



*Ruth Graham, MA LMHC
Child, Adolescent, Adult & Family Therapist
DBA Hope Counseling Centers*

OUTPATIENT SERVICES CONTRACT / INFORMED CONSENT

Welcome to Hope Counseling Centers. This document contains important information about the professional services and business policies as well as the rights and responsibilities for the therapeutic relationship. Please read it thoroughly before you sign it and consent to treatment and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems brought forward. There are many different methods that may be used to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, you will be offered some first impressions of what the work will include, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable moving forward with Hope Counseling Centers. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about the procedures, we should discuss them whenever they arise. If your doubts persist, referrals to another health professional will be provided.

CONSENT FOR TREATMENT

Disclaimer by the State of Washington: "Counselors practicing for a fee must be registered or licensed with the Department of Licensing for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment."

QUALIFICATIONS/EDUCATION/EXPERIENCE

- Licensed Mental Health Counselor through the state of Washington, Licensure # LH60764015.
- Master's Degree in Counseling Psychology from Northwest University in 2014.
- Bachelor's Degree in Psychology from Northwest University in 2012.

- Mental Health Specialist with experience working with children, adolescents, adults, couples and families with a wide range of issues from mild to severe, as well as previous experience in training adults..
- I am committed to furthering my knowledge and expertise by regularly participating in specialized training and receiving ongoing clinical consultation.
- Trust-Based Relational Intervention practitioner
- Attachment-Focused Certified

TREATMENT ORIENTATION

My primary approach to counseling is client-centered and focuses on clients' strengths and abilities to make positive changes in their lives. Clients are encouraged to set their own goals for therapy and to be full and active participants in their own processes. Guided by the client's needs and issues, I use a variety of tools drawing from many therapeutic approaches, such as Psychoeducation, Attachment, Client-Centered, Cognitive, Cognitive-Behavioral (including Trauma Focused Cognitive Behavioral Therapy), and Solution-Focused strategies. Additional approaches may be used when beneficial to the client. I hope to provide a safe place for my clients, to find encouragement and acceptance, to learn and assimilate new coping skills and to achieve the desired life change and hope for their future.

LENGTH AND NUMBER OF SESSIONS

Sessions typically last 50 minutes. They are expected to begin promptly, and end at the scheduled time. Although it is understood that there may be instances when you arrive late for a session, late arrival will not extend the scheduled ending time for the session. Your therapist is also expected to be on time, and will offer appropriate remedy if late, such as making the time up, prorating the fee, etc. The total number of sessions is dependent on a number of factors including your goals, timeframe, rate of progress, etc.

FEE POLICY

Counseling fee is \$120-\$150 per 50-minute session for individual or couples therapy. For 90-minute sessions the fee is \$150-\$200. Fee is due at time of service.

Current accepted insurances are Regence, Blue Cross/Blue Shield, Cigna, First Choice and Adoption support. Clients are responsible for any costs not covered by their insurance company or the Adoption Support program. Other insurances are out-of-network, you have the option to pay for my services out of pocket and then submit reimbursement paperwork to your insurance company. I will provided a superbill for you. I cannot guarantee that you will receive full reimbursement and you will be responsible for my fee up front, regardless of what the insurance company pays.

Additional payment options, Cash, Check, or Credit Card (HSA, Visa, MasterCard, Discover, & American Express). A 2.6% + \$0.10 swipe fee, or 3.7% + \$0.15 key in fee, will be added for credit card payments.

APPOINTMENTS AND CANCELLATIONS

Regular psychotherapy promotes faster healing and progress, so it important that you attend your scheduled therapy session consistently. The agency policies are outlined below.

All sessions are arranged by appointment. Please be prompt to best use the time reserved

for you: sessions cannot be extended if you arrive late. To facilitate scheduling, twenty-four hour notice is required for cancellations and reschedules, otherwise there is a full charge for missed appointments. Monday appointments require notification before 5:00pm the preceding Friday. To change or cancel an appointment, please call 206-605-0664.

CRISIS INFORMATION/TELEPHONE/MESSAGES

I do not provide ongoing crisis services. If intensive or after-hours crisis services are needed during the course of therapy, I will facilitate linkage with crisis services, such as referrals to the local crisis center or referrals for hospital admittance. If you have concerns about this policy, please discuss this with me so any questions or concerns you may have can be clarified.

Messages may be left on my private voice mail at 206-605-0664. Due to the nature of an outpatient practice, it may not be possible to respond immediately. If a situation requires an immediate response, call the 24-hour crisis clinic at (800) 244-5767 for King County, (800) 584-3578, or (800) 576-7764 for Pierce County, call 911, or go to the nearest hospital emergency room.

CONFIDENTIALITY

Clients can rely on me to maintain confidentiality regarding our work together with these few exceptions:

- 1) I may consult with other therapists, who are required to keep client information confidential, for case consultation purposes.
- 2) Washington State Law requires that suspected abuse or neglect of a child, dependent adult, or developmentally disabled person be reported.
- 3) Washington State Law also requires that others be informed if a client threatens to harm herself/himself, or others. If that threat is perceived to be serious, the proper individuals must be contacted: this may include the individual against whom the threat is made.
- 4) In the event of a court order, counselors may be required to disclose information in the presence of a judge.
- 5) Information, which may jeopardize my safety, will not be kept confidential.
- 6) In the event of a medical emergency, emergency personnel may be given necessary information.
- 7) If you bring a complaint against me with the State of Washington, Department of Health, information will be released.
- 8) In the event of the client's death or disability, the information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.

All issues discussed in the course of therapy will remain in the strictest of confidence except those for which you may choose to sign a release of confidential information (e.g., for your medical doctor, other treatment provider, pastor, or family member). Also, your insurance company or its agents may have the right to audit your records for the purposes that may include but not be limited to accuracy of claims, coverage of services, medical necessity, proper utilization and appropriateness of services, and appropriateness of billing. In the course of clinical consultation, your case information may be discussed with other professionals. However, this is done without revealing any information that would

identify you. Exceptions to confidentiality, as provided by law, are explained in the Notice of Privacy Practices, a copy may requested at any time. When Federal and State laws differ, the more stringent law supersedes the other.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

AGE OF CONSENT — OUTPATIENT TREATMENT OF MINORS

Any minor thirteen years or older may request and receive outpatient treatment without the consent of the minor's parent. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to RCW 7.70.065, is required for outpatient treatment of a minor under the age of thirteen. The counselor will act in the minor's best interests in deciding whether to disclose confidential information to the legal guardians without the minor's consent pursuant to WAC 246-924-363.

COURT TESTIMONY

Should you become involved in any legal dispute (i.e., divorce, custody, worker's compensation, accident claim, etc.); I will **NOT** be available to provide expert testimony in court. This decision is based on the premise that my evaluations will be seen as biased in favor of my client due to our therapeutic alliance and/or because the testimony could negatively affect the therapeutic relationship which I must put first.

TERMINATION OF THERAPY

I, the therapist, reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, the client's needs are outside of my scope of competence or practice, or the client is not making adequate progress in therapy. The client (or the parents if the client is a minor) has the right to terminate therapy at his/her discretion. Upon either party's decision to terminate therapy, I will generally recommend that the client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. I will also attempt to ensure a smooth transition to another therapist by offering referrals to the client.

Please sign below to indicate that you understand and agree to participate in therapy in accord with the above policies.

Acknowledgement of your understanding of OUTPATIENT SERVICES CONTRACT and INFORMED CONSENT: I have read and understand all of this information, including my rights as a client. I agree to all of the above policies and procedures. If my fees are determined by a scholarship, I agree to notify my therapist of changes in my income or household size that could affect my fee. I hereby authorize Ruth Graham, MA, LMHC, to render mental health services to:

Client Signature Date

Parent/Guardian Signature Date

Client printed name

Parent/Guardian printed name

Clinician Signature Date