



Office Policy and Informed Consent

Welcome to Sound Psychology. It is a pleasure to assist you with your healthcare needs. This document contains important information about our professional services and business policies. It is important that you read this document carefully. When you sign this document, it will represent an agreement between us. You may revoke this Agreement in writing at any time. The revocation will be binding unless we have relied on it to take actions required of us by your insurance company, or your financial obligations to us have not been met at the time of your notice of Agreement revocation. We can discuss any questions you may have about this agreement at any time.

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). HIPAA requires that we provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. This notice, which is given along with this agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information.

Our treatment approach recognizes that each person is an individual with biological, psychological, social, and spiritual aspects of their being. Depending on your needs and preferences, we blend family systems, dynamic, solution focused, interpersonal, cognitive, and behavioral treatment approaches. We will also refer you to appropriate specialists when indicated, such as when medication is likely to be helpful, or medical testing seems necessary. We will discuss treatment goals and the proposed course of treatment with you periodically throughout your treatment. If you have any questions or concerns, please bring them to our attention. You have the right at any time to refuse treatment, change therapists, or request a change in therapy approach. You will not be discriminated against due to race, age, religion, national origin, handicap, gender, or sexual preference. Effective psychotherapeutic treatment requires openness, honesty, an attitude for collaboration, trust, and your willingness to invest both time and effort between sessions for working toward personal and/or family change. The success of treatment cannot be guaranteed. Outcomes are dependent upon many things including your personal responsibility and motivation. Side effects, such as increased mood problems, anxiety, and other potential unpleasantness, can be related to counseling work. We will utilize our experience, education, and training to work with you productively, and we will perform our services in a professionally competent, caring, and confidential manner.

The competent and ethical practice of psychotherapy dictates that we participate in case consultation with other licensed professionals when necessary. Should we obtain consultation regarding aspects of your treatment, we will omit identifying information (including name, employment, etc.) so that confidentiality will be preserved to the best of our ability. Your signature on this policy statement serves as your consent that we may pursue consultation regarding your treatment without obtaining additional written consent from you to do so.



Sound Psychology is the private practice of Dr. David Knopes, Ph.D. Dr. Knopes completed his doctorate in Counseling Psychology from the University of Oregon in 2004. He received his specialty training in neuropsychological assessment, health psychology, and addictions treatment from the Portland VA Medical Center in 2003. Dr. Knopes also provides treatment for mood disorder, anxiety, posttraumatic stress, and chronic pain. He has been licensed to practice psychology in the State of Washington since 2006 (License #PY3476).

Ethics and Professional Standards

Psychologists offering services to the public must be licensed by the State of Washington. A licensed psychologist has a doctoral degree from an accredited university, 5 years of supervised pre-doctoral clinical training experience, a minimum of 1 year of supervised post-doctoral clinic experience, and passed written and oral examinations of psychological knowledge given by the Washington State Examining Board of Psychology. As licensed psychologists and members of the Washington State Psychological Association and the American Psychological Association, we are accountable for our work with you. If you have any concerns or complaints about the course of your evaluation or treatment, please contact our office and discuss them with us first. You have the right to discontinue your treatment or ask for a referral to another therapist at any time. If after discussing your concerns with us you are still dissatisfied and feel you have been treated unprofessionally or unethically, you may contact the Department of Licensing at 1300 SE Quince Street, MS EY-21, Olympia, WA 98504.

We reserve the right to refuse service to anyone without reason, provided that a referral to an appropriate treatment provider is made at the time of refusal of services. There are no firearms allowed on the office premises. Intoxication is not allowed on the premises.

Quality of Care

We will make every reasonable effort within the scope of our abilities and expertise to help you resolve your presenting problems. Of course, you must understand that despite the fact that you will receive competent care by a well trained licensed psychologist, there is no guarantee that the help we provide will resolve your presenting problem(s) nor can we offer any promise about the results of your experience. This office does not buy or sell anything to clients other than the licensed psychologist's time. It is our office policy that psychologist are not allowed to accept gifts.

To utilize the mental health benefits of some insurance policies and ensure the quality of client care, we may ask you to complete a short questionnaire at the beginning, during, or at the end of treatment. This allows us to check the effectiveness of our work. There is no fee for this, and you may have access to the results of the questionnaire. Moreover, you have the right to decline if you so choose.

Information About Your Treatment Records

We will keep a record of the mental health care services that we provide you. You may ask to see and/or correct that record. You may see your record or get more information about it by contacting and/or setting up an appointment with us. You may be charged an appropriate fee for the time and costs involved with an information request. Doctors in this office are not authorized to release your records to anyone without your permission unless the law authorizes or mandates us to do so. If you are utilizing a third party payer, such as an insurance company, we may be required to submit information about you to them in order to obtain reimbursement or authorization for treatment services. You will be asked to give permission for this release on the Insurance/Patient Information Form given to you with this Office Policy Statement. By entering this



agreement, you authorize Sound Psychology to appoint an agent/trustee to serve as custodian of records, including both file management and disposal. If there is any information that you DO NOT wish to have recorded in your chart, please inform the doctor you are seeing in our clinic.

Confidentiality of Adults

You have privileged communication with your doctor under the laws of the State of Washington. That means that, with few exceptions, anything you disclose in therapy and any information we obtain about you from any source, including the simple fact that you are in treatment, is confidential and can only be disclosed to others with your written consent.

Disclosure without your authorization can be made if the disclosure is:

- To a current health care provider;
- To a former or future health care provider, unless you request in writing that we not do so;
- To immediate family members or any person with whom you have a close personal relationship, unless you request in writing that we not do so;
- To public health authorities when required or when needed to protect the public;
- To proper authorities if we should have reason to suspect that a child, a disabled adult, or an elderly person has been abused or neglected or if we feel you are a danger to yourself or others;
- To licensing/certification boards if we are under disciplinary investigation.

The law requires reporting of confidential information in three situations: suspected child abuse, threatened harm to self or others, or if individuals are gravely disabled and not able to care for themselves. Furthermore, based on the Uniform Health Care Information Act, we may confer with others who are providing health care services to you as a means of ensuring quality and continuity of care. In most instances, confidential information can be subpoenaed by a court if you become involved in a lawsuit. We cannot be held responsible for maintaining the confidentiality of information about you should you become involved in litigation. If disclosure is required without your authorization, we will attempt to discuss the situation with you to clarify the situation and look for alternative solutions.

Information to be disclosed that requires your authorization will not be released without a ***Release of Information*** form signed by you. The ***Release of Information*** form is valid for only 90 days from the date of your signature. Confidentiality does not cover sessions with two or more persons (i.e. couples or families) since we cannot assure that others present will keep the information in confidence. However, confidentiality does apply when one of those persons is seen individually. In some cases, it might be useful to your therapy for us to discuss your situation with others, such as a physician. In that case, we will seek your written permission for this exchange of information. On all occasions in which confidentiality is an issue, we will attempt to meet the ethical, clinical, and legal responsibilities we have with you.

Confidentiality of Minors

In the case of children under 13 years of age, the parent(s) or legal guardian holds the communication privilege. This means that the parent is entitled to information about the child and so is the person who authorizes any release of information about the child. We will discuss with parents their child's general progress and case specifics if indicated. We will attempt to act in the child's best interests in deciding to disclose confidential information without the child's consent. Minors 13 years of age or older have the right to consent to mental health treatment without their parent's knowledge and may consent to disclosure of treatment records. Thus, the consent of the minor (13 years and older) is required in order to release



information, except in the above mentioned circumstances described in the “Confidentiality of Adults” section where disclosure can be made without authorization under certain terms and conditions.

Appointments

Individual treatment sessions typically last 45 to 50 minutes in length with the remaining 10-15 minutes devoted to treatment planning and record keeping. It is important to be on time, because your appointment will not be extended beyond the scheduled time as a result of your late arrival. Your appointment time is held exclusively for you. If you are unable to keep your appointment for any reason, you must give at least a 24 HOUR ADVANCED NOTICE to cancel. Otherwise, you WILL BE CHARGED THE FULL AMOUNT for the time reserved for you. Insurance companies will not reimburse you or us for the missed appointment.

Fees

Initial Evaluation	\$275.00/45-90 mins.
Subsequent Treatment Sessions	\$160.00/45-50 mins. \$240.00/60 mins. or more
Telephone Calls	\$60.00/15-20 mins.
Psychological & Neuropsychological Testing, Interpretation, & Report:	
By Psychologist	\$190.00/hour
By Technician	\$125.00/hour

If you have missed a scheduled visit and you do not call our office within seven days, your provider will accept that as your notice that you have terminated this agreement and you wish to discontinue counseling with our office.

Psychological and neuropsychologist testing is charged at the hourly rate for administration, scoring, and report writing. In the case of extensive neuropsychological evaluations, additional charges for chart review may be applied. We will attempt to discuss these charges with you in advance. Additional fees may be applied for extended psychotherapy sessions, reports, photocopies of records, and review of records. Patients will also incur charges for letters, reports, or telephone calls made on their behalf to attorneys, doctors, agencies, employers, school personnel, etc.

Fees regarding testimony include:

Conference/Legal Records Review	\$225.00/hour
Telephone Conference	\$160.00/hour
Arbitration	\$350.00/hour
Deposition	\$350.00/hour
Travel Time	\$150.00/hour
Court Testimony	\$475.00/1st hour \$350.00 thereafter

Financial Responsibility

Payments for services provided to you are expected at the time they are delivered. Many, though not all, insurance companies do cover a portion of the cost of psychological services. We will assist you in the proper billing of your insurance company. However, in all cases, YOU, not your insurance company, ARE RESPONSIBLE that your account is paid in full. We strongly recommend that you check with your insurance company to see if you are entitled to receive benefits for psychological services. Payments returned from your bank due to non-sufficient funds will be subject to a returned check fee of \$25.00. For your convenience we accept Visa and Mastercard through PayPal.



Overdue Accounts

You are responsible for your account and are expected to pay for all services that you receive. Overdue accounts may be charged interest or a minimum late payment fee on a monthly basis. Accounts overdue 90 days or more may be turned over to a collection agency or an attorney. We reserve the right to pursue all legal means necessary to secure our interests in being paid for treatment services provided to you. You will be responsible for legal fees and/or collection agency fees in the event that your account becomes delinquent.

Contacting Us

We are not available by telephone on evenings and weekends. If you cannot reach us, or you feel that you cannot wait for us to return your call, you should call your family physician, an emergency room at the nearest hospital, the King County Crisis Line at 2-1-1 or 866-427-4747 (this number can be called from pay phones) or dial 9-1-1. If we are unavailable for an extended time, we will provide you with the name of a trusted colleague whom you can contact if necessary.

Agreement to Participate in Services

If you have any questions, please feel free to discuss them with us prior to signing this form. Your signature indicates that you have read, understand, and agree with our policies and accept responsibility for payment of our fees in accordance with our terms and conditions. Furthermore, you hereby authorize the doctor to provide you psychological services. This authorization constitutes informed consent without exception.

I have read, understand, and agree to the above stated policies.

Clients Signature _____ Date: _____

Clinician _____ Date: _____



Understanding Managed Care for Mental Health

Managed care involves cooperation between the client, provider, and the insurance company to provide services efficiently as possible.

Your contract with your health insurance company may state that your mental health coverage is limited to:

1. Services that are determined to be “medically necessary.”
Medically necessary may be defined as presentation of a Covered DSM-IV Axis I diagnosis (these are acute symptoms).
2. Conditions that are able to be treated by short term, problem focused, and/or goal oriented approaches.

You will need to discuss with your therapist the nature of your presenting complaints and set a specific goal for treatment that falls within these guidelines. Your insurance will then cover a limited number of office sessions requiring you and the therapist to work on your problems as intensely as possible with the focus of eliminating acute symptoms. We will work with you to accomplish the identified goals in a cost effective manner.

Doctors in this practice have entered into an agreement with your insurance company to provide services within the above mentioned conditions. This practice reviews client cases for quality assurance. Your case may be reviewed by a utilization review/quality assurance group set up by the insurance company or members of this practice.

Sometimes people enter treatment with a number of problems. Some problems may meet the conditions of your insurance coverage while others (e.g. individual growth, long term personality issues, etc.) will not. Should you desire to continue treatment for a non-covered condition, your therapist will discuss your options with you.

If you have any questions regarding coverage, confidentiality, or any aspect of your treatment, please ask your psychologist.

PLEASE SIGN TO SHOW THAT YOU HAVE READ AND UNDERSTAND THE ABOVE WHICH EXPLAINS THE EXTENT OF YOUR COVERAGE AND THAT YOUR CASE MAY BE DISCUSSED FOR UTILIZATION REVIEW/QUALITY ASSURANCE AS NECESSARY.

Signature

Date



NOTICE

It is our office policy to attempt to contact our patients on the day prior to their scheduled appointment to confirm their appointment. This is a courtesy and not a requirement of our office staff. Please refer to the Office Policy Statement which reads as follows:

Appointments

Individual treatment sessions typically are 45-50 minutes in length with the remaining 10-15 minutes devoted to treatment planning and record keeping. It is important to be on time because your appointment will not be extended beyond the scheduled time as a result of your late arrival. Your appointment times are held exclusively for you. If you are unable to keep your appointment for any reason, you must give at least a 24 advance notice to cancel. Otherwise, **YOU WILL BE CHARGED THE FULL AMOUNT** for the time reserved for you. Insurance companies do not reimburse you or us for the missed appointment. The fee for an initial evaluation visit is \$275.00 and any subsequent treatment sessions are \$160.00.

YOU MUST CANCEL SCHEDULED APPOINTMENTS 24 HOURS IN ADVANCE, OTHERWISE WE WILL BILL YOU FOR THE FULL SESSION FEE.

Please indicate what phone number you would like us to call you at to confirm your appointment:

_____ Home

_____ Work

_____ Cell

_____ Do Not Call

Signature_____

Date_____