



Jennifer A. Palermo, Ph.D.

10564 FIFTH AVE NORTHEAST, SUITE 201 SEATTLE, WASHINGTON 98125
(206) 617-9064 info@drjenniferpalermo.com

Office Policies & Agreement for Services

Welcome to my practice. This document provides important information about my professional services and business policies. Please take time to read it carefully and let me know if you have any questions. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do. Once you have read and fully understood this document, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one. This signed document will 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 or if you have not satisfied any financial obligations you have incurred.

This document 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. The notice explains HIPAA and its application to your personal health information. 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 important that you read them carefully. We can discuss any question you have about the procedures.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

I view therapy as a partnership between us. Our first few sessions will involve an evaluation of your needs. Subsequently, I will be able to offer you some first impressions of what our work may include and a treatment plan to follow. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional.

Qualifications

I received my doctorate in Clinical Psychology from Seattle Pacific University (an American Psychological Association approved program) and completed my pre-doctoral internship at University of Idaho Counseling and Testing Center, an American Psychological Association approved training site. I work from an integrative perspective in therapy in order to provide each client with an individualized collaborative treatment plan. The foundation of my clinical approach is grounded in Interpersonal Psychotherapy with the integration of cognitive-behavioral, psychodynamic and mindfulness/relaxation interventions. As a psychologist, I bring certain expertise to our collaboration while each individual brings self-knowledge, the ability to learn from your life experiences and a vision of what you hope your life to be. I enjoy working with a diverse range of individuals and couples in relationships. I am licensed as a Clinical Psychologist by the state of Washington, License # PY 60058557.

Appointments

Appointments begin at the agreed upon time and are generally 45-50 minutes in length. **Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation.**

Contacting Me

Due to my work schedule, I am often not immediately available by telephone or email. When I am unavailable, my telephone is answered by confidential voicemail that I monitor frequently. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. If your schedule limits your availability, please inform me of some times when it is best to contact you. If you are experiencing a life threatening emergency and cannot wait for me to return your call, you should contact the 24 hour crisis clinic at (206) 461-3222, dial 911, or go to the nearest emergency room. Please limit email contact to scheduling issues and do not contact me via email or fax for emergencies.

Professional Fees

The charge for the first appointment is \$180. This includes time spent in scoring any evaluation measures and review of previous records. My fee for a 45-50 minute individual therapy session is \$140. Reduced fees are available on a limited basis based upon income and financial need. If this is a concern, please discuss this with me. In addition to scheduled appointments, it is my practice to charge this amount on a pro-rated basis for other professional services that you may require such as report writing, telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, and preparation of records or treatment summaries. You will be given advance notice if my fees should change.

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, 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 \$300 per hour. For psychological assessment information and fees, please review the addendum attached to this document.

Billing and Payments

Cash or check are accepted forms of payment and due at the beginning of each session. I suggest you make out your check before each session begins, so that our time will be used best. Other payment or fee arrangements must be worked out before the end of our first meeting.

I am not a member of any health insurance plans or panels. Health insurance is a contract between you (or your employer) and your insurer; I am not part of that contract. Depending on the type of your insurance plan, many clients submit their claims independently and are able to obtain partial or full reimbursement for services. If you wish to use these out-of-network benefits, I can supply you with an invoice for my services with the standard diagnostic and procedure codes for billing purposes, the times we met, my charges, and your payments. You may be able to submit to your insurer for reimbursement, it is your responsibility to verify the specifics of your coverage.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment, including collection agencies or small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

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 state law and/or HIPAA. Your signature of 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 your identity. These 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.

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

- 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.

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 patient's treatment. These situations are unusual in my practice.

- If I have reasonable cause to believe that a child, dependent adult or elder with whom you may have contact or knowledge of has been abused or neglected, 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 I reasonably believe that there is an imminent danger to the health or safety of the patient or any other individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can help provide protection.

If 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 the unusual circumstance that I conclude that disclosure could reasonably be expected to cause danger to the life or safety of you or another or that disclosure could reasonably be expected to lead to your identification of the person who provided information to me in confidence under circumstances where confidentiality is appropriate, 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 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 Record 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 the Agreement, the attached 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. Since privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is usually my policy to request an agreement from the parents that they consent to give up access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment and his/her attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. 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 Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Psychological Association and by those of my state license. In my practice as a psychologist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as

being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/ cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

If you have a concern or complaint about your treatment, please raise your concerns with me at once. I will make every effort to hear any complaints you have and to seek solutions to them. If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, you may file a formal complaint with the Washington State Examining Board of Psychology, P.O. Box 47868, Olympia, WA 98504-7868.

Dual Relationships:

Therapy never involves sexual, business, or any other dual relationships that could impair my objectivity, clinical judgment or therapeutic effectiveness of could be exploitative in nature. Please discuss this with me if you have any questions or concerns.

Statement of Agreement:

Your signature below indicates that you have read the Notice of Privacy Practices and the information in this document, agree to its terms and grant permission for treatment. I have had the opportunity to ask questions and discuss them. If requested, I have received a copy of this agreement.

Client Name (Printed)

Client Signature Date

Guardian Name (Printed; if applicable)

Guardian Signature (if applicable) Date