

Agreement Regarding Fees and Services

This agreement outlines what you can expect from Tyson Bailey, PsyD for your counseling, psychotherapy, and/or 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 laws discussed in the following paragraphs.

Therapist Disclosure

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.

The Counseling Process

The first session is generally devoted to a clinical interview regarding you, your history, what problems you may be having, and what aspects of your situation are going in a positive direction. Subsequent sessions are devoted to discovering what goals you would like to have for your time in counseling and arriving at an understanding of what will tell us that you have completed this part of your life and are ready to move on. Particular outcomes are not guaranteed, however I will direct my best efforts to assist you in identifying the nature of any issues that you present and assist or support your efforts to resolving those concerns. Occasionally, information or material that is disturbing or anxiety provoking comes up in the psychotherapy process. These feelings are not unusual and I encourage you to discuss them with me if they arise.

If an urgent matter arises and I cannot be reached, please contact the Snohomish County Crisis Line at (425) 258-4357 or the King County Crisis Clinic at (866) 427-4747. In the event of an emergency call 911.

I am committed to providing ethical and professionally competent services. You are free to discontinue this counseling 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 or go online to www.nbcc.org and access "Counselorfind" 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 agreed upon clinical services are discouraged. **Intimate contact between clinician and client is always inappropriate.**

Appointments

Consultation and psychotherapy appointments are scheduled for 50 minutes. If you arrive late, we will only be able to use the remaining appointment time reserved for you, since I will not be able to rearrange all appointments. In the event that you are unable to attend an appointment for any reason, **please give at least 24 hours advance notice, otherwise, you are charged the full published fee. Please understand that less than 24 hours notice will not allow me to fill the appointment time that I have reserved for you.** For your convenience, there is 24-hour voicemail available by calling 425-931-6450 so that you may call at any time of the day or night and leave a message.

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Services and Fees

Individual consultation and psychotherapy:

The initial diagnostic session fee is \$300.00. The standard fee for individual consultation, psychotherapy, and couples counseling, is \$200 per session. Consultation and psychotherapy sessions are 55 minutes in length (or \$160 for a 45 minute session) with the balance of the hour devoted to preparation and documentation. All payments for sessions are due at the time of service. No billing statements will be sent or balances carried over. Hardship situations must be discussed in advance regarding a payment plan if requested. Some managed care plans and health insurance plans cover psychotherapy services with me. In any event, you are responsible for all charges regardless of what, if anything, your insurance or managed care provider pays or tells you. In some instances, your managed care provider has entered into an agreement with this provider that discourages "balance billing" for services normally covered by your managed care company. In these isolated instances, you will be held accountable for all services not covered by your plan, all deductible, co-share, or co-payment amounts. If you have any questions regarding your insurance or managed care benefits it is your responsibility to check with your plan. 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, you 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 \$325.00 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 \$250.00 per hour.

Insurance and managed care:

Many insurance and managed care plans cover outpatient mental health services. 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**

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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:

A brief and concise record is made of your experience here. You may ask to see this record and make corrections or additions to that record. I will not disclose any information in your record unless you direct me to do so, the law authorizes or compels me to do so, or in the event you are utilizing a healthcare benefit from your insurance or managed care company. Any record that comes to me from other providers cannot be released to you or anyone else. If you or anyone else requires a copy of any records supplied by persons or organizations outside of my private practice the originator of the record must be contacted directly by the party wanting the record. If you are paying for all services out of pocket without the use of a third party payer you may request in writing that I refrain from keeping records about your care and in this specific situation only a record of appointment dates, times and payment account will be kept. All records are stored electronically as of May 1, 2014 through a company called Office Ally (www.officeally.com). The records can be accessed by your therapist and other clinicians in the Spectrum Behavioral Health group practice that provide backup during vacations or emergencies. Any additional documents that are written for you (i.e. letters to court, treatment summaries) will be uploaded to this system as well. Backup copies of all documents will be stored on an electronic drive that is locked in the Lynnwood office.

Electronic communication:

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law. If you have any questions about this policy, please feel free to discuss this with me.

Email and Text Communications

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Social Media

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I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel it immediately. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

Websites

I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

Web Searches

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

It has become increasingly common for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has a significant potential to damage our ability to work together.

Once you have read and understood this agreement, please sign in the space immediately below indicating that you are agreeing to the terms of this agreement and authorizing me to provide psychotherapy, consultation, and/or assessment services for you. If there is any part of this agreement that you do not understand, please discuss it with me prior to signing it.

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Informed consent for psychotherapy:

I hereby authorize Tyson Bailey, PsyD to render counseling, consultation, and psychotherapy services for 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:** _____

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:** _____