- **the Crisis Clinic at (206) 461-3222,**
- **call 911, or**
- **proceed immediately to the nearest emergency room.**

If your therapist is unavailable for an extended period of time (i.e., a vacation) and if requested, we will provide you with the name of a trusted licensed colleague whom you may contact if necessary. Your therapist may take up to three months off (not all at once) per year in combined vacation, holiday, and sick time, with ample notice.

Ethics and Professional Standards: We abide by the ethical, professional, and legal standards established by the *American Counseling Association* and the State of Washington. At any time, you may ask us to discuss our treatment approach. Please be aware that you have the right to request a change in treatment, referral to another therapist, or other resources, and/or to refuse treatment or discontinue our work together. We will be happy to make appropriate referrals if we become aware of a problem that is outside of our area of expertise, or if you request one.

Finally, it is important that you know that you have recourse available if you feel that we have acted unprofessionally or have caused you harm. If you are a current client, and believe that we have acted unethically in our work together, please discuss it with us, or contact:

Department of Health
Examining Board of Psychology
P.O. Box 47868
Olympia, WA 98504-7868 Telephone 360-753-2147

As a result of new state regulations adopted by the Washington State Department of Health, I am required to report myself or another health care provider in the event of a final determination of an act of unprofessional conduct, a determination of risk to patient safety due to a mental or physical condition, or if we have knowledge of unprofessional conduct by another licensed provider. We will also have to report a patient who is a health care provider who may



pose a clear and present danger to his/her patients or clients. If you have any questions or concerns about this requirement, please discuss them with us.

Required: Please provide credit card information for appointments, attended or missed. *These fees will be charged the morning of your session.* You may provide this information via the portal request.



Statement of Agreement Regarding Fees and Services - Consent: Your signatures below indicate that you have read the information included in this document and agree to abide by it during our professional relationship.

1. I have read Chris Perry Therapy, PLLC's policies and my responsibilities as a client, fee for service, confidentiality, qualification methods, supervision and treatment of concerns and complaints. I have had the opportunity to ask questions and discuss them, and freely give my informed consent for services. I have received a copy of this agreement, & the HIPAA disclosure form regarding PHI or can access it via the business's website.

I agree to abide by the terms therein.

Client Signature Date Parent or Guardian Signature Date

2. Please sign below for self-payment agreement:

By signing below I indicate that I will be personally responsible for payment in full for treatment provided by Chris Perry Therapy, PLLC. I understand that if a sliding fee has been applied, we will review this fee periodically.

Client Signature Date Parent or Guardian Signature Date

3. Cancellation Policy: I understand that I may be charged my full hourly fee for any appointments that I miss with less than 48 hours notice, within the terms of this contract, via the credit card information I provide on this form. In addition, if I am a member of a couple, I agree to pay for any sessions that one or both members of the couple miss.

Client Signature Date Parent or Guardian Signature Date

Client Signature Date Parent or Guardian Signature Date

I acknowledge and by signing this form, agree that neither of us will record any part of the sessions unless we mutually agree in writing that the session will be recorded.