

ASBELL

PROFESSIONAL GROUP

Agreement

Welcome to our practice. This document, the **Agreement**, contains important information about our 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 used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices, or **Notice**. The Notice, a separate document, explains HIPAA and its application to your personal health information in greater detail. Please read it carefully and note any questions you might have so that we can discuss them.

When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on us unless we have taken action in reliance on it; there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or you have not satisfied financial obligations you have incurred.

The Asbell Professional Group is a team of independent practitioners in psychology and counseling. Each of our therapists brings a unique perspective to the practice, allowing us to respond effectively to diverse needs and concerns.

Laura Asbell has a PhD in Clinical Psychology from Washington State University and interned through the University of Washington School of Medicine. She is licensed to practice as a Psychologist in the states of Washington, License PY 1310, and Idaho, License PSY-279. Dr. Asbell specializes in individual and relationship issues.

Nathan Henry has a PsyD in Clinical Psychology from George Fox University. He is licensed to practice as a Psychologist in the state of Washington, License PY 3467. Dr Henry provides psychotherapy and psychological assessment services to adults and adolescents.

Wendy Biondi obtained her Master of Arts in Clinical Art Therapy from the University of Marylhurst. She is licensed to practice as a Mental Health Counselor in the state of Washington, License LH 9595. Wendy works with children, adolescents, adults and families.

For more information about our providers, please visit our web page at www.asbellgroup.com.

Professional Relationships: Only those providers listed above are part of Asbell Professional Group. And although we use a group name, all providers of Asbell Professional Group are separate and independent legal entities. There is one exception—in some instances some insurance companies require a therapist to be supervised for a client to use his or her mental health benefits. You will be informed if this arrangement is required, and you may request to meet with your therapist's supervisor at any time. Other than this specific supervisory relationship, all our work remains independent and not under the control of the group.

Therapeutic Model: Our therapeutic model recognizes that each person is an individual with biological, psychological, and sociological aspects of their being. Depending on your needs and preferences, we attempt to integrate these aspects within a developmental, cognitive behavioral, and interpersonal approach. We will discuss therapy goals and the proposed course of therapy with you periodically throughout therapy. If you have any concerns or questions, please bring them to our attention. You have the right at any time to refuse therapy, change therapists, or request a change in therapeutic approach.

Fees: Therapy sessions generally are 45 to 50 minutes (“clinical hour”) in length. Fees vary based on the service and the provider. Dr. Asbell and Dr. Henry’s fees are \$245.00 for the initial visit and \$170.00 for subsequent sessions. The fee for the initial session with Ms. Biondi is \$175.00; subsequent sessions are \$125.00, unless billing is done through Dr. Asbell, then her fees will apply. These fees may change—fees are adjusted annually on July 1 to reflect changes in expenses.

Please Note: You must *cancel* scheduled appointments 24 hours in advance; otherwise, we will bill you for half the normal session fee, even if the cancellation was unavoidable. If you do not use your full appointment, you will be billed half fee for the portion you did not attend.

Fees for **telephone calls**, attendance at meetings with other professionals you have authorized, preparation of records or summaries, or other services you might request from us are pro-rated based on our normal hourly fees, with a minimum fee of 10 minutes (1/5 hour). You understand that if we are subpoenaed or otherwise required to participate in a legal proceeding as a result of providing professional services to you, you will be responsible for paying for all time expended on preparation, transportation, and testimony. Billing for **court related work** will be at two times the hourly rate, for a minimum of four hours. Cancellation for court-related work is required 48 hours in advance to avoid a late cancellation fee. **Psychological testing** is charged at the hourly rate for administration, scoring, and report writing.

We require payment for services at the time of service unless you have a health insurance company that requires a different arrangement. Payment for reports and court related work is required at the time of the request. A late payment fee of 1.5% per month will be added on any balance after 60 days. The fee to process a returned check is \$30.

If you would like us to bill your health insurance company, we would ask you to sign our Insurance Information and Authorization Form.

Confidentiality: You have privileged communication under the laws of Washington and Idaho. That means, with some exceptions, anything you disclose in therapy and information we obtain about you from any source, even that you are a client, is confidential and can be disclosed to others only with your written authorization. However, disclosure **without** your consent or authorization can be made, or may be required by state or federal law, if the disclosure is:

- to a government agency or federal, state or law enforcement requesting information for health oversight activities or as required by law;
- to proper authorities if we should have reason to believe that a child or vulnerable adult has been abused or neglected, or if we feel you are of danger to yourself or others;
- to the courts if under a valid subpoena or court order;
- to licensing boards if we are under disciplinary investigation;
- to the WA Department of Labor and Industries or ID State Insurance Fund and your employer if the services we are providing are relevant to a worker’s compensation claim you have filed;

to public health care authorities for notifiable health conditions unless the condition notification has already been made;
to licensing boards if we learn that a licensed health care provider may not be able to practice his or her profession with reasonable skill and safety due to a mental or physical condition;
to a health care provider or facility for the purpose of coordination of care; or
to immediate family members unless you instruct us not to do so.

Additionally, we may disclose relevant information if you file a complaint or lawsuit against us or if you commit a crime on our premises. If disclosure is required without your authorization, we will attempt to discuss the situation with you to clarify options and look for alternate solutions. In that case, we will limit our disclosures to that minimally necessary.

Other Limits to Confidentiality: For both clinical and administrative purposes, such as scheduling, billing, and quality assurance, members of Asbell Professional Group and administrative staff may have information about you. We also may have contracts with professionals such as accountants, billing software vendors, computer technicians, or attorneys who may have information about you. If you request, we can provide you with the names of these individuals. All are legally, contractually, and ethically bound to protect your confidentiality.

In the case of **children under the age of 18**, the parent(s) or legal guardian holds the communication privilege. This means that the parent is entitled to information about the child and is the person who authorizes any release of information about the child. We will discuss with the parents the child's general progress and specifics if indicated. We will attempt to act in the child's best interests in deciding to disclose confidential information without the child's consent.

In the case of relationship or family therapy, or when **multiple family members** are seen by the same therapist, we assume confidentiality to be waived among participants unless other prior arrangements are made.

In some cases, it might be useful to your therapy for us to discuss your situation with others such as a teacher; in that case, we will seek your written authorization for this exchange of information. Please be aware that after we release information, with your signed consent, we will no longer have control of how that information is controlled or distributed.

We may occasionally find it helpful to consult about a case with other professionals. Several mental health care providers share emergency call with us. We will share your name and other clinical information with them only to the extent necessary to provide adequate coverage for you. In other consultations, we make every effort to avoid revealing your identity. Those consultants, of course, also are legally bound to keep your information confidential. We will note any consultations in your clinical record.

Treatment Records: We keep records of the services we provide you. You may ask to see or obtain a copy of those records, and you may ask to amend those records. You may be charged an appropriate fee for time and costs involved with any information request. Payment is required at the time of the request. Please see the Notice for further rights regarding your records.

We keep a commingled clinical record of our work when we see **couples or families**. However, any release of information you request will apply only to sessions in which you were seen individually. We require a release from both parties for records involving joint sessions.

Client Rights: HIPAA provides you with several new and expanded rights with regard to your Clinical Records and disclosures of protected health information. These include the rights to request restrictions on what information from your Clinical Records we disclose to others; request an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determine the location to which protected information disclosures were sent, have any complaints you make about our policies and procedures recorded in your records; and obtain a paper copy of this Agreement, the Notice, and our privacy policies and procedures. We are happy to discuss any of these rights with you.

Electronic Communications: Please feel free to contact us by email. Electronic communication is becoming an easy and fast way to communicate and handle routine questions, and our office may use electronic communication for administrative purposes. However, any technology can have difficulties, and **email is not secure**. Please let us know if you have difficulty with our using this form of communication. Also, please call us if there is any urgency to your communication, if we have not responded within three working days, or if our response is not sufficient for your needs. Following are some guidelines—and cautions—for the use of electronic mail with us.

Guidelines:

Please put an identifier such as “Appointment” in the subject line.
Remember to put your name in the body of the message.

Cautions:

The receptionist or other providers within the practice may read your email.
Your message will become part of your Clinical Record.
Your communication is **not secure**. If you prefer and your system allows, we can help you use encryption with us to better protect your confidentiality.

Contacting Us: We are often not immediately available by telephone. In emergencies, you can try to call us through our office or, for true emergencies only, through our emergency pager at (509) 623-2720. Our emergency pager coverage is shared among several colleagues, so you may not be able to reach your provider. However, the therapist on call can help you in an emergency situation. If you cannot reach us, or you feel that you cannot wait for us to return your call, you should contact your family physician, call the Crisis Line at (509) 838-4428, or go to the Sacred Heart Medical Center Emergency Room or the Emergency Room at your nearest hospital.

Concerns and Complaints: If for any reason you should have a concern or complaint about the services we deliver, **please let us know**. You also have the right to submit a complaint to the **Washington** State Department of Health, Health Professions Quality Assurance, PO Box 47860, Tumwater, WA 98501-7860, (360) 236-4700 or the **Idaho** State Board of Psychologist Examiners, Bureau of Occupational Licenses, 1109 Main Street, Suite 220, Boise, Idaho 83702-5642, (208) 334-3233.

Client Agreement: I have received the Notice of Privacy Practices. I have read and I understand and agree to the above-stated policies. (If you have any questions, please ask before signing).

Client’s Signature

Date

I have discussed this disclosure with the client:

Therapist’s Signature

Date