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OUTPATIENT PSYCHOTHERAPY CONSENT FOR TREATMENT

Welcome. This document contains important information about the services and policies that form my psychotherapy practice. Please read it carefully and jot any questions that occur to you so we can discuss them. Once we sign this consent, it constitutes our professional contract with one another.

I'm a Psychologist licensed by the State of Washington to practice psychotherapy. I've been so fortunate to train for this work at the University of Maryland's doctoral program in Counseling Psychology. This program is accredited by the American Psychological Association, as was my year-long clinical internship at the University of Texas-Austin, where I was supervised by psychologists and psychiatrists. I don't take for granted the opportunity I had to train at programs of this stature and I work to offer clients the most effective and meaningful treatment possible.

The focus of my training has been working with adults who are in distress but who are not mentally ill. These are the patients whom we know benefit optimally from psychotherapy. I was also trained to research the process of psychotherapy. I have studied and published on recovery from divorce, laughter in psychotherapy, treatment effectiveness for anxiety, working with HIV+ clients and group psychotherapy outcomes. This philosophy — using research to inform treatment and vice-versa — is referred to as the *Scientist-Practitioner Model*. Being a scientist-practitioner is at the core of my professional identity.

You are always welcome to ask about my background and about your treatment. I am happy to talk about why some aspect of therapy works the way it does, how human thought, feeling and behavior interact and what to expect as you progress. I'd be pleased to hear your ideas for directions we might take and your priorities for what we should concentrate on. Great therapy is a collaboration, not a procedure.

If there's a special reason some approach you had hoped we would take in therapy would not be a good choice, in my opinion, I'll explain my rationale for recommending

we take a different approach. On occasion, patients have done internet research or have been advised by a friend or healthcare professional who does not practice mental health. Patients may not realize that the advice given is sound in *some* respects, but is not advisable in their case. Part of my job is to be brave about explaining why something you've heard might not be in your best interest and to focus on designing the most helpful treatment approach based on my assessment.

If you feel committed to the approach you'd had in mind, I'll not be offended if you need to continue your search for a therapist. I can't provide a service I'm not committed to and you can't trust me if it feels as though we have different goals. Likewise, if I recommend something I think is key to your improved health (for example, a behavior change or a medication trial) that you can't commit to, don't feel sheepish about expressing this and moving on. I can't provide partial treatment but I can help you with referrals to other therapists, if you'd like.

Although I share a practice name with a group of psychologists referred to collectively as *Soundview Health Associates*, we are each independent practitioners. This consent is with Dana R. Falk, Ph.D., PLLC and not with Soundview Health Associates, PLLC.

Defining Psychological Services

Psychotherapy focuses on the the thoughts, feelings and behaviors that have formed patterns and may create difficulty (symptoms) for an individual or a system. Patterns that have formed at a certain time of life or in a particular area of functioning often repeat themselves in new, surprising ways. The work of therapy is to find ways to understand and resolve problems and unfortunate experiences, past and present, to alter personal and interpersonal patterns that sustain upset and to feel much better in the process. The most productive therapy, as I see it, focuses also on your strengths, not simply on problem areas.

Most people begin to feel much better when working in therapy long before their problems are fully resolved. Although engaging in therapy requires courage, focus and fierce honesty, most people find it a very satisfying process. For our work to be most effective, you're likely to be working on the themes we discuss between our sessions.

Psychotherapy has many benefits, but it also carries some risk. It often calls for discussing unpleasant aspects of life or realizing something uncomfortable you had not considered. It may mean experiencing sadness, guilt, anger, frustration, embarrassment or anxiety. It may mean disappointment in the kind of change or the pace of change you experience in treatment. It may mean learning something about your diagnosis or treatment plan that's upsetting or that you disagree with. I cannot guarantee that you will find psychotherapy helpful.

Most people find that the therapy process, while challenging, feels quite liberating. By taking this chance, you are investing in yourself, which I really admire. I believe that you should maintain control over how much you reveal. Needless to say, it's most productive for us to focus on the heart of the matter, but I will not press for more detail if you indicate you've said enough. Plenty can be accomplished without your feeling over-exposed. Your end of the bargain is to express any discomfort you may feel and to prepare for discussing tough themes the very best you can.

The empirical research on the effectiveness of psychotherapy is quite compelling: we know that given the right conditions, it works. If you've ever heard someone say "...*My life is what it is. Talking about it won't change anything...*" you'll be pleased to know that they are misinformed! Talk therapy does often facilitate change. This is true for a large number of reasons, not simply because it feels good to discuss deeply meaningful things candidly and privately. Psychotherapy may lead to a reduction in unproductive thinking, distressed feelings and repetitive relationship patterns. It may lead to the resolution of specific, current problems too, particularly if you have patience for discussing your past as part of the problem-solving. (Don't be lured into thinking that the most effective way to deal with the present is to stay focused on the present! Doing so usually creates change that does not stick. Lots of research on this.)

Again, I cannot promise that our work together in psychotherapy will yield the kind of symptom relief or deeper change that you seek, but you should feel confident that "talk therapy" is valid. There's no way to know what treatment outcomes will unfold for each individual (just as there's no way to predict human behavior) but helping people work towards better health is a privilege I fully appreciate. If you decide to engage in psychotherapy, I hope you will find it a meaningful relationship, a useful investment, an unusual challenge and a pleasure.

When psychotherapy is a disappointment, there are so many possible explanations: an imperfect therapist-client match, the therapist not utilizing the optimal treatment approach, the client not following through with treatment recommendations, the situation being so acute that no therapy could relieve the pain, the client's needs being better suited to some treatment other than weekly or bi-weekly individual, insight-oriented, outpatient psychotherapy with a Counseling Psychologist. There are just as many possible explanations for why therapy is so darn effective when these elements *are* in place as there are for why it doesn't work when they *aren't*.

My Approach to Psychotherapy

My treatment approach incorporates several major theoretical orientations, chiefly interpersonal, psychodynamic and cognitive behavioral therapies. This practice of matching the treatment approach to each individual client's needs is referred to as

Integrative Psychotherapy. I do not favor leaning heavily upon a single therapy or specializing in a single disorder. Some clinicians believe just the opposite: they choose one treatment strategy and apply it consistently. I prefer to factor client personality, life circumstances and our working relationship into my choice of approach.

My hope is that you'll feel truly respected, clearly understood, gently prodded and wisely encouraged. Sessions are collaborative, characterized by a balance of understanding your distress, insight about your relational patterns and challenge to any thought or behavior patterns that sabotage you. Most of us have a tendency to either (a) over-rely on analyzing or feeling the issues in our lives (and have trouble taking action) or (b) over-rely on making goals and taking action (and have trouble achieving insight, as feelings are avoided.) I work to help clients craft a balanced coping style, so they understand root causes, feel the impact and engineer change. It's the therapeutic relationship, not a set of techniques, that's the key.

The First Session

Our first session is actually a mutual assessment. It involves my learning about your current needs and hopes, which I'll do by asking a very broad range of questions, including your personal history. I will be listening for how the things in your life fit together, not only so I can determine a diagnosis but also so we can build a relationship. Ethically, my job in a first session is to assess what kind of treatment you need and to be honest about whether I'm in the best position to provide that. I will refer you to another individual or facility if it would be in your best interest.

Your job will be to pay attention to whether I seem to "get" you and your concerns. To that end, you'll need to provide as gritty and honest a personal history as you can. You should evaluate whether you'd feel comfortable working with me and contemplate whether you'd want to enter fully into the therapy process emotionally, financially and logistically. You may ask what changes I believe would be helpful for your quality of life, what diagnoses I'm considering and whatever else would help with your decision.

If we agree that we should work together in psychotherapy, we may discuss a specific treatment plan or we may decide that the plan is to follow whatever avenue seems most important each week. You are free to raise questions about the process at any time.

Scheduling Sessions

If we decide to begin therapy, we'll schedule 50-minute sessions at a mutually agreed-upon day and time. This time will be reserved exclusively for you. Depending upon what's happening in your life, you may decide that you would like sessions every week, every-other week, or that you'd like to begin with one model and perhaps shift to the other at some point. Our ability to flex will of course depend upon your schedule and

mine. It's common, for example, to begin by scheduling weekly appointments, then pare down to every-other-week later, when you're ready. It's also common for me to only have an every-other-week opening to offer you initially, but we might increase to weekly sessions, if desired, as times open. If I assess that you'd benefit from more frequent or reliable sessions than my schedule allows, I may choose to refer you.

We'll always begin and end sessions right on time; this structure is part of what makes therapy work, actually. Also it's a logistical necessity, since I (and probably you) will have a next appointment to prepare for.

Of course, there are unforeseen circumstances. When clients arrive a few minutes late, we simply proceed with the session, knowing that it will be an abbreviated meeting. Your cost and our ending time would remain unchanged in this case. If you find you're running late, please be in touch so I'll know you're on the way. I may depart the office after 15 minutes or so if I've not heard from you. If I should ever arrive late, I'd probably waive your co-pay (and apologize profusely.)

Re-scheduling and Canceling Sessions

Your appointment time has been set aside for you specifically. It's a real commitment. I have a very small practice so I can focus on quality over quantity. There are often people inquiring about starting therapy; if you cancel at the last minute or don't show up at all, I won't be able to offer your time to somebody who needs it, so please be a good egg and stay in touch.

Once an appointment is scheduled, you are responsible for the treatment cost unless (a) you provide **at least 48 hours notice**, (b) we are able to re-schedule the session within four days of the original appointment (sometimes it becomes a phone session); or (c) we agree that you were responding to a situation beyond your control, for which giving proper notice was not possible. Please note that cancellations and no-shows can't be filed with insurance, so you'd be responsible for the actual treatment cost (currently \$180) not the discounted insurance rate (\$120-\$140).

I'm always super appreciative when clients let me know as far in advance as they can of a time conflict. I promise to do the same when I need to be away. Although only 48 hours is required, more notice is deeply appreciated where possible. Similarly, when the time comes for you to conclude therapy, sharing this information as soon as you become aware of it is a great help, so we won't end without saying a proper goodbye.

A good way to reach me is by e-mail: danafalk@icloud.com. Calling **(206) 926-3866** is the way to leave a voice message (it sends me the text of your message, too.)

Professional Fees

There is no cost for communication we may have prior to your first scheduled session, even if this is a rather substantial conversation by phone and email. This initial consultation is important to our both being able to assess our potential fit.

Current fees for an “initial evaluation” (a first session) and for ongoing therapy sessions appear under “Treatment Cost” on my website: www.seattlesoundview.org

In my practice, the hourly rate for your therapy will never increase, no matter how long we work together. Though treatment fees naturally change gradually over time, any increase will not apply to current clients. Your treatment fee would be updated if you were away from therapy for more than three months.

Administrative tasks beyond psychotherapy are charged at the same rate as an ongoing therapy hour, provided they are not related to legal proceedings. Clients are not charged for the first ten minutes of any administrative task. After that, fees are pro-rated for the portion of an hour spent on the task. For example, if you were to request that I write a letter to document your diagnosis for an employer, or needed me to prepare a summary of our treatment plan, the first ten minutes would be *gratis*. After that, the rate would be billed at the same rate as psychotherapy.

If you should become involved in legal proceedings that require my participation, the hourly fee for professional and administrative work is \$295/hour. Ordinarily, this work would be billed to your attorney rather than to the therapy client directly. I do not have experience with legal proceedings or as an expert witness, and would refer you to a mental health provider better prepared for this role if your needs called for such.

If there’s a maximum you’d want to invest in any given administrative task, please let me know, so I can adjust the time I would devote to it. I’d also be happy to let you know how much time I anticipate would be required for me to do the highest quality job on any given project. There’s no charge, of course, for time communicating about our schedules and other logistical details.

Establishing an Account

At the same time new clients provide contact information on the *Client History Form*, they choose a debit, health spending or credit card to establish an account securely. Your treatment costs may be processed with this card if you so desire. All clients establish their account in this way, whether or not this card will be their usual form of payment (and even if their insurance covers their treatment costs.)

The card you have on file is not charged, of course, if you make payment by another method. Your making payment by check, cash or Paypal is actually helpful for me, since bank fees for running credit cards are high. A charge could be made to the card you have on file, though, if (1) you were to no-show a session or were to cancel with less than 48 hours notice; (2) you were to request that the card on file be used for a particular session, even though that's not your usual choice of payment; or (3) if an insurance company you'd expected to cover treatment doesn't do so.

Payment Options

- * Some clients do not owe any money at all for sessions. Their insurance covers their treatment and their policy does not require even a small co-payment.
- * Many clients are covered by insurance, but their policy has a deductible amount they must satisfy before benefits kick-in. Until their deductible has been met for the year, they are paying out-of-pocket for service. They are paying the discounted, insurance rate, not the full session fee. After their deductible has been satisfied, they make a small co-pay (if they have one) toward the session. Co-pays are usually \$10 - \$35.
- * Other people have health insurance, but I am not on their network list. Their insurance will thus reimburse *them* (not me) for therapy costs they've paid up front. This out-of-network reimbursement is usually 60-80% of their treatment costs.
- * Please note that Premera and Regence, with whom I'm "in-network," now have some plans that direct mental health claims to other companies. In these cases, it looks at first blush as though I'm in-network for you, but I'm not.

Be sure to check the back of your insurance card to see whether mental health claims go through a different company. Look for a line that says something like "...Providers: Submit mental health claims to Providence Behavioral Health / Care First Network / First Health / United Behavioral Health / Optum (etc)...." If that appears, I'm an out-of-network provider for you, even though we are both with Regence or Premera!

We can still work together if I'm out-of-network, but it would probably cost you more. You'd pay for our sessions up front, instead of just your co-pay amount. Then you'd send special receipts I give you to the insurance company for reimbursement.

- * Still other clients have health insurance, but they prefer not to use it. They pay privately and are offered a receipt to document their unreimbursed medical expenses.

For clients who do have some treatment costs, there are several payment options. You may vary the method you use any time you wish.

Option 1. By Paypal, before session

If you have a Paypal account, there's no fee. Please send to: danafalk@icloud.com

Option 2. In person, at start of session

Cash, personal check or swipe of a debit/credit/HSA/FSA card on Square.

Option 3. Debit card run after session

The card you have on file with my practice is processed. [Least-preferred method]

If you choose to receive documentation, the *Record of Services Provided* will have all the information you need to submit for insurance reimbursement or your employer's flexible spending account. Information about the service provided and your diagnosis are in numeric code, which helps keep them private, but these items do appear there.

Balance Due

Since payment occurs as we go, it's hard to imagine how we might end up with a balance. If for some reason a balance were to accrue, we'd wait until we were caught-up financially before scheduling our next session.

If a client were to depart treatment with a balance due and (s)he did not settle this within 60 days of the last session date, there'd be some possibility of legal means to secure payment. This could include use of a collection agency or small claims court. If legal action were necessary, the client would be responsible for any related costs. In most cases, the only confidential information I'd need to release about our work together would be your name, the nature of services provided and the amount due.

Insurance Reimbursement

Some of my clients have Premera Blue Cross or Regence Blue Shield insurance, for which I am considered an "in network" provider. Not all my clients have Premera or Regence though. We can certainly still work together if I am "out of network" with your insurance company.

Insurance companies usually cover subscribers at a higher rate if they see someone on their list, but it's up to you how compelling that difference in cost feels; sometimes it's a matter of just \$30-\$40. If you call your insurance company to ask how much they'd cover if we worked together, tell them you're interested in "...*their allowable amount for outpatient psychotherapy, non-facility, with an out-of-network, Ph.D. Psychologist. Procedure code 90837...*" Then ask what % they will cover you for. This "allowable amount" is the figure they send you a percentage of. For example, if their allowable amount for code

90837 is \$125, and they reimburse 75% when you see an out-of-network psychologist, they'd send you 75% of \$125 (\$93.75) for each of our sessions.

I don't chase the details of anyone's insurance policy — you're the expert — but I am able to look up your benefits. If your policy offers a limited number of sessions, and you believe you'd need us to end therapy at that point, please let me know so we can plan for that. Don't feel discouraged if they cover a limited number of sessions; often we can still accomplish something meaningful in brief therapy.

It's important you truly understand what your policy covers and what they require of you. Clients are financially responsible for therapy costs, even if they honestly misunderstood their coverage.

Insurance companies require me to provide them a clinical diagnosis. This information becomes a part of your insurance file. You may elect not to have me document a diagnosis; this will mean that they do not cover your therapy, though.

Contact Beyond Session

I check e-mail and phone messages quite regularly, especially e-mail. Write me at [**danafalk@icloud.com**](mailto:danafalk@icloud.com)

To leave a voice message, call **(206) 926-3866**. My voicemail is completely confidential, so you may leave as much detail as necessary. I'll almost always return your call within 24 hours. E-mail response time is even shorter.

If you are unable to reach me personally at a time that feels like a crisis, please phone the **Seattle Crisis Line: (206) 461-3222**. They are available to talk any time night or day and are excellent.

If you anticipate wanting regular phone contact with a therapist outside of sessions, I'd not be the ideal choice for you. I believe that therapy works best within the structure of scheduled, in-person sessions. Some therapists do make themselves available for contact between sessions, but that's not my practice.

Confidentiality and Client Rights

Our work together will remain strictly confidential. This means not only that I don't disclose anything we have discussed, it also means that I would not even acknowledge that we are acquainted. Protecting confidentiality also means that if you were to give consent for some information to be released, I would not reveal any more about the

content of your case than is absolutely necessary for that particular context.

If you should ever request your treatment information be released, you may revoke that consent at any time, and no further information will be released.

You have the right to question the direction of our work together. I hope you will bring that up as early as you feel comfortable doing so. You have the right to seek a second opinion about diagnosis, therapy approach, recommendations made to you or any other aspect of your treatment. You have the right to seek the care of a different psychologist or a different kind of health professional. If we have been working together in therapy, I will assist you with referrals to the best of my ability.

I will maintain a basic record of the services provided you. You may ask to read or copy that record. You may ask me to correct that record. I will not disclose your treatment record to others unless you direct me to do so in writing, or unless the law compels me to do so. Examples of these legal exceptions appear below.

Consumers who have a concern about any psychologist licensed in Washington State, or who wish to confirm that a provider is in fact licensed to practice, may contact the Examining Board of Psychology. They may be reached at the Washington State Department of Health, 1300 SE Quince Street, P.O. Box 47869, Olympia, WA 98504.

Legal Exceptions to Confidentiality

The law protects the confidentiality of communication between a client and a psychologist. I only release information about our work to other people with your express written request. However, the law specifies several exceptions to confidentiality I must comply with:

- (1) If a judge should issue a court order for your health care records, based upon legal proceedings you are a part of.
- (2) If a client is threatening serious bodily harm to someone specific, I am required to take protective action, which may include notifying the potential victim, notifying police and/or pursuing hospitalization for the client.
- (3) If a client states intent to kill him or herself sometime soon and by a particular method, I may be required to seek hospitalization for them, or to contact others who could help provide protection. This does not mean that discussing suicidal feelings in therapy undermines one's right to confidentiality. This exception to confidentiality only applies if I assess someone to be at *imminent* risk of attempting suicide.
- (4) If I should learn that a vulnerable person has been abused physically, sexually or

emotionally or that they are suffering neglect, I would be legally compelled to take action. I would work to protect them from further harm by reporting to the appropriate agency. I would do so even at risk of revealing how this information came to my attention. People considered “vulnerable” by state law are children under 18, the elderly and individuals with physical or developmental disabilities.

It is common for people to discuss traumatic experiences in psychotherapy; doing so does not void your confidentiality. Quite specific conditions must exist to create a legal exception to confidentiality.

Reliable knowledge of ongoing, severe abuse to a vulnerable person by an identifiable perpetrator is generally what compels reporting, but prior abuse may be reported as well. If you have concerns about whether to share something in therapy, you may ask me whether a particular type of information would be a reporting situation, leaving out identifying information. I can tell you whether I might need to make a report if you were to disclose that type of scenario. Should the need for reporting occur in our work together, I would make every effort to explain the process to you as things unfold.

Confidentiality is sacred; it’s absolutely essential to the therapeutic relationship. Please feel free to raise any questions you have about client rights, to change the contact information you have on file, to initiate discussion of special situations, to clarify how records are stored -- anything you believe could bear on confidentiality.

You will be invited at our initial evaluation session to discuss this document and to ask any questions you may have. If we agree to engage in psychotherapy, we will co-sign the **Consent for Treatment and Agreement to Hold Harmless** on the next page.

If there’s some aspect of this agreement for which you have hesitations, you are welcome to take more time to decide. We would wait before scheduling any sessions, as treatment could not proceed without your consent. You are welcome also to decline to co-sign this agreement. I would then refer you to a different healthcare provider.

Warranties and Representations

I understand that Dana R. Falk, Ph.D., PLLC does not guarantee, warrantee, represent or promise that any treatment rendered by her will result in the maintenance, improvement or resolution of any and all psychological conditions for which I have retained her services.

Consent for Treatment

I agree to psychological treatment with Dana R. Falk, Ph.D., PLLC. I have read and fully understand her practice disclosure statement. I have had the opportunity to ask questions about this disclosure statement before agreeing to it. I consent freely to the collaborative work of psychotherapy.

Both client and psychologist agree to abide by these terms of treatment. This consent for treatment shall remain in effect for the duration of psychotherapy. Consent may be revoked and treatment concluded at any time by either party. Client and psychologist both agree to engage fully in the therapeutic relationship and to collaborate on progress toward treatment goals.

Client name

Client signature

Date _____

Dana R. Falk, Ph.D., PLLC
Licensed Psychologist

Date _____