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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 my services. If, after reading this introduction, you have further questions, please do not hesitate to ask me when we meet. Once you sign this form, it will constitute a binding agreement between the two of us.

**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.

**Treatment Modality & Therapeutic Orientation:** 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 me will not be revealed to anyone else, unless you specifically authorize it in writing, or if I am legally authorized or required to do so. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give me written consent to have the information released to another party;
- With your authorization, to effect billing of a third-party payor for the services I provide to you;
- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- 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 I reasonably believe that disclosure of confidential information will avoid or minimize an 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 90 days, the account name and amount may be submitted to a collection agency.

As a mandated reporter, I am 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.

As many therapists do, I sometimes seek consultation with other licensed mental health professionals regarding clients. In these consultations I limit the information I disclose to the minimum necessary. The consultant is, of course, also legally bound to keep the information confidential. Such consultations will typically be documented in your treatment record.



### **Electronic Communication:**

While I am willing to text and email if requested, I limit electronic communications with patients, such as texting or emailing, **to scheduling or other administrative issues**, *due to the lack of ability to assure confidentiality of electronic forms of communication.*

Current clients may check their appointments, complete documentation, and request appointments on our Portal at <https://www.therapyportal.com/p/chrisperry/>.

### **Policy for Encountering Clients:**

You may encounter me in public spaces, and if this happens, I would not acknowledge you so that we can maintain your privacy. You may briefly say hello should you want to, at which point I will reciprocate, but professional boundaries must be maintained.

### **Social Media Policy:**

Professional ethics standards do not permit me to communicate with clients via personal social media. For this reason, I cannot accept any client requests to connect on Facebook, or other similar social media platforms. I do maintain a personal social media presence. Please do not use any professional social media platform as a mode of communication with me. You may also encounter me online via social media, dating websites, or dating apps. If this is the case, I maintain a no social media policy with clients and ask that you do not communicate with me through these channels.

In order to best protect your confidentiality and the effectiveness of counseling, any audio or video recording of our sessions needs to be discussed and consented to by both of us in advance. I will not make any recording of our sessions without your permission. Recordings of our sessions made without my permission may result in a need to terminate the clinical relationship.

**Professional Records:** Both law and the standards of my profession require that I 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, I recommend that you review them in my presence so that we can discuss the contents. I may charge a fee for providing you with a copy of your treatment record as allowed by WAC 246-08-400.

In case of my temporary or permanent incapacity, Sophie Mandel, MA, at (206) 712-5446, will take custody of my client files, in accordance with all applicable state and federal laws or rules, in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Sophie Mandel accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.



**Couples and Family Counseling:** Couples and families, please note that my 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, I 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. An exception to this rule is given for breakaway sessions, which is an initial individual session provided to all members of the couple or family with the intent of diving deeper into personal histories as they may impact the relationship. These sessions do not entitle you to secrecy, as explained below.

If you are seeking family or relationship counseling, it is important you understand that I will adhere to the ethical and legal requirements of confidentiality, however, I cannot ensure that you or the other participants in the family or relationship counseling will maintain confidentiality about your therapeutic experience including content discussed within the counseling session. In addition, in the case of family or relationship counseling, the entire treatment record will be available to any and all participants in the family or relationship counseling, and all participants must consent to any authorized third-party disclosure.

I cannot maintain secrets between members of the family or relationship. In such situations, if we cannot find a clinically appropriate way for you to disclose the information to the other member(s) of the family or relationship, I may need to terminate the clinical relationship and refer you to another provider.

### **Working with Minors:**

If you are the parent or guardian of a minor who is seeking treatment, please know that under Washington State law, any child age 13 or older can independently consent to mental health treatment without your permission. In addition, parents or guardians may not generally access the treatment record of a client aged 13 or older without that client's written permission. If you are 13 years of age or older, you have the legal right to seek mental health treatment without obtaining permission from a parent or guardian. Under certain circumstances, the parent of an adolescent may consent, on behalf of the adolescent, to a mental health or substance use assessment and limited treatment.

I am not able to provide a recommendation, evaluation, or opinion, in any legal forum relating to separation, divorce, child custody, visitation, or parenting plans. For children under age 13, I will need to be provided with a copy of any parenting plan, custody orders, or any other similar



documents, including any changes or revisions made during the course of treatment. It is generally necessary that both parents or legal guardians consent to treatment of their minor child.

**Appointments:** My normal practice is to conduct a consultation that will last from 2 to 4 sessions. During this time, we can both decide whether I am 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, I may assume you are not coming and use the time otherwise. I may or may not be available to meet with you in that situation, depending upon my 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, I 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 me at least one hour before the appointment start.**
- 2) A second no show is allowed per year, and is reserved for emergency use only.**

**Appointment mode:** I offer both telehealth (secured video sessions) as well as in-person sessions. In-person sessions are held at either a professional office location, or at my home, and may not always be available and are dependent on availability of office space. For sessions that are held in my home office, there are a few important things to note:

- I will take all reasonable precautions to provide sound privacy, including a secured and closed space that has a sound wall via noise machine outside of the door. You will also notice a screen upon entry to divide office space from living space.
- You may hear noises coming from the house from the street or from other family members.
- The door to my home is shared with family members; I do not have a separate entrance for my office. There is one step to get up to this door.
- A bathroom is available on the same floor as my office. You will be escorted past the privacy screen to this bathroom and are welcome to use it.
- Please do not show up unannounced; rather, use the channels and procedures outlined elsewhere in this document should you need to speak to me outside of session.



- There is video surveillance of my home for security purposes. I do not maintain these recordings.
- Outside of scheduled session time, please do not otherwise engage with me or my family members at my home, and please do respect professional boundaries.
- Animals are present within the household. They will not be present in session but if you have allergies please alert me.

**Vacation and sick days:** I do 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 I am ill. In general, expect to have therapy available for about ten months out of each twelve-month year. If you are in need of support while I am away please send me an email, at which point you will receive an auto-response with instructions. 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 for clients using insurance:

Standard psychotherapy sessions (50 minutes): \$250

Extended psychotherapy sessions (80 minutes): \$400

Couple's or family sessions (50 minutes): \$300

Couple's or family sessions (80 minutes): \$480

Individual intake, assessment, evaluations (50 minutes): \$275, each additional 10 minutes is \$55

Couple's intake, assessment, evaluations (50 minutes): \$325, each additional 10 minutes is \$70

Emergency consultation - \$50/10 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 cash-pay rate is available 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. Note that I am unable to provide a superbill or courtesy billing for sliding-fee services as I reserve these slots for clients without insurance. Sliding-fee sessions are not intended to receive insurance reimbursement.

In addition to standard appointments, it is my 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 my participation, you will be responsible for paying for the extra professional time required, because of the complexity and difficulty of legal involvement.

I offer professional services for the primary purpose of counseling and psychotherapy, not for the primary purpose of preparing for litigation. If you are seeking services for preparation of litigation or other legal action, I can provide you with referral resources for a forensic expert. I do not voluntarily participate in legal proceedings. If my participation is requested or required, my regular hourly rate applies to all preparation, participation, travel, and waiting times.

**Billing and Payments:** Billing is done at the beginning of each day. Your credit card will be charged the morning of your 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 me 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, I may need to use legal means to secure payment, including collection agencies or small claims court. In most cases, the information I would release about a client's treatment would be the client's name, the nature of the services provided, and the amount due.

**Courtesy Billing:** I courtesy bill to insurance companies that have offered a single-case agreement. This means that I will submit a claim on your behalf to them and will receive direct payment from them for services. You will be responsible for the difference between what they pay and my full fee (known as balance billing). Note that I am not in-network with any insurance companies. 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. If you are unable to pay my full fee, as listed in the fee schedule earlier in this document, we may be able to come to an agreement that you are responsible for only my cash pay rate, as listed on my website. If this happens, I will resubmit to your insurance company so as to notify them of what has been paid to me.

**Contacting Me:** Like most outpatient mental health professionals, I am very often not immediately available by telephone. When I am with clients, in court, or out of the office, my phones are answered by the answering machine, which I monitor frequently. I am generally able to return your call by the next business day, **with the exception of presence in court, vacations, weekends and holidays, family emergencies, or at night.** I follow the Seattle School District for snow or other school closures.

**Emergencies:** If you are in an emergency or crisis situation, you should:

- **call the Crisis Clinic at 988 or (206) 461-3222,**
- **call 911, or**
- **proceed immediately to the nearest emergency room.**

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





**Ethics and Professional Standards:** I abide by the ethical, professional, and legal standards established by the applicable professional codes of ethics and state and federal law. At any time, you may ask me to discuss my 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. I will be happy to make appropriate referrals if I become aware of a problem that is outside of my area of expertise, or if you request one. A copy of the Washington Acts of Unprofessional Conduct can be found in RCW 18.130.180.

Finally, it is important that you know that you have recourse available if you feel that I have acted unprofessionally or have caused you harm. If you believe that I have acted unethically in our work together, please discuss it with me, or contact:

Washington Department of Health  
Health Systems Quality Assurance Complaint Intake  
Post Office Box 47857  
Olympia, WA 98504-7857  
Phone: 360-236-4700  
E-mail: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

Under Washington State law, I am required to report myself or another health care provider in the event of a final determination of an act of unprofessional conduct, or a determination of risk to patient safety due to a mental or physical condition. I will also have to report impairment of a patient who is a health care provider when there is 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 me.

**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.

### **Termination**

If, without having made prior arrangements, I have not heard from you in 30 days I will assume that you would like me to terminate our current episode of care and close your active clinical file. In such cases, we may re-open the file and initiate a new episode of care once we meet for a session.

