

## Office Policies and Treatment Agreement

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**Professional Qualifications:** I received my Master of Arts in Counseling Psychology from Antioch University in 1992. I have worked as a therapist, counselor and consultant in community and private settings. I am a Licensed Mental Health Counselor in Washington; my license number is: 020703 LH00005366.

**Method and Approach:** You came to counseling because you want something to be different in your life. You may want to resolve relationship issues, solve a particular problem, decide, or understand what is happening inside yourself. I will first help you clarify your goals in therapy and then assist you in contacting significant feelings, beliefs, blockages, and concerns.

Psychotherapy may stir intense emotions of fear, anger, anxiety, depression, loneliness, or helplessness. While such difficult feelings may be experienced along the way, my primary focus in therapy is developing your personal effectiveness and spontaneity. Developing the capacity to respond well in new and old situations can boost self-esteem and confidence outside the therapy room.

My theoretical approach incorporates relational, psychoanalytic, family of origin, and social/group psychologies. I have completed extensive post-graduate training in individual and couple's therapies, group therapy, and workshop facilitation.

The length of time in therapy varies with each person and problem. For therapy to be most effective, you must make a commitment of time and energy, and take an active part in the process.

**Fees and Insurance:** My current fee is \$190 per session. Payment is due at the time of the session. You may pay by personal check, or by e-payment in the Venmo or PayPal apps at my phone number (above.) If you use e-payment, make sure to send as "friends and family" or "non-service." I do not take credit, debit or HSA cards for payment. Please note that fees are adjusted periodically for inflation.

If you seek reimbursement from your health plan, I will provide a statement template with all necessary insurance coding. It is your responsibility to make copies of the template and to keep track of your sessions. At the end of each month, I will sign off on the statement for that month's sessions. You may submit this receipt to insurance in order receive reimbursement according to your health plan benefits.

**Appointments and Cancellations:** Once we decide to work together, we will find a time that is consistent from week to week. Except for holidays about which I will give advance notice, I will make every effort to hold this time for you.

You are responsible for payment for all scheduled sessions with exception of those you cancel with at least 2 weeks' notice. This includes times when we shift to phone or online video when I cannot see you in-person due to circumstances. Missed or canceled sessions incur full charge. Please keep in mind that missed sessions are not covered by insurance.

You may choose to meet by phone or online video if for any reason you cannot make it to the office. If you need to cancel, please note that I may be able to accommodate a change in your appointment time or day – make sure to check with me.

**Communication between sessions:** In case of an emergency or crisis, you can reach me at 206-276-1960. I will either pick up directly or call you back if you leave a message asking me to do so. You may also communicate by text to that number.

**Confidentiality:** I will keep everything you tell me in strictest confidence unless I have your written permission in a release of information form. Under no circumstance will I release records obtained from other therapists, agencies, or institutions. In response to any court order for records, I will provide only the dates of treatment or contacts with the patient, and a general summary of psychotherapy/ counseling activity.

Some of the circumstances where disclosure is required by the law include reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled. Additional circumstances when disclosure may be required:

- Pursuant to a legal proceeding. If you place your mental status at issue in litigation that you have initiated, the defendant may have the right to obtain the psychotherapy records and/or testimony by me. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by **all** adult family members who are/were part of the treatment.
- Should the patient bring a claim against me with the State of Washington Department of Health, patient information will be released.
- Emergencies: If there is an emergency during our work together, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or

others and to ensure that you receive the proper medical care. For this purpose, I may also contact the police, hospital, or the person whose name you have provided on the biographical sheet.

- **Health Insurance & Confidentiality of Records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP to process claims. If you so instruct me, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, the psychotherapy notes will not be disclosed to your insurance carrier. I have no control or knowledge over what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the congress-approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data has been reported to have been sold, stolen, or accessed by enforcement agencies; therefore, you are in a vulnerable position.

On occasion, I will record sessions to listen more closely to our conversation. This helps me improve my work as I sometimes hear things I may have missed in the moment. Any such recordings are completely erased within a week of their recording.

**E-mail, cell phone, texting, and fax communication:** It is important to be aware that communication by email, texting and cell phones can be relatively easily accessed by unauthorized people and that the privacy and confidentiality of such communication can be easily compromised. My preferred method to communicate with patients regarding scheduling and other practical matters is texting to my cell phone (listed above.) Please do not use electronic media in emergency situations.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Consultation:** I regularly attend consultation and training meetings where, to ensure the quality of the therapy I provide, I discuss my work. In these circumstances, I do not reveal the identity of my patients. If you have any concerns about this, please talk about it with me.

**Client Rights:** The law requires that I inform you of the following:

*“Counselors practicing counseling for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment (WAC 308-190-040). A record of the mental health care provided to you is kept by this office. You may ask to see and copy that record. You may also ask this office to correct that record, if you believe the information within that record is in error. A copy of your corrections will be placed within your record, at your request. This office will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so. You may see your record, or get information about it, at this office” (SHB 1828).*

You should know that for your protection, I keep minimal records: billing information, correspondence, release forms (if any), and a signed copy of this disclosure statement indicating that you have read this document.

Finally, you have the right, at any time and for any reason, to decide that you do not wish to continue counseling. I encourage you to discuss your decision to end treatment as an important part of the therapy process. If you wish, I can provide you with the names of other qualified professionals.

**Consent:** I have read the above information, clarified any questions I have, agreed to the stated terms, and have received a copy of this document. My signature on below attests that I have read the above Office Policies and Treatment Agreement, and that I consent to therapy under all the terms stated in this document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

Therapist's signature and date: \_\_\_\_\_