Amy S. Clark, Psy.D.
Clinical Psychologist
P.O. Box 12808
Everett, WA 98206

INFORMED CONSENT

Training: I am a Clinical Psychologist licensed in the State of Washington. I have six years of graduate education in psychology, and over twenty years of clinical experience. To qualify for licensing as a Psychologist, I passed a national written examination and an oral exam in the State of Washington.

Services: I provide individual therapy with adults. My theoretical orientation is dependent on the type of therapy you are seeking. I am trained to practice both long-term insight oriented psychotherapy, as well as short-term solution focused psychotherapy. I believe that to successfully address the issues you bring to therapy, it is necessary for us to establish a confidential and trusting relationship. We will explore your thoughts and feelings in relation to the problems that made you seek therapy, establish goals for your treatment, and discuss your personal history, as it is relevant to your present situation. If you have any questions or concerns about your treatment I encourage you to ask. I cannot promise the end of whatever issues bring you to psychotherapy, but through both of our efforts, we will do the best we can to achieve a successful outcome.

Clients Rights: As an individual you have the right to choose the mental health practitioner who best suits your needs and purposes. You have the right to request a change in treatment, an end to services altogether, or a referral to another professional. If at any time in our relationship you are feeling dissatisfied I encourage you to talk with me about your concerns. Most relationships can have difficulties, client-therapist included, our resolving the problem will help you to use the skills in other relationships. If there is a serious concern that cannot be addressed in session you have the option of contacting the Department of Health at (360) 236-4910.

Confidentiality: Information discussed in our therapy session is confidential, unless I feel that you potentially will harm yourself, another person, or unless you report a situation of current child or elder abuse. If you are a parent and my client is your child it will be important for all of us to discuss your child's confidentiality rights. By law, information can only be released with the written consent of the client, or if a child, the child's parent or guardian. Any release of information will be discussed with you before being released. You may ask to see a copy of the record of mental health services that I provide to you. You may also ask me to correct the record. Please ask me if you have any concerns about confidentiality.

Methods of Communication and Confidentiality: My telephone number at the office is (425) 610-7896. It is answered by a voicemail system. I will return your calls as soon as possible. My email address at dramyclark@icloud.com is the best way to contact me. In cases of harm risk I will provide my cell phone number. I might also call you about appointment changes using my cell phone. Occasionally clients will text. All forms of communication are not 100% confidential and secure. If you would prefer that communication be kept to the landline please inform me, otherwise by signing this form you are acknowledging your understanding of the confidentiality limits of cell phones and email.

Emergencies: In cases of emergency please call me as soon as possible. If I am unable to return your call within a reasonable amount of time, call the 24-hour Crisis Line in Everett at (425) 258-4357.

Appointments: I see clients only by appointment. Emergency appointments can be scheduled if needed. Sessions are 45 to 60 minutes. Please call at least 48 hours in advance if you need to cancel a session. You

will be charged a $75 fee for skipped appointments and appointments cancelled with less than 48 hours notice.

Fees: The fee for the initial visit and evaluation is $260 and the fee for regular therapy appointments is $240 unless other arrangements are discussed in advance. Payment is due at the time of the appointment. If you have insurance that covers the services rendered, you should still pay your portion of the fee at the time of the visit. Court testimony or other out-of-office activities are billed at a higher rate. A finance charge of 1.5% per month will be charged on accounts unpaid over 60 days. Bills unpaid over 90 days may be sent to a collections company.

Insurance Coverage: Some insurance plans cover psychological services. If you are unsure about what coverage you have, call your insurance company to inquire if your plan covers outpatient mental health care provided by a licensed psychologist. You will also need to determine if I am a covered provider with your insurance company in order for them to pay the claim. If your insurance company determines that I am not a covered provider and refuses to pay the claim, you are then responsible for payment for services. In most instances I will provide courtesy billing directly to your insurance company. Most insurance companies require a statement of the type of services provided and a diagnosis. Some require more detailed information such as progress notes or treatment summaries. Signing this form acknowledges your consent allowing me to release the necessary information required for processing your claim. Most managed care companies require pre-authorization before you see a therapist.

If services are authorized by your insurance company then determined, by them, to be "non-covered" or if treatment authorization is terminated by your insurance company without prior notice to me, by signing this form you are acknowledging that you are then responsible for any fees accrued. Additionally if you elect to participate in "non-covered" services, we will discuss the associated fees, but you are then responsible for any amount not covered by your insurance company.

Billing and Collections: I will provide courtesy billing for one insurance company. I do not bill secondary insurance. If you have coverage by two insurance companies then you are responsible for paying your copay and deductible upfront and billing your secondary insurance for reimbursement. If you provide incorrect insurance in ormation you are then responsible for the full fee and seeking reimbursement from your current insurance company.

In the event a bill is not paid within 90 days it may be referred to a collection agency or court. Your name, payment record, and last known address will be given to the agency or court. Signing this form acknowledges your consent allowing me to release the necessary information required for billing purposes and collections.

Contact With Your Referring Physician: If a physician referred you, I might need to speak to that physician regarding your diagnosis and treatment plan. Attached is a consent form that allows me to communicate with your physician.

Termination of Services: As part of your treatment plan we will decide when to terminate services according to the appropriate standard of care. Sometimes situations might dictate a premature ending to psychotherapy and further appointments are not scheduled. If you do not schedule a follow up appointment within 30 days of your previous session then services are considered terminated.

I have read and understand the agreement for provision of psychological services and have received a copy for myself if desired.

_____ _____

Date Client Signature