



POLICIES AND PROCEDURES

Fees for Service:

_____ initials Agreed upon fee \$ _____

Additional Fees for Services are assessed at 15-minute increments and are based upon your hourly rate noted above.

Late Cancellation/No Show Policy:

_____ Initials

Appointments cancelled with less than 24-hour notice or “no showing” will result in a full charge of the missed appointment. No future sessions will be scheduled until this fee has been paid.

Returned Check Fee:

_____ Initials

If you pay with a check and the check bounces, there will be a \$40 fee applied to your account for bank charges.

Crisis Information:

_____ initials

As a private practitioner, therapist is unable to provide crisis counseling. In the event of a crisis, please dial 911 or call the Mental Health Crisis Line at (800) 273-8255

Client Email/Text Informed Consent:

_____ Initials

Risk of using email/text: The transmission of client information by email and/or texting has a number of risks that clients should consider prior to the use of email and/or text. These include but are not limited to the following risks:

1. Email and texts can be circulated, forwarded, stored electronically, and on paper, and broadcast to unintended recipients.
 2. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
 3. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
 4. Employers and on-line services have a right to inspect emails sent through their company systems.
 5. Emails and texts can be intercepted, altered, forwarded, or used without authorization or detection.
 6. Email and texts can be used as evidence in court.
 7. Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.
- _____

Initials

Conditions for the use of email and text: Therapist cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. Therapist is not liable for improper disclosure of confidential information that is not caused by intentional misconduct. Clients must acknowledge and consent to the following conditions:

1. Email and texting is not appropriate for urgent or emergency situations. This therapist cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
2. The client should call and/or schedule an appointment to discuss complex and/or sensitive situations rather than send email and/or texts regarding such situations.
3. All email will usually be printed and filed into the client's record. Texts may be printed and filed as well.
4. Therapist will not forward client's identifiable emails and/or texts to outside parties without the client's written consent, except as authorized by law.
5. Clients should use their best judgment when considering the use of email or texts for communication of sensitive information. Therapist will not be responsible for the content of messages.
6. Therapist is not liable for breaches of confidentiality caused by the client or any third party.
7. It is the client's responsibility to follow up and/or schedule an appointment if warranted.

Records Review & Correction

initials

Therapist will keep records of the mental health care services provided to you. You have a right, by law (RCW 0.02.070), to see and copy that record and to make corrections to your record. A reasonable fee will be charged for reviewing and/or photocopying any portion of your record.

Termination of services

Initials

Therapist keeps files open for active clients. If you have not been seen for 90 days, you will be considered inactive and your file will be closed. If your file has been closed and you wish to resume services or receive referrals for services, you may contact therapist and your file can be re-opened.

Initials

In the event of an emergency and your therapist is unavailable, the following therapist _____ has permission to access your records to obtain Contact Information only and will notify you of any changes in your treatment process.

Consent for Treatment

I have read, initialed, and understand the above policies and procedures and informed consent information. I understand that I may terminate treatment at any time. I agree to the stated terms of treatment and hereby give my consent for treatment. I also acknowledge that I have been given a copy of this agreement.

Client

Date

Therapist

Date