

Nancy M. Kaplan, MSW

Agreement

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It 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. HIPPA requires that I provide you with a Notice of Privacy Practices (the Notice). The Notice explains HIPPA and its application to your personal health information in greater detail. Please read it carefully and note any questions you might have so that we can discuss them.

When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding unless I have taken action in reliance on it, there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy, or you have not satisfied financial obligations you have incurred.

I am an independent provider offering psychotherapy. I will offer a unique perspective that allows me to respond effectively to diverse needs and concerns. I provide an open, honest, collaborative atmosphere to help you feel comfortable exploring new solutions and developing new skills.

I hold a Masters degree in Social Work from the University of Washington. I am licensed as an Independent Clinical Social Worker (LICSW) in the State of Washington. I am also a member of the Academy of Certified Social Workers through the National Association of Social Workers, and I am a Diplomate in Clinical Social Work (DCSW) through the National Association of Social Workers.

Therapeutic Model: My therapeutic model recognizes that each person is an individual with biological, psychological, and sociological aspects. Depending on your needs and preferences, I blend systems, psycho-social, cognitive, behavioral, and biological approaches. I will discuss therapy goals and the proposed course of therapy with you periodically throughout therapy. Treatment interventions include but are not limited to individual, couples, family and group therapy. If you have any concerns or questions, please bring them to my attention. You have the right at any time to refuse therapy, change therapists, or request a change in therapeutic approach.

My fee is \$120 per hour unless we agree on a reduced fee or unless my contract with your insurance company specifies a lower fee. Since I reserve your appointment time specifically for you, you will be charged for the time if you do not cancel your appointment at least 24 hours ahead of time. Payment is to be made at the time of service unless we have agreed on a different payment plan. You are

responsible for all charges, whether or not your health insurance plan eventually pays a portion of your bill.

Fees for telephone calls, attendance at meetings with other professionals you have authorized, preparation of records or summaries, or other services you might request are pro-rated based on usual hourly fees. Billing for court related work will be at two times the hourly rate and will include travel and preparation time. Cancellation for court-related work is required 48 hours in advance to avoid a late cancellation fee.

If you do not pay the charges that you have incurred with me in a timely manner, I may submit your account to a collection agency. This may include your name, address, phone number, and diagnosis.

_____ By initialing here you attest that you have read and understand this policy.

Confidentiality: You have privileged communication under the laws of Washington. That means, with some exceptions, anything you disclose in therapy and information I obtained about you from any source, even that you are a client, is confidential and can be disclosed to others only with your written authorization. However, disclosure without your consent or authorization can be made, or may be required by state or federal law, if the disclosure is to proper authorities if I should have reason to believe that a child, a disabled adult, or an elderly person has been abused or neglected, or if I feel you are of danger to yourself or others. Disclosure may also be made:

- To the courts if under a valid subpoena or court order;
- To licensing boards if I am under disciplinary investigation;
- To the Department of Labor and Industries and your employer if the services I am providing are relevant to a worker's compensation claim you have filed or to a government agency requesting information for health oversight activities;
- Additionally, I may disclose relevant information if you file a complaint or lawsuit against me. If disclosure is required without your authorization, I will attempt to discuss the situation with you to clarify options and look for alternate solutions. I will limit disclosure to that minimally necessary.

Other Limits to Confidentiality: For both clinical and administrative purposes, such as scheduling, billing, and quality assurance, administrative staff may have information about you. I also may have contracts with accountants or attorneys who may have information about you. If you request, I can provide you with the names of these individuals, who contractually promise to maintain confidentiality.

In the case of children under the age of 13, the parent(s) or legal guardian holds the communication privilege. This means that the parent is entitled to information about the child and is the person who authorizes any release of information about the child. I will discuss with the parents the child's general progress and specifics if indicated. I will attempt to act in the child's best interests in deciding to disclose confidential information without the child's consent. In the case of relationship or family therapy, I assume confidentiality to be waived among participants unless other prior arrangements are made.

In some cases, it might be useful to your therapy for me to discuss your situation with others such as a teacher. In that case, I will seek your written authorization and authorization of a child over twelve for this exchange of information. I may occasionally find it helpful to consult about a case with other professionals. Several mental health care providers share emergency calls with me. I will share your name and other clinical information with them only to the extent necessary to provide adequate coverage for you. In other consultations, I make every effort to avoid revealing your identity. Those consultants, of course, also are legally bound to keep your information confidential. I will not any consultations in your clinical record.

Treatment Records: I maintain records of the services I provide you. You may ask to see or obtain a copy of those records, and you may ask to amend those records. You may be charged an appropriate fee for time and costs involved with any information request.

Client Rights: HIPPA provides you with several new and expanded rights with regard to your Clinical Records and disclosures of protected health information. These include the rights to request restrictions on what information from your Clinical Records I disclose to others, request an accounting of most disclosures of protected health information that you have neither consented to nor authorized, determine the location to which protected information disclosures were sent, have any complaints you make about my policies and procedures recorded in your records, and obtain a paper copy of this Agreement, any my privacy policies and procedures. I will be happy to discuss any of these rights with you.

Electronic Communications:

Electronic communications, e-mail, is becoming an easy and fast way to communicate and handle routine questions. However, any new technology can have difficulties. Please call me if there is any urgency to your communication, if I have not responded within two working days, or if my response is not sufficient for you needs. Following are some guidelines and cautions for the use of electronic mail with me.

Guidelines:

Please put an identifier such as "Appointment" in the subject line. Remember to put your name in the body of the message.

Examples of Uses:

- Appointment requests, changes, or reminders
- Insurance questions
- Billing questions
- Follow-up reports or inquiries
- Your message will become part of your Clinical Record.
- Your communication is not secure. I do not have encryption capability.
