



Consent and Disclosure Statement

This document will provide you with information about Refresh Therapy, your rights as a client and it will serve as your consent to services. Please review it, and feel free to ask questions at any time.

How long will services last?

Services are tailored for who you are and where you are at in your life. We respect the commitment of time and money you are giving to the therapeutic process, and strive to meet your needs in the most efficient manner possible. You and your therapist will decide together the time frame that will be needed to meet your goals. Although a successful outcome to therapy cannot be guaranteed, it is our hope that with your willingness and open communication, you will create change in your life.

Your Rights

- You have a right to ask questions about the therapy process and chose a therapist and treatment modality that best suits your needs.
- Stop therapy at any time without any obligations, other than the costs accrued.
- Expect that your information will be kept confidential at all times. The exceptions to your confidentiality are:
 - If you are an immediate danger to yourself or someone else
 - If you disclose information about suspected child or elder abuse or neglect
 - If I receive an order and/or subpoena from a court to release information
 - If I need to provide your file to the Washington State Department of Health in response to a complaint made by you
 - In the unfortunate case of referring you to collection, I must reveal your contact information to the collection agency
 - If using insurance, your insurance company reserves the right to access your records.
 - **MINORS**—If you are under 18 years of age, please be aware that the law may provide your parents, in certain situations, the right to examine your treatment records. It is our policy to keep your records confidential unless it is unavoidable via a circumstance outside of our control, or unless your therapist feels there is a high risk or disclosure that you are being hurt, you will hurt yourself or you will hurt someone else. In those instances, your therapist will notify your parent/s.

- You have the right to contact our state's health department to inquire about your therapist or file a complaint.

Washington State Department of Health – Systems Quality Assurance Division
P.O. Box 48765 Olympia, WA 98504
(360) 236-4700

Professional Standards (WAC 246-810-031)

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 with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

If you are seeing an Associate therapist, please note the following:

-Associate therapists are supervised by a Washington State approved supervisor in a confidential setting.

-Associate therapists are not directly credentialed with insurance companies, and instead are credentialed under their Supervisor

Fees & Payment Policies

Session rates range from \$65-\$200, depending on a variety of factors, including, but not limited to your therapist, insurance plan, etc. Session times are 45-50 minutes. Upon request 80 minutes sessions are available, but please be aware these not covered by most insurance companies.

Telephone consultations over 10 minutes, reports, attendance at meetings that you have authorized, or other services made on behalf of clients, will be charged at a pro-rated amount based on our hourly rate.

Fees for court appearance, whether you or your attorney requests it, or if your therapist is subpoenaed, are \$350.00 per hour. You will be responsible for the charges for all of your therapist's time; including time for driving to court, waiting to testify, giving testimony, as well as preparation and/or research time that is required.

Payments

Due at the time of service. We accept cash, checks and Visa, MasterCard, Discover and American Express. For convenience and security, our system captures and stores credit cards electronically

within the client file. Please note that a \$40.00 fee will be assessed for any returned or unpaid checks.

Accounts past due for 30 days, without prior made arrangements, may be sent to collections. If your account is turned over to collections, you may be charged a collection fee in the current amount allowed by the law. In addition, you will be charged interest of 1% of the balance due per month, until the account is paid in full. There will also be a monthly account maintenance fee of \$20.00 for slow payments and/or approved payment plans.

If unusual circumstances make it impossible for you to meet these financial arrangements, please notify us as soon as possible to avoid any misunderstandings and keep your account in good standing.

Insurance

We will do a courtesy benefit check and also encourage you to contact your insurance provider directly to see if your particular therapist is in network. Please be aware that each therapist may be in network with different insurance plans. **It is your responsibility to understand the limitations, requirements, and/or exclusions of your mental health insurance benefits.** Not all services are covered and clients may have a deductible to reach, prior to receiving coverage. Not all diagnoses are covered by every insurance plan. You are responsible for the balance left after your insurance pays, or for any charges that insurance does not cover such as a no-show fee.

Cancellations/Missed Sessions

If you are unable to keep an appointment, please notify Refresh Therapy immediately via phone or email. Appointment times, therapist availability and offices are reserved specifically for you; we require a minimum of 24 business hours' notice to change or cancel. If the appointment is cancelled or missed without 24 business hours notice, you will be charged at Refresh Therapy's current full session rate. Your insurance will not cover this fee.

Refresh Therapy's missed appointments and/or cancellations policy is as follows:

- **Clients are responsible for cancelling and/or rescheduling their appointments**
- **Clients must provide a minimum of 24 business hours' advance notice to cancel or reschedule their appointment**
- **Cancellation calls or emails are taken between 9 AM and 5 PM Monday through Friday, excluding New Years Day, Independence Day, Thanksgiving Day, and Christmas Day.**
- **Monday appointments must be cancelled before 5 PM on the previous Friday**

Termination of Services

Termination of therapeutic services can be done at any time upon client request. A final session is encouraged to be scheduled for closure purposes. If three appointments in a row are missed with or without contact with your therapist, the process of terminating therapy will begin. If your therapist

believes there to be a conflict of interest, he/she may terminate services with you, but will not do so without providing viable alternatives for treatment from another qualified professional.

Crisis/Urgent Needs

Refresh Therapy is designed to be an outpatient program; therefore, we are unable to respond in a guaranteed timely manner to a mental health emergency or crisis. If you or someone you know needs urgent help, please call 911 or go to your closest Emergency Department. If you feel the issue is important, but can wait until our regular operating hours, please feel free to leave us a voicemail stating your urgent need and we will respond to it as soon as possible within our regular business hours.

Community Resources you may also contact:

- Washington State
 - Clark County Crisis Line: 360-696-9560
 - Cowlitz County Crisis Line: 360-425-6064
 - Skamania County Crisis Line: 509-427-3850
- Oregon State
 - Clackamas County Crisis Line: 503-655-8585
 - Multnomah County Crisis Line: 503-988-4888
 - Washington County Crisis Line: 503-291-9111
- National Suicide Prevention Lifeline/Veteran's Crisis Line, a free, 24-hour hotline: 1-800-273-8255

Other important things to know about therapy:

- HIPAA (privacy) laws, as well as the ethical considerations of our profession, prevent any of our therapists from having a personal relationship with you outside of the therapy office. That includes any sort of social media (Facebook, Instagram etc..) or even a public encounter. Your therapist is not allowed to say hello to you, or acknowledge your relationship, to protect your privacy.
- Sessions are between 45-50 minutes or between 80-90 minutes in length. Please keep that in mind and make every attempt to work with your therapist to end the sessions in a timely manner. Since insurance companies do not reimburse for any additional time sessions that go 5 minutes or more beyond your session will incur a fee.
- You may have some assumptions about what therapy will look like, and please know each therapist is different. What was true for one, may not be true for another. If you have hopes or expectations for how your therapy will go or what it will look like, we highly encourage you to speak up about those things so your therapist can try to meet your needs effectively

I/We have been offered:

- **A copy of the individual therapist's Disclosure Statement (online)**
- **Consent and Disclosure (this form)**
- **Notice of Privacy Practices (HIPAA)**

I/We have read and understand the information provided above, and hereby give Refresh Therapy consent for treatment (and that of my children, if applicable).

I/We have read and understand the fee and payment agreement.

My/our signature(s) on this AGREEMENT FOR THERAPY SERVICES/INFORMED CONSENT means I have reviewed, understand, and consent to the points above and indicates my consent to participate in therapy at Refresh Therapy, Inc.

Client Signature	Print Name	Date
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Client/Parent/Guardian Signature	Print Name	Date
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Parent/Guardian Signature	Print Name	Date
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Therapist Signature	Print Name	Date
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