



Informed Consent for Psychotherapy

Welcome to the office of Lauren Ashbaugh, Ph.D! This document contains important information about Dr. Ashbaugh's professional services and business policies. If you have any questions about anything within this document, please ask for clarification. After you have read this statement, you will be asked to electronically sign/acknowledge that you have reviewed and agreed to the contents.

PSYCHOLOGICAL SERVICES:

Child & Adolescent Psychotherapy: Stress, challenging life events, and difficulty coping can interfere with the lives of children and adolescents. These challenges can impact relationships, school/academic functioning, and identity/self-worth. Therapy can help children and adolescents develop healthy, more effective coping skills and habits through application of scientifically-validated strategies and supports. Therapy with children under the age of 10 is typically most effective when parents/guardians are involved in the work and participate in the application and practice of new skills and strategies with their child. Parents/guardians of young children may sometimes be seen without their child to learn research-supported strategies to help with ADHD, behavioral problems, or struggles with emotion regulation. In addition, some degree of collaboration or input from schools is typically very helpful and important in understanding the child's functioning and improvement over time, though this requires a signed release of information.

Dr. Ashbaugh has broad experience in working with teenagers in a variety of settings, and she enjoys working with adolescents and their families. Therapy with adolescents typically addresses difficulties related to mood, identity, family, school, relationships, future planning, and/or coping. Teenagers typically require a greater degree of autonomy from their parents in psychotherapy, and issues of privacy are typically important in the establishment of trust. Parents are typically not as commonly in session with adolescents, though this can vary depending on the goals of treatment. Of note, adolescents in Washington State can legally seek therapy individually without the knowledge or consent of their parents and they have legal rights over their records and confidential information.

Adult Psychotherapy: Dr. Ashbaugh has experience treating major mental illness as well as the kinds of worries that accompany typical development. She has specialized training and interests in the long-term effects of trauma, panic and anxiety, depression, major life transitions, LGBTQ issues, and relational difficulties. Psychotherapy with adults varies in length and kind based on the client's needs and history. An initial evaluation will clarify what troubles you and help determine the most appropriate form of treatment

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may at times experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Satisfaction with the sessions will be increased by your commitment to the process, including a willingness to persevere through difficult or uncomfortable feelings and to participate fully and honestly.

Further information about what to expect from psychotherapy is available here:
<http://www.apa.org/helpcenter/understanding-psychotherapy.aspx>

THERAPIST AND THERAPEUTIC APPROACHES

Please see www.pacificnwpsychology.com for more in-depth information about Dr. Ashbaugh's background, training, and approach. The approach that I use in treatment may vary but my aim is always to align our work with research-supported interventions, including but not limited to Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy for Trauma (CPT), Dialectical Behavior Therapy (DBT), executive functioning training, and the Positive Parenting Program (Triple P). Dr. Ashbaugh believes in a warm, strength-based, and collaborative approach to psychotherapy.

APPOINTMENTS: All office visits are by appointment and may be scheduled through Dr. Ashbaugh directly or through SimplePractice, the digital scheduling, billing, and records system, depending on the arrangement you have made with Dr. Ashbaugh. Your scheduled time of includes one hour reserved on your behalf, and consistency is important in attaining the full benefits of our work together. A portion of that hour is used to write notes, process paperwork, and complete relevant collateral contacts for the client.

Cancellation Policies: Insurance companies do not reimburse for sessions that are not attended and any session you fail to arrive to on short notice could be dedicated to serving others. Therapy sessions must be cancelled no less than **48 hours in advance**. If you miss a session without canceling or cancel with less than 48-hours' notice, a \$50 fee will apply the first time, a \$75 fee will apply the second time, and the full session fee will apply thereafter, and you may lose your spot in the schedule. Please note that insurance companies will not cover this fee. Intake sessions for new clients must be attended at the scheduled date and time or they will not be rescheduled. These policies help to keep the business financially solvent while serving clients to the best of my ability.

FEES AND PAYMENT:

The standard rate for initial intake appointments is \$200 and office-based or telehealth services is \$160 thereafter. The fee for any court-related work, including record review, reports, writing, testimony, or travel, is \$300 per hour. You are responsible for paying at the time of your session. Payment can be made by card, check, or cash. The financial agreement stipulates that I will keep a credit card on file, and if you choose to use this method of payment for sessions, you will only be charged the "patient responsibility" portion of the fee at each session. Any checks returned are subject to an additional fee of \$35.00 to cover the bank fee that we incur. If you refuse to pay your debt, we reserve the right to use an attorney or collection agency to secure payment or to charge your on-file credit card (per credit card agreement).

Other services, such as phone calls (over 10 minutes), paperwork, completing forms, report-writing, attendance at meetings, or any other service you request of us will be billed at a pro-rated basis. If you anticipate becoming involved in a court case, we recommend that you discuss this with us fully before you waive your right to confidentiality. If your case requires our participation, you will be expected to pay for all of the professional time required even if another party compels us to testify. Our fee for legal and court-related activity is \$300 an hour, including time in court, travel time, and administrative preparation time. You will also be responsible for any legal fees we incur as a result of your court case

INSURANCE AND REIMBURSEMENT:

If you choose to use insurance to help pay for services, I can assist you in filing claims and ascertaining information about coverage, but you are responsible for knowing your coverage and informing me of any changes. Insurance changes commonly occur with job changes, changes in family constellation, or when a client turns 26 years-old, and preparing in advance for these changes can help to reduce the chance of an unexpected bill or disruption in care.

Authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. You must disclose if you have any secondary insurance policies. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be

responsible to pay for initial sessions with us until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year.

Once I have all of the information about your insurance coverage, I will discuss what I can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above, unless prohibited by our provider contract. If I am not a participating provider for your insurance plan, you will need to pay in full at the time of service and I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. We will provide assistance in identifying a provider in your network.

Most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans or summaries or copies of the entire record (in rare cases). This information will become part of the insurance company files. By signing this Agreement, you agree that we can provide requested information to your carrier if you plan to pay with insurance.

Finally, I will make every attempt to assist you in determining what your health insurance plan will or will not cover, but ultimately the responsibility for understanding coverage falls on the client. Please check your deductible(s) and call in advance to determine benefits for mental health services. Even if psychological services are “fully covered” by your insurance company, they will not pay if you have not met your deductible for the year (just as with any covered procedure).

PROFESSIONAL RECORDS:

State law, federal law, and the standards of my profession require me to keep treatment records. Therapy notes are currently kept electronically in SimplePractice, and electronic health record and billing system. Any additional paper records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records.

Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY:

Policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

Please note: Washington State law stipulates that clients age 13 and above have all rights of confidentiality. Teenagers may be *encouraged to share information with their parents*, but the teen’s confidentiality is legally protected, even if the parent is paying for services.

CONTACTING YOUR PROVIDER & EMERGENCIES:

The best way to reach me is by calling the PNW Psychology & Consulting telephone number 253-260-3141 and leaving a voicemail, which I monitor regularly during business hours. However, I am often not immediately available by telephone since I do not answer the phone when I am with clients or otherwise unavailable. At these times, you may leave a non-urgent message on the confidential voicemail and your call will be returned as soon as possible when I return to the office.

I may also be reached by email, but this method of communication is not guaranteed to be confidential or responded to as quickly as voicemail. Do not use email to communicate any personal information, including information about a crisis or emergency. My e-mail service is HIPPA-compliant and protected, but yours may not be, and that correspondence is also stored with you. Information can be intercepted through the internet and it is best to keep any e-mail correspondence brief.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office. I cannot guarantee confidentiality outside of my office. Please let me know if this is a concern and I will do my best to address your concerns.

PNW Psychology & Consulting is an outpatient clinic. I am not available on the weekends or evenings and am only available by appointment during office hours. On occasion, I will cancel a session due to training, professional development, emergency, vacation, or illness. I will make every effort to notify you as early as possible and to reschedule with you in a timely and convenient a way for you as possible.

If for any number of unseen reasons, you feel you cannot wait for your next appointment, a return call, and/or if you feel unable to keep yourself safe, contact 911 or the Pierce County Crisis Line (1-800-576-7764), go to the local Emergency Room, or call 911 and ask to speak with the mental health worker on call.

SOCIAL MEDIA AND TELECOMMUNICATION: Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION: I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

OTHER RIGHTS

The State of Washington has compiled a booklet titled, *An Introductory Guide to Services a Psychologist May Provide and Your Rights as a Client*. This booklet provides additional useful information about your rights as a client, and I encourage you to review it. You may download the booklet at this website:

<http://www.doh.wa.gov/portals/1/Documents/Pubs/668001.pdf>

CLIENT ACKNOWLEDGEMENT AND SIGNATURE

By clicking on the checkbox below I am acknowledging that I have read, understood, and agree to all parts of the Pacific Northwest Psychology & Consulting LLC Office Policies Statement. I agree to the fee schedule and policies as stated.