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**Therapist-Client Service Agreement**

Welcome to my psychotherapy practice. This document contains important information about my professional services, my office and business policies, and your rights as a psychotherapy client.

**Education, Experience and Methods of Practice:** I have a Master’s Degree in Clinical Psychology and have been practicing psychotherapy since 1992. I am a state licensed Marriage and Family Therapist, which means I and am qualified to see children, adolescents, couples and families for therapy as well as individual adults. I have experience in working with adults, adolescents and children and have worked with people on a wide variety of issues. My current practice focuses on work with individual adults. Some of the issues I have the most experience with are Post Traumatic Stress Disorder/Trauma issues, depression, anxiety, and chronic pain and chronic illness. I encourage dialogue about the process of therapy and am happy to explain my rationale for any ideas or interventions I might share or suggest. I also stay in touch with how clients feel the therapy process is going and whether it meets their needs.

**Appointments:** Your session time is reserved exclusively for you. Please assume that I'm always expecting you at your regular time unless you contact me in advance to tell me you can't make it. Therapy appointments are 50 minutes long in most cases. Lifespan Integration and EMDR are two trauma resolution techniques I use, and sometimes those sessions last 75 minutes. Timeliness is in your best interest, as your appointment cannot be extended when you are late because I almost always have another client waiting.

**Waiting Area:** In order to preserve privacy for all my clients, I ask that you please wait in the waiting area for me to come and get you for your appointment. If you are late for your appointment, feel free to come upstairs to my office. I will leave the door ajar to indicate that I am not currently in session. If the door is closed, please return to the waiting area and I will come to get you as soon as possible.

**Fees and Payment:** The fee for a 50 minute session is $140.00, except for the intake session (the first session) which is $160.00. Some health insurance covers psychotherapy. When I'm an in network provider for an insurance company, I am able to bill the insurance company directly for the portion they owe. When I'm an out of network provider, you would pay the full fee up front, and I can provide you with an itemized bill to submit to your insurance company so that the insurance company can reimburse you what they owe. It is important to be certain that you understand whether I am in-network or out-of-network with your insurance company, whether you have a deductible, and what you co-pay will be. The fee of $140.00 is pro rated for additional services such as report writing or extended phone calls. My regular hourly fee is charged for court appearances, depositions or hearings related to your treatment. I do reserve a number of slots in my schedule for people who cannot afford the full fee. I discuss a reduced fee with individual clients on a case by case basis. You can pay by cash, check, debit card or credit card. I use and online debit/credit processing company and if you wish to use a debit or credit card, you can fill out a form with your card information and your fee will be automatically deducted after each session once you give your permission for this form of payment.

**Cancellation Policy:**  As is standard in the field of psychotherapy, I require 24 hours notice when you need to cancel your appointment for any reason. Should you be unable to give 24 hours notice or forget your appointment, you will be charged the full fee of $140.00 for the missed appointment. Insurance does not cover for late cancellations or missed appointments, so if you normally have a lower co-pay, be aware you won’t be paying the co-pay, you’ll be paying the full fee. I can easily understand why anyone might question why a therapist would charge for a late cancellation if someone is simply sick. I know that getting sick can come on a person quite suddenly. While I do have the standard therapist cancellation policy, I do allow people one “freebie” a year where I won’t charge them if they forget an appointment or get sick suddenly and couldn’t tell me sooner. I also will forgive a late cancellation or no show if the person is able to reschedule within the same week, if the person is coming in weekly, or within the same two week period if the person’s regular time is every other week. I may not always have a time available during my regular office hours in order to reschedule in these situations, but if I get a cancellation in my schedule, I'm more than happy to offer that time to someone who forgot or had a late cancellation.

People sometimes ask why therapists have such a strict cancellation policy. There are multiple reasons for the policy, and the majority of those reasons have to do with protecting and supporting the therapy process. One of the main concerns is that therapy can be emotionally difficult at times. It just comes with the territory. If it's easy for a client to cancel when they have a last minute desire to avoid going into something difficult, then often clients will do that unless there is some consequence for it. The result of frequent skipping of appointments can be spotty therapy that doesn’t get a chance to build up momentum. People forget what they were talking about before and find it harder to stay focused on what they were working on when they don’t come regularly. This is why I typically don’t see clients less than every week unless they are tapering off in preparation for leaving therapy. Also, if a client cancels therapy for being sick, this then leads to the therapist wondering if a person is lying when they say they’re sick, and once that happens, an element of distrust has entered into the therapeutic relationship. While therapists are generally by nature very nonjudgmental people, if they have a client who cancels on them frequently and they don’t get compensated for it, they may come to resent the client as it can then affect their own livelihood, no matter how much they care about that client. Because the people who come to therapy can be in the kind of state where regularly attending an appointment is challenging for them, (for example if they're depressed and not remembering things very well), there is a relatively high possibility that clients might miss appointments. Clients often feel horribly guilty for missing an appointment if they forgot for those kinds of reasons, and their guilt can have them quitting therapy rather facing the therapist after they've missed the last of several appointments. When they know they've paid you for the missed appointment, that guilt isn’t in the way of staying in therapy. And of course, there is some protection for the therapist in the policy, making it much more possible to make a living working with people who may not be able to function very well. If at any time you have questions about the cancellation policy that weren't covered here, please feel free to ask.

**Emergencies:**  If it should happen that some extraordinarily distressing event occurs between sessions, I do have some availability by phone and am also willing to try to schedule an extra session as soon as possible. If you are unable to reach me, the Crisis Clinic is available to help people through urgent crises of every kind, and they are available twenty four hours a day, seven days a week. Their number is 206-461-3222.

**Telephone calls:** Brief telephone consultations of 15 minutes or less are sometimes necessary and are available at no extra charge. On rare occasions, such as in an emergency, I am willing to do a phone session, and charge my regular fee for these phone sessions. Some insurance will not cover a phone session. In my experience, telephone sessions are not usually as effective as in person sessions, so I am unwilling to do them except in an emergency.

**Client rights:** You have a right and responsibility as a client to choose the therapist who best serves your needs. You have the right to refuse anything I suggest without being penalized in any way. You may end treatment at any time. If you choose to end treatment, I will provide you with at least three referrals to other therapists who may suit your needs. Please be aware that a therapist also has the right to terminate therapy. The following are reasons why a therapist may choose to terminate therapy:

1. If, as the facts of a case unfold, a therapist feels that it is in the client’s best interests to be treated by another professional who has specialized expertise in an area needed by a client

2. If a therapist feels she is being treated abusively by a client

3. If a therapist should lose objectivity in treating a client

4. If a client repeatedly attempts to violate the boundaries of the therapeutic relationship

5. If a therapist feels threatened in any way by a client

6. If a therapist is not being paid for services.

**Confidentiality:** All information exchanged in session will remain confidential. It is against the law for me to disclose anything we discuss in session without your written consent. Legal exceptions are the following:

1. When I receive information that a child or dependent adult is being abused or neglected, I am legally mandated to inform Child or Adult Protective Services.
2. When a client expresses serious intent to hurt him or herself, I must take actions to ensure the client’s safety, which may include informing a family member that the client is at immanent risk of suicide in order to form a safety plan.
3. When a client expresses serious intent to kill another person, I must inform the intended victim, and if that is not possible, I must inform the police.
4. If I am served a court order by a judge to release my records, I will vigorously endeavor to protect sensitive information by working with the court to minimize or eliminate their requirements. The court, however, will be the final arbiter of what I must release to them.

**HIPAA** (Health Insurance Portability and Accountability Act) provides you with several new, expanded 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 upon your written consent of providing your records to another party; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized (such as a mandated report of child abuse); determining the location to which protected information disclosures are sent; having removed any complaints you make about my policies and procedures recorded in your records; the right to a paper copy of this Agreement, which includes my privacy policies and procedures. I am happy to discuss any of these rights with you.

**Informed Consent for Treatment:** I declare that I have read and understood the contents of the forgoing office policies, have been informed regarding fees, HIPAA rights and confidentiality laws, and have received the following information:

1. Information about the therapist’s education and experience.
2. The therapist’s Washington State License number.

I understand that the Washington Department of Health would like me to know that I may file a complaint with the Department at any time I believe a therapist has demonstrated unprofessional conduct. Further, I understand that all practicing therapists must be registered with the Department of Health for the protection of the public health and safety, and that registration of an individual by the Department is not recognition by the State of Washington of any practice standards, nor necessarily implies the effectiveness of any treatment.

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Client Date

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Therapist Date

**Financial contract:**

I understand that I am ultimately responsible for the agreed upon fee regardless of what coverage my insurance company promises. I agree to pay the fee of $140.00 in full if I do not come for a scheduled appointment or fail to give 24 hours notice of cancellation of the scheduled appointment. I understand that my insurance company will not reimburse for no-shows or late cancellations. If it is possible to reschedule within the same week as the missed appointment, I understand I will not be charged for the missed appointment.

I agree to allow my therapist to release information to my insurance company that is necessary for benefits to be paid. This usually includes my name and address, insurance ID numbers, a diagnosis code and dates of service. Some insurance companies also require a treatment plan, which identifies goals for the therapy and therapeutic modalities used in session, and I agree to release of that information as needed to obtain insurance benefits. I hereby authorize payment of services by my insurance company directly to the therapist when the therapist bills my insurance directly for services.

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Client or financially responsible party