**Ronald O. Powell, PhD, PLLC**

**Eastside Cognitive Behavioral Therapy**

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### DISCLOSURE STATEMENT AND CONTRACT

Welcome to my practice! This document contains important information about my professional services and business policies. Please read it carefully so that we can discuss any questions or concerns about it that you might have at our first meeting.

# PSYCHOLOGICAL SERVICES

In my work I use an evidence based treatment approach called Cognitive Behavioral Treatment. It has been demonstrated to be useful with many different kinds of problems. One of the advantages of this approach is that it is usually involves very few risks. What I generally expect to see is lowering levels of distress starting with our early sessions with fairly steady improvement over the course of treatment. This therapy tends to be a problem-oriented treatment that emphasizes what is going in our lives in present time as opposed to a treatment that works by going back over issues in the past. All psychotherapy can at times lead to unexpected reactions but these are usually passing periods of dealing with unwanted thoughts and emotions and are not serious or harmful.

Research suggests that this type of treatment usually is very helpful and I would be glad to discuss what this might look like in terms of rates of recovery in light of your particular goals. But therapy involves a commitment of time, money, and energy, so if you have doubts about how your therapy is progressing, I encourage you to bring this up in session so that we can look for a solution together, which could involve changes to what we do, a referral to another mental health provider, a second opinion, etc. This being said you are of course free to discontinue these services at any time.

# MEETINGS

I think of therapy in terms of stages. The first stage is that we meet together to discuss your problem. We will work together to establish a plan for treatment. Together we make sense of how it is that your problem works and persists and provide an explanation of our problem that sets the stage for the work to come.

A second stage of therapy is about testing explanations that we have offered to make sure they are valid from your perspective and then introducing tools that stem from alternate ways of approaching your difficulties. These tools may involve cognitive exercises, experiments, and exploration about beliefs that are involved with the way that you approach your problem. From here we continue to refine and gain confidence in new ideas that lead to and reduce the degree of distress that you are experiencing. This is the most intensive stage of treatment and meeting together will ideally be fairly frequent.

A third stage of treatment is consolidation, practice and relapse preparation. During this stage we generally see a lot of improvement and are fine tuning and talking about how to prevent the problem from gaining traction if it comes up in the future. Usually we are not meeting together very regularly at this point and treatment efforts are less demanding.

Cognitive Behavioral therapy is an active, collaborative approach. It is a lot more like taking a class or being involved in intensive coaching than many other kinds of therapy. You can expect to do things outside of our sessions that keep you actively thinking about what we are working on and that help you lower distress.

Unless we discuss it and agree to something different, our face to face meetings will be 55 minutes per session. Though neither of us is likely to want to meet together if we are very ill and unforeseen circumstances sometimes occur, I ask for advance notice of 48 hours for cancellation. I will be glad to help you try to find another time if rescheduling is necessary.

# PROFESSIONAL FEES

The fee for a routine session is $180. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than the 55 minute session time. Other services include: report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, I bill for my professional time including travel and preparation.

# BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

# 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 cover most of the costs of your treatment. I use a third party billing service that help in collection of insurance benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is highly recommended that you consult your insurance carrier in order to understand what they will pay and what portion of my services you will be your responsibility.

You should also be aware that most insurance companies require that I provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company’s files. 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 your benefit is used before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself.

# CONTACTING ME

Because my work is about seeing clients, I am often not immediately available by telephone. When I am unavailable by telephone you can leave a short message for me. I monitor this frequently and will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you will be available. If you are unable to reach me and feel that this is an emergency, contact the 24-HOUR CRISIS LINE at 866-4-CRISIS; (866-427-4747), your family physician or go to the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. To protect privacy please only leave short messages on voice mail and limit the information to appointing and scheduling matters. Text messaging and e-mailing are not considered secure and private so please do not attempt to communicate with me in this manner.

**MY PROFESSIONAL CREDENTIALS**

By law I am required to provide you with my professional credentials: I completed my PhD in clinical psychology at Purdue University in West Lafayette, Indiana graduating in 1985. After graduate school I completed internship and post-internship, supervision before licensure in 1987 (WA State License PY00001122). The Washington State Department of Health issues and regulates my license. You may contact them at P.O. Box 47857, Olympia, WA 98504, Phone, 360-236-4700 if you have questions or concerns.

## PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Or, I can prepare a summary for you instead. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests. I have included a copy of your health information privacy rights to my website for your convenience.

## CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I only release information about our work to others with your written permission. But there are a few exceptions:

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

Information will be released to the extent necessary to a third party for the purposes of billing and assisting you in collecting insurance reimbursement. If you wish to totally pay in cash there will be no need for third party billing assistance.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client’s treatment. For example, if I believe that a child or elderly person/disabled person is being abused, I must make a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If my 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. Fortunately these situations are quite rare and many times people are actually relieved to discuss these concerns and learn more about our protection of confidential information.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is 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.

More in depth information regarding privacy practices is available in my Notice of Privacy Practices which can be found on my website at Eastsidecbt.com. I will also provide a copy of this upon your request.

Our signatures below indicate that you have read the information in this document, agree to abide by its terms during our professional relationship and you understand that you are free to discuss any concerns or questions about this at any time in our work together.

Signed,

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Client Ronald O. Powell, PhD