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OFFICE POLICY STATEMENT

It is a pleasure to welcome you as a new patient. In order to acquaint you with the office policies, I have written a brief description of procedures and related therapy information.

APPOINTMENTS

All sessions are arranged by appointment only. Sessions are scheduled for 50 minutes unless other arrangements are made. Please be prompt to best use the time reserved for you.

CANCELLATIONS

To facilitate scheduling, twenty-four hour notice is required for cancellations and reschedules. You will be charged the regular hourly rate for missed appointments without prior notification, unless your policy dictates otherwise. Please be aware that most insurance companies will not reimburse for missed psychotherapy sessions, making you responsible for the entire fee.

FEES AND PAYMENT

The cost of a 50-minute psychotherapy session is currently \$120.00. However, I reserve the right to raise my hourly fee. In doing so, I will always provide adequate notice and opportunities for discussion. Billing is provided at the end of each month at which time full payment is expected unless other arrangements have been agreed upon. Any collection, legal fees or costs necessary to collect unpaid balances will be your responsibility. Reports and letters will be billed at the usual hourly rate based on preparation time. Charges for special services, such as legal evaluations, will be provided separately.

If you are covered by insurance, I will bill your insurance directly for services rendered. I will be happy to help answer any questions you may have regarding this process. If I am a participating provider in your insurance or managed care company, I will comply with the agreement to accept their "allowable" fee. It is your responsibility to follow any plan requirements that apply to you. For example, some plans require that you obtain a referral from your primary care physician or case manager before the first session. Most plans limit the services for which they will reimburse including, but not limited to, the dollar amount and/or number of sessions that may be authorized.

If you request or agree to a service for which reimbursement is later denied by your insurance

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company or its agent, i.e. not pre-authorized, considered medically unnecessary, beyond the benefit limit, etc., it is understood that full payment for services rendered will then be your responsibility. I recommend that you check your policy coverage, since insurance reimbursement varies with different companies and policies.

TELEPHONE

The phone number listed on my card is a 24-hour voice mail service available for emergencies, consultations, cancellations, or rescheduling. Due to the nature of an outpatient practice, it may not be possible to respond to your call immediately. If a situation requires an immediate response, please call the crisis clinic at 461-3222 or go to the nearest hospital emergency room. During extended absences, the voice mail service will offer the name and number of a colleague who is available for emergency consultations.

CONFIDENTIALITY

A record of your treatment is maintained and kept in a locked file. You have certain rights with regard to accessing that record. Please direct inquiries regarding your record to me so that we may discuss them.

Confidentiality is a critical aspect of a therapeutic relationship. All issues discussed in the course of therapy are strictly confidential with the following exceptions:

- 1) Instances where you or your legal representative give written consent.
- 2) Instances where the patient may be an imminent threat to self or others, including contemplation or commission of a crime or harmful act; unable to take care of his/her most basic needs; or in cases of suspected abuse/neglect of a child or dependent adult, such as a developmentally disabled person or an elderly adult.
- 3) In response to a subpoena from the secretary of the Department of Health. In the latter case, the Secretary may subpoena records if they are related to a complaint or report under RCW 18.130.050.
- 4) Instances in which treatment information is given to insurance companies in order to process a claim. Some information such as name, diagnosis, date of service and charge is routinely given to insurance companies. However, some companies require more information in order to pre-authorize coverage or process a claim such as recommended course of treatment, status, etc. I will usually discuss the nature and intent of the request prior to releasing information. However, it is understood that release of treatment information may be necessary in order to obtain payment for services rendered.
- 5) In the event that it should become necessary to refer your account for collections or to legal counsel it would be necessary to release identifying information, signed contracts, as well as details of the treatment dates and money owed for services rendered.

If you have any questions regarding these issues, please feel free to discuss them with me. However, it is important to remember that a number of factors can affect the limits of therapeutic

confidentiality under the law.

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EDUCATION, TRAINING AND PROFESSIONAL EXPERIENCE

I hold a master's degree in social work from Catholic University in Washington, DC., and a doctoral degree in clinical social work from Smith College in Northampton, Massachusetts. My doctoral studies provided a strong foundation in developmental psychology, personality theory, and social dynamics. There were also requirements for research, a variety of supervised training experiences, and an eighteen-month internship program. Following completion of a graduate degree in social work, the state of Washington offers licensure to individuals who have graduated from an accredited school of social work and have met extensive supervisory requirements and passed a national written examination.

ABOUT PSYCHOTHERAPY

Generally, the first four to six sessions are devoted to evaluation and information gathering. These initial sessions are critical in helping you to clarify your goals and to evaluate your ability to work in a confidential and meaningful therapeutic relationship. Therapy is a reciprocal relationship that facilitates personal awareness and growth. Oftentimes, the process of therapy requires an understanding of child and family issues. This process can be painful and may, initially, cause you to feel more discomfort. It is through the exploration of this painful material that growth and change can ensue leading to an increased sense of identity, personal power, creativity and purpose.

It is important for therapist and patient to feel comfortable working with one another. At any time, you may refuse treatment or request a referral to another therapist. However, if you should experience any discomfort with the therapeutic approach or question the professional ethics or practice of our work together, please discuss this issue with me first so we can clarify or resolve it. If you believe that our discussion has not resolved the issue, you may contact the Department of Health, Health Professions Quality Assurance, at 310 Israel Road, Tumwater, WA 98501 (tel. 360-236-4903).

The therapeutic process will vary depending on individual needs and goals. The treatment process may include educational and social components, as well as assessment of communication skills, relationships, and personal needs.

CONSENT FOR TREATMENT

I (We), _____, have read and understood the above statements.

Client(s) Signature(s)

Date

Therapist Signature

Date