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## **Psychological Services Information and Contract**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and note any questions you may have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### **My Qualifications**

I am licensed as a psychologist in both Washington State and Texas State. I hold a Ph.D. degree from Vanderbilt University. I am an active member of American Psychological Association and the Washington State Psychological Association. I am bi-lingual (Chinese and English) and bi-cultural. I have worked in various university counseling centers and hospitals before I started my own private practice. I have over 20 years of professional psychological experience.

### **Meetings**

Normally, the initial assessment takes one to two sessions. Each assessment session will be up to one hour long. During this time, we can both decide if I am the best person to provide the services for you. Once we decide to work together, the consequent sessions will usually last between 45-50 minutes each time. Once a session is scheduled, you will be expected to pay for it unless you provide 24 hours of advance notice of cancellation. When there is a unforeseen circumstance that interferes with your appointment, I will try to accommodate you by trying to find another time for you.

### **Fees, Payment and Insurance**

You are expected to pay each time you come for the service. If you choose to use insurance, it is your responsibility to find out how much your insurance will cover for outpatient mental health services. Many insurance companies will not pay for the service unless you have satisfied the deductible. When you choose to use insurance, you need to provide me with your insurance card and a photo ID. You will also need to pay the copay each time before we start the session.

The psychological service is charged by time. Please know that when you request an

appointment, I must reserve a time for you. If you fail to give a 24 hours advance notice for a cancellation, there will be a \$50 charge for the missed session. Thus, I request credit card information on file in case I will need to charge you for the missed appointment. The credit card may also be used to pay any unpaid bills.

Besides charging a fee for the scheduled service, I also charge for other professional services you may need, though I will pro-rate the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at a meeting with other professionals you have authorized, preparation of records or treatment summaries, etc. If you become involved in legal proceedings that require my participation,, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge extra for preparation and attendance at any legal proceedings.

If your account has not been paid for more than 60 days and arrangement for payment have not been agreed upon, I have the right to use legal means to secure the payment. This may involve hiring a collection agency or going through court.

## Contacting Me

The best way to contact me is through a phone call. It is also the most secure way to communicate. I will not answer phone calls when I am with a client. You are welcome to leave a message. I will try my best to return your call either during the same day or within one business day. I usually do not answer phone calls after 7pm and on weekends and holidays. If you have an emergency, you may call the 24-hour Crisis Line at (206) 461-3222, (866) 427-2727. You may also call 911 or go to the hospital emergency room.

You may also contact me electronically (emails, text messages). Please limit the information to business and not reveal too much private information because the security of the information could be compromised. I will not be friends with my clients on Facebook or other social media because they are not secure and could result in loss of privacy or hacker threat or third party request.

## Confidentiality

In general, the privacy of communication between a client and a psychologist is protected by law. I can only release information about our work to others with your written permission. However, there are some exceptions.

If I have a good reason to believe that you are likely to harm another person, I must attempt to inform that person and contact law enforcement. If I have a good reason to believe that you are in imminent danger of harming yourself, I may legally break confidentiality to try to save your life. If I have a good reason to suspect that a vulnerable adult or a child is being abused or neglected, I must inform the local law enforcement or child protection agency. The above situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, if you are filing a complaint or are a plaintiff in a lawsuit where you bring up the question of your mental health, you will have already automatically waived your right to the confidentiality or these records. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

## Records

I will keep a treatment records unless you specifically to instruct me not to do so. However, I will still need to keep a record of the dates of your visits and the payment history of your visits. Without your written permission, I am not allowed to share your records with anyone. You should be aware that insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes, I have to provide additional clinical information such as treatment plans or summaries or copies of the entire record. This information will become part of the insurance company files. I will provide you with a copy of any report I submit, if you request it.

## Agreement

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Print Name: \_\_\_\_\_

Relationship to the client: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_