Eric Stephen Jannazzo, Ph.D.
Licensed Psychologist
701 N. 36th Street
Suite 410
Seattle, WA 98103

PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT

Welcome to my practice. This document contains important information about my 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 (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. The Notice 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. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures. 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 on me 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.

MEETINGS

If psychotherapy is begun, I will usually schedule one session of roughly 50 minutes per week at a time we agree on, although some meetings may be longer or more frequent.

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

In the case of a pattern of cancelled meetings on your part, or a similar expression of a lack of commitment to our work together and a stance of mutual courteousness, I reserve the right to end our working relationship. In this unlikely event, I will do my best to help you find another therapist with whom to work, if that is your wish. You will be responsible for any remaining balance on your bill, including any fees for last minute cancellations and no-shows.

CONTACTING ME

Due to my work schedule, I am often not immediately available by telephone or e-mail. When I am unavailable, your call will be routed to my confidential voicemail. I will make every effort to return your call or e-mail on the same day you made it, with the exception of weekends, holidays, and messages left after 6pm. If your schedule limits

your availability, please inform me of some times when it is best to contact you. You may leave a message on my work line (206) 445-0046 to schedule and cancel appointments. Please include your name, appointment time, and a contact phone number. In the event of an immediate emergency, you should:

- **contact the Crisis Clinic at (206) 461-3222;**
- **call 911; or**
- **proceed immediately to the nearest emergency room.**

BILLING AND PAYMENTS

Your health insurance may cover all or part of the fees and I will work with you to facilitate the exchange of information with your insurance company for payment. However, you are ultimately responsible for all fees incurred. You should contact your health insurance company or consult with me for additional information regarding payment arrangements. Each client is responsible for payment for services **at each session**. Please note that some insurance billing will be facilitated through Office Ally, a web-based, HIPAA-compliant medical billing company. I would be happy to answer any questions you may have about this billing procedure.

*50-55 minute individual counseling session: $175
(Longer sessions billed at a commensurate rate)
*55 minute couples counseling session: $200
*Late Cancel (within 24 hours for any reason) or No Show: $175
*90-minute group therapy session: $65

Please note there will be $35 service fee for insufficient funds or payments that are not made according to our payment agreement. This $35 fee is in addition to the original payment due to me.

I also charge $175 per hour for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include telephone conversations lasting longer than 5 minutes, consultation services, and the time spent performing any other service you may request of me. 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 and time, even if I am called to testify by another party. Due to the nature of legal involvement, my rate for participation in legal activities is $350 per hour.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will provide you with whatever reasonable assistance I can in helping you receive the benefits to which you are entitled; **however, you (not your insurance company) are responsible**

for full payment of my fees. This includes, but is not limited to, full responsibility for all sessions that exceed any session limits imposed by your insurer. If your insurer does impose a session limit on what they will reimburse and you would like to keep track of where you are within that limit, it is your responsibility to contact the insurer to inquire.

It is very important that you find out exactly what mental health services your insurance policy covers. You are strongly advised to contact your insurance company prior to our first meeting so that you may fully understand your benefits as they pertain to our work together.

The procedure codes used for insurance reimbursement will be 90791 for an initial individual intake session, and 90834 or 90837 for individual ongoing sessions, depending on the length of the session.

If at any point you have questions about your insurance coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, many clients feel that they desire more services after insurance benefits end.

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. 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.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that

you always have the right to pay for my services yourself to avoid the potential issues described above.

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 HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record.

- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

- If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services that I provided you, such information is protected by the psychologist-client privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

- 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 I am providing treatment for conditions directly related to worker's compensation claim, I may have to submit such records, upon appropriate request, to Chairman of the Worker's Compensation Board on such forms and at such times as the chairman may require.

There are some situations in which I am legally obligated to take actions which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice.

- If I have reasonable cause to believe that any child or dependent adult with whom you may have contact or knowledge of has been abused, I am required to file a report with the appropriate government agency. Once such a report is filed, I may be required to provide additional information.

- If a client communicates an imminent threat of serious physical harm to an identifiable victim, I may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

- If a client communicates an imminent threat of serious physical harm to him/herself, I may be required to disclose information in order to take protective actions. These actions may include initiating hospitalization or contacting family members or others who can assist in providing protection.

If such a situation arises, 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.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS
The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others or where information has been supplied to me confidentially by others, 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. If I refuse your request for access to your records, you have a right to of review, which I will discuss with you upon request.

PATIENT RIGHTS
HIPAA provides you with several 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 Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS & PARENTS

Clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. Even where parental consent is given, children over age 12 may have the right to control access to their treatment records. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment, particularly with younger children. For children age 12 and over, I request an agreement between my client and his/her parents allowing me to share general information about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Statement of Agreement Regarding Fees and Services - Consent: Your signature below indicates that you have read the Notice of Privacy Practices and the information included in this document and agree to abide by this document's stipulations during our professional relationship.

I have read Dr. Jannazzo's policies and my responsibilities as a client, fee for service, confidentiality, and patient rights. I understand and agree that I will be charged: for any outstanding, unpaid bills; a full session fee for any appointments that I miss for any reason with less than 24 hours notice; and, if I am a member of a couple, for any sessions missed by one or both members of the couple. I have had the opportunity to ask questions and discuss them, and give my informed consent for services. If requested, I have received a copy of this agreement. I agree to abide by the terms therein.

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Client Name (Printed)

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Client Signature Date

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Guardian Name (Printed) (if applicable) Date

____
Guardian Signature (if applicable) Date

**** If you are seeking reimbursement from your insurer, please be sure to complete the additional Benefit Company Authorization form.**