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Psychologist – Client Services Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it, if there are obligations imposed on me by your insurer in order to process or substantiate claims made under your policy, or if you have not satisfied any financial obligations you have incurred.

Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is contained in a separate document, explains HIPAA and its application to your personal health information in greater detail. When you sign this Agreement, you are acknowledging that I have provided the Notice to you.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client and the particular problems you are experiencing. There are many different methods I may use 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. Psychotherapy involves behavioral modification. In order for the therapy to be most successful, you will have to work on the 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 such as sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. 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.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. My treatment recommendations may include increased exercise, nutritional supplementation or the use of a medical device called microcurrent electrical stimulator. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a 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.

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 55-minute session per week at a time we agree on, although some sessions may be longer or more frequent.

Subject to a patient's particular needs, I sometimes recommend nutritional supplementation. If I believe this to be appropriate for you, I will explain my recommendations in detail. If you do not

wish to consider nutrition, however, you can let me know by marking your Registration accordingly.

Cancelling Appointments

Please be aware that your appointment time is reserved specifically for you, and we are not readily able to offer the time to someone else, should you cancel with little notice or fail to appear. We expect our patients to consider their appointments to be commitments. You may cancel an appointment without charge if you provide at least 2 days' advance notice. If you cancel with less notice or fail to appear for a scheduled appointment, we must charge a cancellation fee in an amount up to the full fee. (If you are unable to attend because of illness or other circumstances beyond your control, we may waive the charge.) It is important to note that insurance companies do not provide reimbursement for cancelled sessions, so you must pay the cancellation charge out of pocket.

Contacting Me

Due to my work schedule, I am often not personally available by telephone. While I am usually at my office, I probably will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by my office assistant or by voice mail. I will make every effort to return your call the same day you make it, with the exception of week-ends and holidays. If you are difficult to reach, please inform me in your message of some times when you will be available. If you are unable to reach me and feel you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary.

Professional Fees

My fee for the initial diagnostic interview is \$225, and my follow-up session fee is \$175.00. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$300 per hour for preparation and attendance at any legal proceeding.

Insurance, Billing and Payments

If you have insurance benefits for mental health, we will bill your insurer and assist you in receiving the benefits to which you are entitled. We see patients with many different insurance plans, and it is impossible for us to know all the covered benefits, deductibles and co-payments for each plan. Further, the insurance company will not guarantee payment to us. Although we will do everything reasonable and practicable to obtain payment from your insurer, it is the patient (or parent, guardian or representative), not the insurance company, who is responsible for full payment for all services. It is very important that you find out exactly what mental health services your insurance policy covers.

Your co-pay (or full fee, if you are not insured) is due at the time of each session, unless we agree otherwise. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or installment payment plan.

The interest charge for overdue accounts is 1 ½% per month. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of the services provided, and the amount due. If a collection agency or legal action is necessary, the cost of collection will be included in the claim.

Insurer Requests for Information

You should be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries or copies of your entire clinical record. In such situations I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit if you request it. By signing this Agreement, you agree that I can provide the requested information to your insurer.

Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by contract.

With my signature:

- I consent to evaluation, testing and diagnosis, as well as follow-up treatment if determined to be necessary.
- I acknowledge that I have read this agreement and agree to its terms.
- I acknowledge receipt of the HIPAA Notice.

_____ Signature of patient	_____ Printed name	_____ Date
_____ Signature of parent, guardian or other person responsible for account	_____ Printed name	_____ Date
_____ Witness signature	_____ Printed name	_____ Date