

SAMANTHA SLAUGHTER, PSYD

3429 FREMONT AVENUE NORTH, SUITE 305

SEATTLE, WA 98103

(206) 300-2452

LICENSE #PY.60075756 NPI #1104058692

THERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in therapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

My Responsibilities to You as Your Therapist

I. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me, without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to ensure confidentiality.

I am a member of several consult groups. When necessary, I may discuss our work together in these groups. I do not use full names, and I change your demographics and identifying information to protect your confidentiality. If you prefer that I do not discuss my work with you in these groups, please let me know.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.

3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a. engaged in sexual contact with a patient, including yourself or b. is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board at the WA Dept. of Health. I would inform you before taking this step. *If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.*

II. Record-keeping.

I keep very brief records, noting only that you have been here, what interventions happened in session, the topics we discussed, current symptoms, mental status, suicidal ideation (if present), and any treatment changes we make. If you prefer that I keep no records, you must give me a written request to this effect for your file, and I will only note that you attended therapy in the record. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

III. Diagnosis

If a third party, such as an insurance company, is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the *DSM-IV-TR*; I have a copy in my office and will be glad to let you borrow it and learn more about what it says about your diagnosis.

IV. Other Rights

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I've decided to do what I'm doing and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

My Training and Approach to Therapy

I have a PsyD in Clinical Psychology earned in 2008 at Argosy University/Seattle. I am licensed as a Psychologist in Washington State, license #PY60075756. My areas of special training and expertise include working with people dealing with chronic or terminal illnesses, trauma, adult children of trauma survivors, and life transition issues.

My approach to therapy is integrative, combining aspects of Existential, Feminist, and Client-Centered approaches. What this means is that I work collaboratively with you, focusing on what is happening in your life now, how the past has shaped your current situation, and empower you to find solutions and/or acceptance. I use a variety of techniques in therapy, trying to find what will work best for you. These techniques are likely to include Eye Movement Desensitization and Reprocessing (EMDR), Motivational Interviewing (MI), Dialectical Behavior Therapy (DBT), dialogue, interpretation, cognitive reframing, self-monitoring experiments, visualization, journal-keeping, and reading books. If I propose a specific technique that may have special risks attached, I will inform you of that and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physical health care provider regarding somatic treatments that could help your problems. I refer both to traditional and non-traditional (homeopathic and Oriental medicine) practitioners and will be glad to discuss with you the pros and cons of various alternatives. I may suggest that you get involved in a therapy or support group as part of your work with me. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care. You have the right to refuse anything that I suggest. I do not have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the power I have as a therapist.

Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

You normally will be the one who decides therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgement not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I am away from the office several times in the year for extended vacations or to attend professional meetings. If I am not taking and responding to phone messages during those times, I will have someone cover my practice. I will tell you well in advance of any anticipated lengthy absences and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief between-session phone calls during normal business hours. If you are experiencing an emergency when I am out of town, or outside of my regular office hours (after 6 pm weekdays or over the weekend), please call the Crisis Clinic at 206-461-3222. If you believe that you cannot keep yourself safe, please call 911 or go to the nearest hospital emergency room for assistance.

Your Responsibilities as a Therapy Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 45 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling or cancel with less than twenty-four hours notice, you must pay for that session at our next regularly scheduled meeting. The voicemail system has a time and date stamp which will keep track of the time that you called me to cancel. I cannot bill missed sessions to your insurance. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires) or if you or someone whose caregiver you are has fallen ill suddenly.

You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. My fee for a session as of January 1, 2012, is \$150.00. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone or if you leave more than 10 minutes worth of phone messages in a week, I will bill you on a prorated basis for that time. My fees go up \$10.00 every two years. If a fee raise is approaching, I will remind you of this well in advance.

If you have insurance, you are responsible for providing me with the information I need to send in your bill. You must pay me your deductible at the beginning of each calendar year if it applies and any co-payment at each session. You must arrange for any

pre-authorizations necessary. I will bill directly to your insurance company via electronic means for you on a weekly basis. You must provide me with your complete insurance identification information and the complete address of the insurance company. If a check is mailed to you to cover your balance due, you are responsible for paying me that amount at the time of our next appointment. If the insurance over-pays me, I will credit it to your account or refund it to you if you would prefer that.

I am not willing to have clients run a bill with me. I cannot accept barter for therapy, I do not take Paypal, nor can I take DSHS medical coupons. Checks returned for insufficient funds (NSF) are subject to a \$20 NSF fee. Payment on the check plus the NSF fee is due immediately upon notification and is due in the form of cash or a cashier's check. Client payments after an NSF check must be in the form of cash or a cashier's check only.

I am a participating provider for Aetna, First Choice, Premera, LifeWise Health Plan of Washington, Medicare, Workers' Compensation (L&I), and Crime Victims and accept assignment from them.

Accounts not paid according to the terms and conditions above are both a business and treatment concern. If your account is overdue, I will attempt to arrive at a mutually agreeable plan to bring the account current. If this cannot be accomplished, seriously delinquent accounts may be referred for collection – information necessary to affect collection will be released to the collection agent. Should it become necessary to file suit in the context, you agree to pay reasonable attorney fees. Balances not paid within 30 days are subject to a fee of \$5.00 per billing cycle. If your account is referred for collection, I may need to terminate treatment as soon as clinically possible.

Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can make a formal complaint to the Examining Board for Psychology, Dept. of Health, PO Box 47869, Olympia, WA 98504. You are also free to discuss your complaints about me with anyone you wish and do not have any responsibility to maintain confidentiality about what I do that you don't like since you are the person who has the right to decide what you want kept confidential.

Client Consent to Therapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing and to release of that information and other information necessary to complete the billing process. I agree to pay the fee of \$150.00 per hour. I understand my rights and responsibilities as a client and my therapist's responsibilities to me. I agree to undertake therapy with Samantha Slaughter, PsyD. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Slaughter.

Signed: _____ Date: _____
(Client, or legal guardian if client is under age 13)

Witness: _____ Date: _____