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DISCLOSURE STATEMENT

Purpose of this Information

This document is intended to provide general information about office policies, limits of confidentiality, fees, emergency procedures, collections, my professional background, grievance procedures, etc. If you have any questions about me, your treatment, business practices, etc. please feel free to discuss them with me at any time.

Privacy and Release of Information

The services you receive in this office are confidential, except in the circumstances listed below:

1. Threats of harm to self or others.
2. Abuse of a child, vulnerable adult, or developmentally disabled person.
3. A court order to release information.
4. Subpoena of treatment records by an attorney, in which case you must obtain a protective order from the court within 14 days.
5. Situations in which a client brings a complaint or legal action against a treatment provider.
6. If you will be applying your health insurance benefits, I may be required to provide to your health plan information, including some or all of your record of treatment, for your carrier to pay for services – by signing this form, you consent to release that information to your health plan.
7. If you are a party to a child custody litigation at any time in the future, the Court may order release of information about your treatment in this office
8. In some instances, as provided in Washington law, information about your health care may be exchanged with other health care professionals involved in your treatment.

In circumstances other than these, I will not release information about your treatment without your authorization.

Emergency contact

I carry my cell phone and will return calls as soon as possible. Please identify if your situation is an emergency. If you need more rapid attention for your own or someone else's safety while waiting for a return call, you may phone the Crisis Clinic (open 24 hours a day, 7 days a week) at 206-461-3222, or phone 911, or report to the nearest emergency room.

Client Records

A file is kept of the services you receive at this office. You have a right to see that record and review it with me, and copy it at your expense. You may ask that factual errors in the record be corrected. You may authorize in writing that copies of that record be released to entities you designate at your expense, per Washington State Law.

Insurance and Patient Responsibility

It is your responsibility to contact your insurance carrier to verify your benefits. It is suggested that you determine before the first session whether I am on your carrier's panel or if I can see you on an out-of-network basis, what your deductible and co-pay are, and the number of sessions that are covered.

Fees and Payment

Payment for charges not covered by your health insurance (including co-payment, co-insurance, and deductible amounts) is due in full at the time of service. Any exceptions to this must be discussed with me.

Late Cancellations and Missed Appointments

If you are unable to keep an appointment you have scheduled you must provide one full business day's notice. Not doing so may result in your being charged the full amount of the session. Note that insurance and health plans will not pay for any part of a missed appointment.

Grievance Procedures

If you have any questions or concerns regarding any aspect of your treatment, you are encouraged to discuss them with me. If you cannot reach a resolution and feel the problem is serious, you can file a complaint with the Washington State Department of Health at PO box 47869, Olympia, WA.

About Counseling

Psychotherapy (a word used interchangeably with the word counseling here) is collaboration between the client and therapist to help you identify problems and negative patterns of thoughts and behavior, and move toward fulfilling life goals. To facilitate that, we will look at both the problems you are presenting and your history as it has affected your present situation. Therapy may include coordination with other professionals involved, including physicians, other therapists, teachers, etc. with your permission. I may discuss your counseling in consultation with other therapists, but will do so without giving any information that could identify you.

About the Therapist

I am a Licensed Clinical Psychologist in the State of Washington (#PY00002502) and was previously licensed in the State of Indiana as well. I have provided counseling and related services in various settings since 1996. I have worked with adults, children, adolescents and couples, and with schools and government agencies since beginning my practice. I received my doctorate from the Illinois School of

Professional Psychology – Chicago Campus, and my undergraduate degree from Trinity College in Hartford, CT.

Fees

Fees are \$120 for the first appointment and \$110 for ongoing appointments. An adjusted fee may be discussed if needed.

Statutory Language

Psychologists practicing in the state of Washington must be licensed/registered with the Washington State Dept. of Health for the protection of the public health and safety. Registration of an individual does not include recognition of any practice standards, nor necessarily imply the effectiveness of treatment.

Agreement

I have had the opportunity to read this document and ask questions if desired. My signature below conveys my understanding of the terms of this document, my agreement to abide by them, and my consent to receive services.

Client, parent or legal guardian

Date

7/10/05