

**KARI A. BECKMAN, Ph.D.**

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### **Office Policy and Client Service Agreement**

Welcome to my practice. This document contains information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA) which I am required by law to inform you of. Please read it carefully and discuss any questions you may have about it with me. Once you sign this, it will constitute a binding agreement between us.

**Psychological Services:** Psychotherapy is not easily described in general statements. Its nature and success varies depending upon both the personality of the patient and the therapist. There are a number of approaches to address the problems you bring. Effective treatment requires openness, an attitude of collaboration and your willingness to invest both time and effort between sessions. The success of therapy cannot be guaranteed because the outcome is in part your responsibility. I will utilize my experience, education, and training to work with you productively, and will perform my services in a professionally competent manner.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. Psychotherapy often requires recalling unpleasant aspects of your history. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, better relationships, and resolution of specific problems.

My usual practice is to conduct an evaluation lasting two to four sessions. By the end of the evaluation, I will be able to offer you some initial impressions of what our work will include and an initial treatment plan, if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. Therapy often 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 my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you secure an appropriate consultation with another professional.

**Ethics and Professional Standards:** Psychologists offering services to the public must be licensed by the State of Washington. I have a doctoral degree in clinical psychology from Washington State University, and supervised pre- and post-doctoral clinical experience, and I have passed a national written examination and an oral examination given by the Washington State Examining Board of Psychology. I am a member of the Seattle Psychoanalytic Society and Institute.

As a licensed psychologist and a member of the Washington State Psychological Association and the American Psychological Association, I am accountable for my work with you. If you have any concerns about the course of treatment or my behavior, please discuss them with me. If you feel I have been unethical or unprofessional, you may contact the Department of Licensing, PO Box 9649, Olympia, WA 98504, (360)236-4928. You have the right to terminate your treatment with me at any time, to seek another opinion, and to be provided with the names of other therapists if you wish.

The competent and ethical practice of psychotherapy dictates that I participate in regular case consultation with other licensed professionals. Should I obtain consultation regarding your situation, I will not disclose your name or other identifying information, in order to preserve your confidentiality to the best of my ability. Your signature on this policy statement serves as consent that I may obtain consultation regarding your treatment (on an anonymous basis) without a specific release to do so.

**Confidentiality:** All information you disclose is confidential, and will generally not be released without your specific written permission. However, the law requires exceptions to this in three situations: suspected child abuse or abuse or neglect of a vulnerable adult, threatened harm to self or others, or if individuals are gravely disabled and not able to care for themselves. Furthermore, the Uniform Health Care Information Act permits professionals treating the same patient to communicate with each other in order to facilitate continuity of care. In some instances, the court can subpoena confidential information, however you would have the right to seek a protective order blocking me from releasing information. These situations rarely arise in my practice. Should such a situation occur, I would make every effort to fully discuss it with you before taking any action. Please discuss any questions you may have about these situations with me so you may understand how they might potentially affect you.

If you are under 18, the law permits your parents to examine your treatment records. Therapy is generally most successful if parents agree to allow you to keep your treatment with me confidential, apart from general information I might discuss with them about how

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your treatment is progressing, and unless I have serious concerns about your safety and well being in which case I will inform them of my concern. Before doing so, I will discuss the matter with you.

Should you chose to use your insurance to pay for your treatment, you should be aware that I will be required to provide information about your treatment, typically only your name and diagnosis, but sometimes more detailed information about yourself, such as your treatment notes or summaries, to your insurance or managed care company. Your insurance or managed care company may impose certain restrictions upon your treatment, such as limiting the number or sessions, possible requirement to use medication, or deciding to pay only if your situation meets criteria for medical necessity, as defined by that individual company. Any information that I release will become part of the insurance company's files and I would have no control over it once it is in their hands.

**Appointments:** During the evaluation period, we can both decide whether I am the best person to provide the services you need. If psychotherapy is initiated, I will schedule between one or more 50-55 minute sessions per week for you at a mutually agreed upon time. **I require 48 hours notice to cancel an appointment. Appointments cancelled with less than 48 hours notice will be charged at the full session rate.** Insurance does not reimburse for missed or cancelled sessions, so the full amount for the session would be your responsibility. I am typically in the office Monday through Friday. If you need to reach me emergently outside these hours, you may call my voice messaging, and leave a message. I will be notified of your call.

**Communication outside of sessions:** The best place to leave a message for me is on my voicemail. I will be notified of any message you have left immediately through out the day and over weekends and evenings. You may also email me, but know that email messages may not be read or responded to during the evenings or over the weekend. Messages that include content that would best be responded to in a therapy session (topics of a psychological nature) will not be responded to via email, but will be discussed at the next session. Topics that are practical such as the scheduling or canceling of appointments will be responded to via email. Text messages regarding practical issues will also be responded to via return text, though again communication regarding more complex emotional and psychological issues should occur via phone calls or in person during a therapy session.

**Fees and Payments:** My fee per session is \$165. Payment is expected at the time of service unless we have made other arrangements. I charge my prorated hourly fee for any other time spent rendering professional services on your behalf, such as time spent on extended phone calls, report writing or conferring with other professionals. In unusual circumstances, you may become involved in a legal proceeding, which might require my participation. Because of the complexity and difficulty of legal work, I charge \$250 per hour for my time preparing for or attending any legal proceedings. My fee will increase every two years, with the next increase occurring in January of 2019.

You are responsible for your account whether or not health insurance may eventually pay for a portion of the charges. I will submit a bill for my services directly to your insurance company. I will also provide you with a statement of your account every month, and will expect payment in full of your portion by the 20<sup>th</sup> of the month. If your account is more than 60 days in arrears and suitable arrangements for payment have not been made, I have the right to use legal means to secure payment, including turning your account over to a collections agency or hiring an attorney (which would require disclosing some limited confidential information). Should financial difficulties arise in the course of your treatment, these would best be dealt with by discussing them with me as soon as possible, so that we may discuss your options.

**Records:** Both the law and the standards of my profession require that I keep a record of services I provide to you. Except in the unusual circumstance that I might conclude that disclosure could reasonably cause danger to the life or safety of you or another person, or violate another's confidentiality, you have a right to see that record, if you request to do so in writing. Because these are professional records, they can be misinterpreted and/or be upsetting. If you should wish to see your records, it is best for us to review them together so that we can discuss what they contain. You will be charged for any preparation time or copying fees, which are required to comply with an information request, and I may withhold your record until the fees are paid. HIPAA provides you with specific rights regarding your clinical records. You should review the accompanying Policies and Practices document in which these are described in detail.

**Assignment, Release and Financial Agreement:** Your signature below indicates that you have read, understand, and agree to these policies, and that you accept responsibility for payment of fees in accordance with the terms and conditions described. You also agree to grant Kari A. Beckman, Ph.D. permission to perform a psychological evaluation of you or your child, if he/she is the patient, and to employ such established psychotherapeutic treatments as may be deemed professionally necessary to address your complaints. Your signature also acknowledges receipt of the HIPAA rules: **Notice of Policies and Practices to Protect the Privacy of Health Care Information.** This authorization constitutes informed consent without exception.

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Client

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Date

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Parent/Guardian

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Kari A. Beckman, Ph.D. License No. 1737

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Date