



Quail Hollow Psychotherapy PLLC

Joseph L. Price, PhD

401 Discovery View Drive | Sequim, Washington 98382 | 360.683.4818

Agreement for Psychotherapy Services

Welcome to my practice: This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The law requires that I obtain your signature acknowledging that I have provided you with this information. Please read it carefully and jot down any questions you might have so that we can discuss them at our first appointment. When you sign this document, it will represent an agreement between us.

My Qualifications: I am a licensed Marriage and Family Therapist in the State of Washington. I have a PhD from the University of Wyoming and a Master's degree from Temple University in Philadelphia, Pennsylvania. I have specialized training in individual, group, and family psychotherapy. My work history includes a two-year post-doctoral residency in medical psychology at the Texas Medical Center in Houston, Texas; fifteen years practicing as a VA Psychologist from 1975-1990 with a twenty year collateral teaching appointment at the University of Portland Graduate School in the School of Nursing; Private health care consulting; and fourteen years serving as a faculty member and director of behavioral medicine at Family Medicine of Southwest Washington, a Peace Health Southwest Medical Center graduate medical education residency program affiliated with the University of Washington School of Medicine, Department of Family Medicine. I am a Member of the American Psychological Association, a Clinical Fellow of the American Association of Marriage and Family Therapy, a Diplomate of the American Psychotherapy Association and adhere to the highest possible professional standards of competence and professional ethics stipulated by their code of ethics, and by Washington State law.

Psychotherapy Rights and Responsibilities: I view psychotherapy as a collaborative working relationship in which your active involvement and honest communication are crucial. In order for psychotherapy to be most successful, you will be working on things we talk about both during our treatment visits and at home. Together we will evaluate your goals and needs, and your level of distress. Part of our work will involve identifying your patterns of thinking, behaving, and relating that may impede your life goals, expression of emotions, and development of mutually satisfying relationships.

Psychotherapy can have benefits and risks. Since the treatment process involves discussing difficult aspects of your life, you may experience a variety of uncomfortable feelings. Psychotherapy has been shown to have benefits for people: it often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress. Since people are complex, each and every patient will have a personal treatment experience unique to themselves. I see each patient as the one who sets the course for their own life and as the one responsible for the decisions and life changes made. At times I may make suggestions and give advice, but always it is each patient who is in charge of what life choices are made and how they are implemented. Questions about my procedures and our work together are always welcome and we should discuss them whenever they arise.

I will support your decision to terminate psychotherapy at any time, for whatever reason. I do, however, request that you discuss your decision and reasons for termination at a regularly scheduled treatment visit. I will provide a referral to another qualified mental health professional without hesitation at your request.

Theoretical Approach to Care: My theoretical orientation to patient care is dynamic, which incorporates psychoanalytic and relationship-based principles. I also weave the cognitive-behavioral approach into the care of my patients as it relates to dynamic issues. This means that I look at patterns of thinking and behaving, and at life events that make life more difficult for you. Psychotherapy focuses largely on problems of today, although patterns learned over time will also be important to us. I have found that when treating most patients, it is useful to utilize a multi-modal approach that also includes insight oriented and supportive therapy. In general, my approach to psychotherapy is individually tailored to the patient's age, personality, and specific clinical needs. It is important to let you know that I respect your religious and spiritual beliefs. I feel very comfortable if you wish to include these in your treatment visits. Please feel free to discuss this subject with me.

I do not prescribe medication. In some cases, referral to your physician, PA, or nurse practitioner for a medical evaluation or for psychopharmacological treatment may be advised.

My Business: My practice is a separate, independent business entity under the name, Quail Hollow Psychotherapy, PLLC, and I am independently licensed and insured. My office space is in a private portion of my place of residence overlooking beautiful Discovery Bay in Clallam County. Since my primary office is a "home office," you may be introduced to our "therapy" pet cats. While they are loving, warm, and friendly animals, and many patients enjoy seeing them, you might not be an animal person. If this is the case, simply say so and I will make sure you are not bothered by their presence. Even if you are an animal lover, you are expected to set limits with them.

Communication: When you call my office telephone (360-683-4818), you will reach my confidential voice mail system. Leave a message for me anytime, and **remember to leave your name and phone numbers.** I make every effort to return telephone calls as soon as possible. I check my voice mail box frequently. If you are unable to wait for my call back and are having a mental health emergency, please call 911 or go to the Emergency Department at Olympic Medical Center. Note that a 24/7 Community Crisis Line is available by calling 360-452-4500.

Appointments: Appointments are scheduled for 50 minutes. Please arrive on time for appointments. If you arrive late for an appointment, the lost time will be part of your scheduled visit. **In the event you cannot keep an appointment for any reason, please give at least 24-hours notice of cancellation or rescheduled appointments.** Except under extraordinary circumstances, cancellations received less than 24-hours prior to your appointment or "no shows" **will be subject to billing at 70% of the normal fee. Payment for a missed appointment is due prior to the start of your next scheduled appointment.**

Fees: The fee for psychotherapy is \$125 per 50 minute session. Payment can be made in cash, money order, or check. Checks can be written to Quail Hollow Psychotherapy or to Dr. Price. **Payment in full is due at the time of the session** and you pay me directly. Reports, letter writing, preparation of treatment records, treatment summaries, extensive telephone calls, and other professional services performed at the request of the patient will be prorated at the full hourly rate. Legal proceedings which require my participation, including preparation, transportation, and testimony, will be billed at the rate of \$250 per hour.

Insurance: Quail Hollow Psychotherapy does not participate with any insurance companies. I do not contract directly with insurance companies as a network provider. I maintain loyalty only to my patients; I have no conflicts of interest. Your health insurance policy is a contact between you and your insurance

company. I am not a party to that contract. I am considered an **out-of-network provider**, and you will want to inquire about your benefits.

I will give you a receipt for payment made for professional services with a copy for your insurance company. Please specify your intention to submit a claim because that will require additional information for reimbursement, including a diagnosis of a mental disorder. In addition, your insurance company may ask me to provide them some detailed background information about your personal situation.

Despite the obvious financial benefits to you, I have elected not to join insurance networks. Using your health insurance to pay for psychotherapy is a complicated issue. Three main problems are associated with mental health care insurance: loss of your confidentiality, loss of my control of treatment, and the potential effects of you having a documented psychiatric disorder. Please consider all sides of this very complicated issue before you make a decision about using your health insurance for psychotherapy.



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Health Insurance Portability and Accountability Act (HIPAA) **Notice of Quail Hollow Psychotherapy Policies and Practices to Protect the** **Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW MENTAL HEALTH MATERIAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations”
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychotherapist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family psychotherapy session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.
- **Health Oversight:** If the Washington State Department of Health subpoenas me as part of its investigations, hearings or proceedings relating to the discipline, issuance, or denial of licensure of state licensed mental health care providers, I must comply with its orders. This could include disclosing your relevant mental health information.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** I may disclose your confidential mental health information to any person without authorization if I Quail Hollow Psychotherapy Disclosurereasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.
- **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all mental health information in my possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

IV. Patient's Rights and Psychotherapist's Duties

Patient's Rights:

- *Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*– You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychotherapist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will send you this information via mail.

V. Questions and Complaints

- If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at 360-683-4818.
- If you believe that your privacy rights have been violated and wish to file a complaint with me/my office, you may send your written complaint to me, Dr. Joseph L. Price, Quail Hollow Psychotherapy, 401 Discovery View Drive, Sequim, WA 98382.
- You may also send a written complaint to the U.S. Department of Health and Human Services, Washington, D.C.; or the Department of Health, Health Professions Quality Assurance, Olympia, WA
- You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

This authorization constitutes informed consent without exception.

Patient Printed Name: _____

Patient Signature: _____

Patient #2 Printed Name (If Applicable): _____

Patient #2 Signature: _____

Date: _____