



### **Informed Consent for Participation in Treatment**

Please read this consent form carefully, as it describes the policies and procedures followed by your Kitsap Peninsula OCD and Anxiety Service psychologist/therapist. (The terms “psychologist” and “therapist” are used interchangeably below.)

#### *Types of Service Provided by Your Psychologist/Therapist:*

You will be interviewed and might be asked to fill out some questionnaires to assist in determining how best to help you. Sometimes, additional psychological testing is conducted, and the reasons for this will be discussed with you if it is relevant. Treatment usually involves individual meetings, but may also include family members or significant others in some individual sessions. All treatment will be conducted only with your consent.

#### *What You Can Expect from Treatment:*

A specific, individualized treatment plan will be developed, tailored to your needs. You will often be expected to work on specific tasks outside the therapy sessions. This “homework” will be decided by you and your therapist together, and might include thinking about a particular issue, reading some relevant material, writing down a log of feelings or behaviors, or practicing a particular skill, for example. The duration of treatment is different for each person and can be difficult to estimate; your therapist will address any concerns that you have about this. If you are not feeling satisfied with your treatment for any reason, you are asked to discuss this directly with your therapist, who will work with you to uncover what might be preventing progress, will modify goals with you if appropriate, and will make a referral for you to (an)other professional(s) if necessary, and/or at your request. Sometimes people find that they have a temporary increase in their level of distress when beginning psychotherapy, because the process of working on personal issues can be difficult.

#### *Emergencies:*

Anxiety is not an emergency. However, if you are at imminent risk of harming yourself or someone else, you can reach your clinician at (360) 234-4623 and they will assist guiding you to the nearest emergency room for evaluation to ensure safety. If you are unable to reach your treating clinician and feel that you cannot wait for them to return your call, contact your primary care physician or the nearest emergency room, or 911. If your clinician will be unavailable for an extended time, back-up emergency coverage will be arranged.

### *Confidentiality:*

What you discuss with your therapist is kept confidential, or private, with some exceptions. The therapist can, and must, break confidentiality to protect clients or others in the event of emergencies such as threats of imminent harm that a client expresses towards himself/herself or others, and upon learning of any abuse or neglect of a child, a disabled person, or an elderly person. Certain information about you may also be shared with your insurance company if you choose to have insurance billed for your care. The **Notice of Privacy Practices** provides detailed information about how private information about your healthcare is protected and under what circumstances it may be shared.

### *Notice for Medicare Patients:*

Patient's certification, authorization to release information and payment request: You certify that the information provided by you, or the patient named below, in applying for payment under Title XVIII of the Social Security Act (Medicare) is correct. You authorize any holder of medical or other information about me or the patient named below to release to the Social Security Administration, the Center for Medicare and Medicaid Services, and/or its intermediaries or carriers any information needed to adjudicate or address any Medicare claim relating to the provision of health care items or services. Similarly, you authorize the Social Security Administration, the Center for Medicare and Medicaid Services, and/or its intermediaries or carriers to release information about you or the patient named below in order to establish Medicare entitlement or to adjudicate or address any Medicare claim relating to the provision of health care items or services. You request that payments of authorized benefits be made to you or on your behalf or on behalf of the patient named below. You assign the benefits payable for practitioner services to the practitioner or organization furnishing the services, or authorize such practitioner or organization to submit a claim to Medicare for payment to me. You understand that if, under Medicare program guidelines, a necessary service is determined to be non-covered, you will personally be responsible for payment as set out above under the "Financial Agreement".

### *Payment and Fees for Services:*

Payment for services must be made at the time of each session. A credit card must be kept on file to secure services, though you may opt to use a different form of payment anytime. Cash, checks, and credit cards are accepted. Payment is also accepted online through the Patient Portal. If you use insurance to pay for treatment, you are expected to pay any co-payment at the time of service. Should your insurance company refuse to remit payment for the services, you will be held responsible for paying the amount in full. If you do not pay your bill within 30 days of the date of an invoice, 2% interest may be added per month to the balance; in addition, if you default on your bill you may be held responsible for collection charges and/or attorneys' fees. A \$15.00 service charge will be charged for any checks returned for any reason for special handling. The following fees are charged for services:

*Diagnostic Evaluation:*

60 min                      \$215

*In office or telehealth therapy sessions:*

30 min                      \$100

45 min                      \$155

60 min                      \$195

*In-home or community based therapy*

90 minute minimum              \$240

additional minutes (\$40 per 15 min)

(additional travel charge of \$40 if distance is more than 10, but less than 30 miles)

*Treatment-related services*

Phone calls, form completion and letter/report writing are billed based on actual time used at a rate of \$25 per 15-minute unit.

*Cancellation policy:*

**If you cancel your appointment with less than 24 hours notice, a \$100 fee will be charged.** Documented medical emergencies or deaths of close friends or relatives are eligible for a waiver of the fee. After the third such instance, regardless of circumstances and even if you have paid the fees, your therapist reserves the right to terminate your treatment.

*Social Media & Technology policy:*

Clinicians at Kitsap Peninsula OCD & Anxiety Services do not connect with clientele on their personal social media platforms such as Facebook, LinkedIn, or Twitter. If you send an invitation to connect with your psychologist/therapist on one of these media, the invitation will not be accepted. If your clinician deems that therapy sessions may be conducted via telephone or a HIPPA approved video conference platform, completion of a separate consent form outlining this agreement is required. Often, third party payers and insurances will not pay for such sessions.

Please sign and date below to indicate that you agree to the provisions stated in this document:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent or Guardian

\_\_\_\_\_  
Date