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Agreement Regarding Fees and Services

This agreement outlines what you can expect from Tyson Bailey, PsyD for psychological assessment services. You will be working with Tyson Bailey, PsyD, a Licensed Clinical Psychologist in the State of Washington. Dr. Bailey is a member of Spectrum Psychotherapy and Assessment Services, a group practice that provides psychotherapy and assessment services in Snohomish and King county. All members of the practice will have access to files, and are bound by the same confidentiality and professional conduct laws discussed in the following paragraphs.

Training and Licensure

I received a Doctorate of Psychology (PsyD) and a Master of Arts in Clinical Psychology from Argosy University/Seattle. I completed my predoctoral internship at the Fremont Community Therapy Project and Ryther Child Center in Seattle, WA, where I conducted numerous assessments and supervised other students on their clinical work. I have also attended numerous seminars and completed coursework in the ethical and effective assessment of individuals from diverse backgrounds, with a particular focus on experiences of traumatic stress and resulting disorders. I am trained in Dialectical Behavior Therapy and Eye Movement Desensitization and Reprocessing (EMDR) therapy. I also have experience with assessing learning disabilities, parenting and custody evaluations, social security disability, and immigration cases. I am a Licensed Clinical Psychologist in Washington State (PY60252354), and a complete copy of my current Vitae Curriculum is available upon request.

Approach to Assessment

The assessment process is designed to help me answer questions about the possible causes of problems or distress that you may be currently experiencing. It is not meant to be psychotherapy and will be brief and focused on the questions raised by this referral. The assessment process usually has the following two parts that require your participation: a structured interview, which normally takes between two and eight hours, and the administration of psychological testing, which normally takes from an hour and a half to eight hours. The times vary depending on how much information you have to share with me and the complexity of the issues being assessed. I may also review your medical and psychological records. I may also ask you for permission to speak to other people who have known you well who may help me to understand you.

Depending on who has referred you for this evaluation, I may be asked to write a report of my findings. If so, you will receive a copy of a draft of that report to check for factual accuracy. If you find that what I say misrepresents you or the facts in some way, you may request that I make changes so as to more accurately reflect your perceptions. However, I retain my right to include those of my professional opinions and observations that I believe to best represent my findings in your case. You are not obligated to use any report that I write. The findings of my evaluation are confidential, as is your participation in this process.

I will be tape-recording all of our meetings. This preserves an absolutely accurate record of what you say to me. You have the right to request that I turn off the tape recorder at any time. However, I cannot be responsible for the accuracy of my reporting of any information that you give me when the tape recorder is not running. In addition, I cannot base my opinions primarily on anything you say when the tape recorder is not running. If you recall something in between or after our evaluation sessions, please call the office and leave that information in detail on my voicemail, and I will record it onto tape.

I am committed to providing ethical and professionally competent services. You are free to discontinue the assessment process at any time. Should you decide to work with another clinician I am happy to provide you with referrals, or you may contact the Washington State Psychological Association (206) 363-9772 for names of clinicians in the area.

Ethics and Professional Standards

I am a Licensed Psychologist in the State of Washington and I am accountable for my work with you. If you have any concerns about the course of therapy or assessment, please discuss them with me. Should you feel that I have been unethical or unprofessional, you may contact the Department of Licensing in Olympia (360) 753-6981. The relationship between the client and clinician is a special one that requires considerable trust. Ethical guidelines for psychologists and mental health counselors strongly discourage dual relationships. Therefore, as a matter of policy, social or business interactions outside of the context of the evaluation or other clinical services are discouraged. **Intimate contact between clinician and client is always inappropriate.**

Fees

Assessment and testing services including test scoring, interpretation, and report writing are charged at \$300 per hour plus any materials or outside expenses (i.e. computer test, scanning, scoring etc.). An estimate of the charges will be provided prior to starting the assessment process. Every effort will be made to notify you in advance of any materials or services that are required whose costs exceed that estimate prior to proceeding. All services must be paid in full at the time of service and no reports or work will be sent out or provided to you unless all balances are first paid in full. **Please note that for assessment and psychological testing services, payment from insurance or managed care companies is generally not accepted regardless of provider status.** After all expenses are paid, you may request that I provide you a standard statement of services and charges that you may use to bill and collect from your insurance or managed care company. Determination of coverage and/or any required pre-approval with your managed care company is your responsibility. Any overdue bills will be charged 1.5% per month interest. If you eventually refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency. If this becomes necessary, I understand that I will also be responsible for any additional costs incurred by Dr. Bailey in order to collect fees due.

Telephone consultation:

Telephone consultations with you or with other providers or persons you have requested I consult with are charged in fifteen-minute increments at \$50.00 per fifteen-minute increment during regular hours. After hours consultations (after 06:00 PM Monday through Saturday or any time Sunday) are charged at \$100.00 per fifteen-minute increment. Routine telephone calls for scheduling appointments or regarding balances due are not charged.

Additional reports:

Time spent preparing additional reports or correspondences, including those requested by your insurance company, are charged at \$50.00 per fifteen-minute increment.

Legal work and courtroom testimony:

Legal work such as consultation with attorneys, preparing affidavits, providing depositions (including time spent for travel and waiting to give deposition), court room testimony (including time spent for travel and waiting to testify), or any other legal work including any for which a subpoena is served is charged at \$350.00 per hour with a three hour minimum. The three hour minimum fee is due in advance and prior to any appearance or work with any additional charges due immediately upon the conclusion of any incremental work performed regardless of any dispositions rendered by any court in any matters pending. All related expenses including mileage, meals, and hotel (if applicable) are charged on a cost basis (driving mileage at \$.50 per mile). Time spent reviewing records for court is charged at \$300.00 per hour.

Insurance and managed care:

Many insurance and managed care plans cover psychological assessment services; however, every insurance provider functions differently and many require that you work with providers that are on their lists. It is your responsibility to check with your insurance provider for specific information regarding your coverage. Please be sure to discuss this with your provider to avoid confusion later. **You will be responsible for all fees regardless of insurance or managed care coverage.** You may bill your insurance company for the portion they will cover and have them reimburse you. It is entirely your responsibility to determine what services are or are not covered by your insurance plan for my services. Some insurance plans have contracted with me to provide billing services directly to them on your behalf. Please be advised that you will be held responsible for all fees regardless of what your insurance provider decides to pay.

Confidentiality and Limits of Confidentiality

General:

All information discussed or obtained during the course of psychotherapy or an assessment is privileged and confidential. This information may not be disclosed to others without your specific consent or in the event of a minor child, the consent of the legal guardian. There are exceptions to this requirement. The law permits me to provide information to other healthcare providers that I reasonably believe are providing you with services and the situation calls for that information to be provided in order that prudent health decisions are facilitated. **I am required by the Department of Health in the State of Washington to report any disclosed cases of many communicable diseases including a positive HIV status. I am required by law to report any of the following three situations: suspected abuse of a child or vulnerable adult; serious threats of suicide; or threatened harm to another. In these instances, I am required to make a report to the appropriate authorities and/or individual(s) threatened. In addition, the courts may subpoena treatment records in certain circumstances. Every effort will be made to discuss any release of confidential information with you.**

Professional consultation and supervision:

I work in conjunction with other mental health professionals and may discuss your situation with them in order to obtain consultation or advice concerning your care. Every effort is made to avoid disclosing personally identifiable information and to disguise your identity for these consultations. In the event I am leaving town or will in some way be unavailable, I will arrange for coverage with another mental health professional and, if required or indicated, may disclose confidential information to that individual so that they may reasonably provide any required assistance for you.

Insurance and managed care provider access:

If you are planning on utilizing a healthcare benefit provided by an insurance or managed care company, be advised that many require a statement of diagnosis and the specific types of service that were provided. In addition, some require more detailed information, such as copies of any evaluative reports, progress notes, progress reports, treatment summaries, and/or any contents of your record. They may also audit records and thereby gain access to any information contained in your file. If you wish this type of information to be provided to your insurance company, you will need to sign the additional authorization to release protected healthcare information consent form below.

Client records:

I will keep the audio file of your meetings and all other records of your assessment sessions in a secure locked location available only to the evaluator. You have the right to respond to the final report and add your perspective to the assessment results. We are unable to provide you with the original testing materials used during your assessment. However, if you are self-referred we can, at your request, send copies of these materials to another licensed psychologist; we cannot send them to other forms of mental health providers, since other professions are not trained in test interpretation. In addition, data generated as part of your evaluation may be used for research or teaching purposes. No identifying information about you will be released for any either of these purposes. Any data used for research or teaching purposes will have all identifying information removed.

Informed consent for psychological evaluation:

I hereby authorize Tyson Bailey, PsyD to render psychological assessment services to me. **This authorization constitutes informed consent without exception and agreement to pay all applicable fees. I have read and understood this agreement and have received a copy for myself.**

Signed:

_____ Date: _____

_____ **I also agree to have my assessment data used for research or teaching purposes**
Initials

If under age 18 parent or legal guardian must sign.

Signed:

_____ Date: _____

Insurance Release Authorization:

Unless other prior arrangements have been made, you will be responsible for all insurance claims and filing all insurance paperwork. All payment for services must be made at the time of service. It is your responsibility to collect the covered portions of any fees from your insurance company or managed care provider unless you have been informed that I am a contracted provider with your health insurance company. Be advised that if your insurance company fails for any reason to pay the contracted fees that you will be held responsible for payment. Signing below authorizes Tyson Bailey, PsyD, to release any information required by your insurance company to process any claims for reimbursement for any covered fees. Signing also constitutes payment assignment of all applicable fees to Tyson Bailey, PsyD by your insurance provider.

Signed:

_____ Date: _____