Leah Altemeier, Ph.D.
Licensed Psychologist
1818 Westlake Avenue N. Suite 419
Seattle, WA 98109

Phone: (206) 295-7974
www.leahaltemeier.com
leahaltemeier@gmail.com

PSYCHOLOGIST-CLIENT SERVICES AGREEMENT

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of personal health information (PHI) for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information by the end of your first session. Although these documents are long and sometimes complex, it is very important that you read them carefully before we meet. We can discuss any questions you have about the procedures when we meet. 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 unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or, if you have not satisfied any financial obligations you have incurred.

SERVICES

Therapeutic Technique
I draw from a number of different schools in my theoretical orientation, including developmental, cognitive-behavioral, and psychoeducational. I provide assessment, consultative, and treatment services. Sessions may include the individual as well as members of their family and treatment team.

Assessment
Assessment involves typically 4 sessions of 2 hours in length. The first session is typically 1.5 to 2 hours in length, depending on how much information we need to cover. If the assessment is for a child, only parents/caregivers attend this first session. During our first assessment meeting we will develop a plan for the following assessment sessions. For sessions that involve direct assessment and testing (i.e. the middle sessions), I typically bill 2 hours for scoring, interpretation, and report writing for every hour I spend in face-to-face assessment, typically 4 hours per assessment. However, sometimes it may be more than that. Typically, in the last session, I provide feedback to you. When assessments are for a child, the final appointment involves only parents/caregivers.

Treatment
Treatment appointments occur on the 50-minute hour. The first appointment usually involves seeing the parents privately for some of the session, and the child privately for some of the session. At that time, we will discuss the child's strengths and challenges as well as history and treatment goals. I see our work together as a partnership. The more that you can be open with me about your needs, what is working and what is not working for you, the more effective our work will likely be.

Appointments and Cancellations
Appointments run on a 50-minute hour. It is important to arrive on time. Your appointment cannot be extended beyond the scheduled time as a result of your late arrival. Once an

appointment is scheduled, you will be expected to pay for it unless you provide 48 business hours advance notice of cancellation. Similarly, you will be billed the full fee for your session, even if you arrive late. It is important to note that insurance companies do not provide reimbursement for this situation.

HEALTHCARE INFORMATION

Limits on Confidentiality

The law protects the privacy of all communications between a client and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or HIPAA. There are some situations, which are listed below, in which I am legally obligated to break confidentiality. If any of the following situations arise, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

- If I have reasonable cause to believe that a person under age 18 has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- If I reasonably believe that there is an imminent danger to the health or safety of the client or any other individual, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the client, or contacting family members or others who can help provide protection.
- If you tell me that you are suffering from HIV-related illness and do not have a physician providing for your care, I may be required to report the identities of your IV drug using or sexual partner(s) to the local health care officer.
- Under court order, I can be required to disclose my records and information that I have about you.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensation claim, and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the client's record to the client's employer and the Department of Labor and Industries.

Healthcare Records

You should be aware that, pursuant to HIPAA, I keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in the unusual circumstance that I conclude disclosure could reasonably be expected to cause danger to the life or safety of the client or any other individual or that disclosure could reasonably be expected to lead to the client's identification of the

person who provided information to the me in confidence under circumstances where confidentiality is appropriate, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, I am allowed to charge a copying fee of 65 cents per page for the first 30 pages and 50 cents per page after that, and a $15 clerical fee. I may withhold your Record until the fees are paid. The exceptions to this policy are contained in the attached Notice Form. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

In addition, I may also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, my analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Psychotherapy Notes unless I determine that knowledge of the health care information would be injurious to your health or the health of another person, or could reasonably be expected to lead to your identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate, or contain information that was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes, or is otherwise prohibited by law.

Consent and Confidentiality with School/Agency Involvement
There are times when I provide service to an individual that is funded through a school district or outside agency. In this case, the agency and the individual (or parents of the individual if younger than 13) are required to provide consent to care. In addition, it needs to be understood that there is an open exchange of information between the individual, agency, and myself such that any information given to me by the agency can be shared with the individual and any information provided to me by the individual can be shared with the agency.

Professional Consultation
To provide you with the best possible care, I participate in a formal consultation group with other professionals in which I discuss information regarding clients with whom I work. The professionals in this group are bound to the same rules of confidentiality as I am regarding your healthcare information. If you have concerns with me sharing information in this forum, please express them to me. I can provide you a list of the consultants in this group, and/or I can delete identifying information about you from the information I share in my consultation group.

Consent and Confidentiality for Minors
As a psychologist, I must treat the legal guardian(s) of the child as the patient with respect to protected health information relevant to that representation (letting the guardian exercise the privacy rights that a patient would normally exercise, e.g., receiving notice, consenting to disclosure, having access to their records and the right to amend) unless the minor is thirteen years or older. Please note that children 13 years or older may request and receive outpatient treatment without the consent of the minor's parent. Clients between ages 13 and 18 also have the right to decide to whom mental health information will be released, including to that person's legal guardian(s). However, the psychologist may act in the best interests of the client in deciding whether to disclose confidential information to the legal guardian(s)

without the minor's consent. The consent of the minor is not required for admission, evaluation, and treatment if the parent brings the minor to an inpatient facility.

Divorced or Separated Parents
When parents are separated or divorced, it is usually necessary for both parents to consent to evaluation, consultation, or treatment for their child and to agree regarding payment for these services. Please note that I do not perform custody evaluations and therefore do not make custody or visitation recommendations.

If both parents consent to services outlined in this agreement, then all communications among the parents, their child, and myself will be confidential and privileged from disclosure to parties outside the evaluation, consultation, or treatment process. Both parents agree by signing this agreement that I will not be required to testify at or to produce for any proceeding or in any court opinions, records, documents, or recordings formed or created as part of the services outlined in this agreement. It is in the best interests of the child and the parties that no one feels influenced by any impending legal action when involved in the clinical evaluation or treatment process.

FINANCIAL INFORMATION

Professional Fees
All clients are charged for services. In addition to the above-mentioned appointments, I charge on a prorated basis for other professional services you may require such as report writing, treatment summaries, travel to and from an off-site location, telephone conversations requested or initiated by you, responding to email, attendance at meetings or consultations that you have authorized, or any other service you may request.

Assessment. Assessment appointments are billed at $200 per 60-minute hour. Appointments that involve testing require additional time to score and interpret the results. In addition, I charge for report writing, phone calls to teachers and other providers, and review of records. We will discuss an estimate of the time required for an evaluation at your first assessment appointment.

Individual Treatment. Treatment appointments are billed at $145 per 50-minute hour. In addition, your treatment may involve some program development. This will be billed at a prorated hourly rate. We will discuss program development services during the development of the treatment plan.

Group Treatment. Group therapy sessions are provided at a rate of $75 per 60-minute hour for each group participant. Usually groups run in 10-week clusters. Because I hold a space in the group just for you, you will be asked to pay for the 10 sessions regardless of your attendance.

Consultation. I provide consultation for individuals as well as schools and other agencies at a rate of $145 per hour.

Workshops/Training. I provide workshops and trainings at a rate of $200 per hour to a variety of schools and agencies.

Legal Proceedings. 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. My rate for these services is $250 per hour.

Billing and Payments. I am not a contracted provider for any insurance company. You are strongly encouraged to call your insurance company in advance and ask what your plan's deductible is for out-of-network providers, as well as the reimbursement rate for the services you are seeking. Payment is due at the time of service, by check or cash, unless explicit arrangements are made with Dr. Altemeier in advance. Assessment reports will not be released to parents or requested parties until payment is received in full.

Overdue accounts. You are responsible for your account and are expected to pay for all services you receive. Overdue accounts may be charged interest or a minimum late payment fee on a monthly basis. Accounts overdue 60 days or more may be turned over to a collection agency or to an attorney. You will be responsible for the attorney's fees and costs or collection agency fees in the event that your account becomes delinquent. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. Payments returned from your bank due to non-sufficient funds will be subject to a returned check fee of $15.00.

Insurance Reimbursement. If you have a health insurance policy, it may provide some coverage for mental health treatment. It is important that you find out exactly what mental health services your insurance policy cover. Your insurance may require a referral, and you are responsible for providing those forms at the time of your first appointment. It is your responsibility to track the number of visits you are permitted. Not doing so may result in your being financially responsible for any service that has not been authorized.

You should also 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 if they reimburse you for my services. 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 requested information to your carrier.

CLIENT RIGHTS AND RESPONSIBILITIES

You have a right to refuse treatment at any point during our work together. It is your responsibility to choose the provider and type of treatment that best suits your needs. You have the right to ask questions concerning the findings of an evaluation, and the right to raise questions about my therapeutic approach and the progress that is being made at any time. If you feel that progress is not being made, please bring it to my attention. I will make every effort to respond to your concerns. I am always happy to facilitate a referral to other resources if you wish.

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

PROVIDER INFORMATION

Education, Training, and Licensure

I have a Ph.D. in Educational Psychology from the University of Washington. I completed my predoctoral internship at the University of Washington Center on Human Development and Disability, and Seattle Children's Hospital and Regional Medical Center. I am a licensed psychologist in the state of Washington (#3695). "Licensure" means that I have a doctoral degree from an accredited university and have passed a national written examination and an oral examination given by the Washington State Examining Board of Psychology. As a licensed psychologist and member of the American Psychological Association, I am accountable for my work with you. If you have any concerns about the course of evaluation or treatment, please discuss them with me. You have the right to discontinue your therapy or ask for a referral to another therapist at any time. Should you feel I have been unethical or unprofessional, you may contact the State of Washington Department of Licensing, Health Care Licensing, Psychology Section PO Box 9649, Olympia, WA 98504, (360)-236-4700.

Contacting Me

Due to my schedule, I am not immediately available by telephone. Therefore I cannot provide consistent crisis care. If you think that you may need this level of support, it is important that you let me know so that we can determine whether I am an appropriate provider for you, if you need additional providers, and/or if we need to develop a crisis plan for you. Leaving a message on my voicemail or email is the only way to reach me. I will return messages on Tuesdays, Wednesdays, and Fridays. If you need immediate attention, contact the Crisis Line at (206) 461-3222 or 1-800-244-5767 or call 911, or go to the nearest Emergency Room and ask for the psychologist or 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.

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.

CLIENTS AGE 13 AND OVER:

I have read and understand the above policies and have had the opportunity to ask questions. I give permission for evaluation and treatment for myself.

Date:_____ Client Signature (13 years and older) _____

PARENTS:

I have read and understand the above policies and have had the opportunity to ask questions. I give permission for evaluation and treatment for my child, and state that I am the parent or legal guardian for this individual, _____.

Date: _____ Parent/Guardian Signature _____

Date: _____ Parent/Guardian Signature _____