

# **Kimberly A. MacEachern, PsyD**

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## Psychotherapy Information Disclosure Statement

### OFFICE POLICIES AND INFORMED CONSENT

Welcome to my practice. This document contains important information about my professional services and business policies. I keep a record of the health care services that I provide to you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so.

You should be aware that, pursuant to HIPAA, I keep Protected Health Information (PHI) about you in your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

### **Client/Patient Rights**

As a client, you have certain rights that are important for you to know. There are also certain limitations to those rights that you should be aware of.

**Confidentiality:** You have “privileged communication” under the laws of the State of Washington. “Privileged communication” means, with few exceptions, anything you disclose in therapy, any information I obtain about you from any source, and even the information that you are a client at all, is kept confidential by me can be disclosed to others only with your written consent.

With the exception of the issues listed below, you have the absolute right to confidentiality of your treatment. Information shared here cannot be divulged to anyone without your expressed written permission. You should be aware that once you have released confidentiality on one occasion, you have legally increased the threat to confidentiality under the law in other

circumstances. I will always act in such a way as to protect your privacy even when you release rights to confidentiality.

The following situations are exceptions to this right:

1. If I believe that you are likely to do harm to another person, I am legally obligated to inform legal authorities and your intended victim if I know whom that person is.
2. If I believe that you are physically or sexually abusing a minor child, developmentally delayed person, dependent or elderly adult, or if you report information to me about the possible abuse of a child or elderly adult, I am required by law to report this to Children's Protective Services or Adult Protective Services, respectively.
3. If I believe that you are likely to do harm to yourself, and would violate any standing no-suicide contracts that we have in force, I can legally contact police or the county Mental Health Professional with my concerns.
4. If you and your partner/family are in couples/family therapy, any material shared in adjunctive individual sessions should be considered a part of the couples/family therapy and may be shared in couples/family sessions unless you specifically ask that it be excluded.
5. If you are currently in litigation or filing a complaint against someone for malpractice, you may be asked to disclose information regarding your treatment as part of that process. Although I will request your consent to release information, I can be legally obligated by court order to turn over my records in situations such as this. Please inform me as soon as you know that you are likely to be in such a legal situation, so that I can exercise due caution in my record keeping to protect your privacy.

You have the right to ask questions about anything that is happening in treatment. I am always willing to discuss why and how I develop my approach to working with someone, and am willing to look at alternative strategies for approaching a problem if you are unhappy with what I am doing. You have the right as well, to ask me about my training and background for working with your particular kind of problems. It is your responsibility to choose the provider and treatment modality which best suits your needs. If I cannot be of help to you, I will provide you with referrals to other health care providers.

You have the right to request a truthful, understandable, and reasonably complete account of your condition. I will keep you fully informed as to the purpose and nature of any evaluation, treatment, or other procedures, and of your right to freedom of choice regarding services provided subject to the exceptions contained in the Uniform Health Care Information Act, chapter [70.02](#) RCW.

*Termination of service:* Treatment termination is often a collaborative process between the licensed professional and the client. Under certain circumstances (safety concerns, conflict of interests, etc.), it may be necessary to terminate immediately and under discretion of the licensed professional.

Whenever professional services are terminated, I will offer to help locate alternative sources of professional services or assistance if necessary. I have an obligation to terminate treatment when it would become clear to me that you no longer need my services, or you are not benefiting from or being harmed by continued service.

*Age of Consent:* In accordance with RCW 71.34.530: Any minor thirteen years or older may request and receive outpatient mental health treatment without the consent of the minor's parent. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to RCW 7.70.065 is required for outpatient treatment of a minor under the age of thirteen.

*Social Media Policy:* 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.

#### Use of Search Engines

It is not a regular part of my practice to search for clients on Google or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

#### **My Training and Approach to Therapy**

I obtained my Doctorate in Clinical Psychology (PsyD), with a concentration in Intercultural Studies, from Washington School of Professional Psychology at Argosy University in Seattle, WA, in 2014 where I also earned a MA in Clinical Psychology in 2012. As part of my training, I worked in a variety of settings with diverse clients, including, a college counseling center, an elementary school, and private practice. I have trained in the psychology of women, underserved populations, and children, with special interests in depression, anxiety, sexuality, cultural factors and trauma.

My approach to psychotherapy is based on the theory of person-centered therapy. This theory centers on providing the opportune environment to facilitate growth and development into a genuine, congruent self. I use a variety of techniques in therapy, trying to fit what I do with what works for you. These are likely to include empathic understanding, dialogue, interpretation, cognitive restructuring, reframing, relaxation techniques, visualization, gestalt awareness

experiments, self-monitoring exercises and assigned reading. I will discuss with you any unusual procedures. You have the right to refuse anything that I suggest.

On a regular basis I consult confidentially with colleagues about my work with a particular client to gain further feedback and suggestions. When possible, I will inform you in advance of the names of the colleagues with whom I consult, so that you can inform me of anyone that you do not want me to consult with in regard to our confidential work together.

If you feel dissatisfied with what has occurred in our work together, I encourage you to talk about it with me in therapy. If you feel that I have not responded in a satisfactory manner you can bring a complaint against me by contacting the Washington State Examining Board of Psychology in Olympia, Washington at (360) 236-4910.

Sometimes during the course of therapy emergent situations occur. If you have an emergency and are unable to reach me by phone (425) 362-4028, please call the Crisis Clinic at (206) 461-3222 for assistance until I can return your call or 911 in emergencies.

## **COST, FEES, AND BILLING PRACTICES**

### Sessions

Psychotherapy appointments are scheduled from 45-53 minutes each and are scheduled on a recurring weekly appointment. If you are late to your appointment the lost time will pare off your scheduled time, it will not be added to the end of your scheduled time. If you are more than 10-minutes late for a scheduled appointment, then you will need to reschedule and/or incur a late cancellation fee.

### Cancellation Policy

In order to provide you with optimal care, your appointment time is reserved specifically for you. In return, I ask you provide me with a minimum of **48 hours** notice if you are unable to make it to your appointment. If you are unable to provide me with this notice, you will incur a missed appointment/late cancellation fee of **\$150**.

This charge is irrespective of the reason for the cancellation/no show. Insurance does **NOT** cover this fee.

### Fees for Services

**The standard fee for a treatment session is \$200 and \$250 for intake sessions.** I reserve a limited amount of space for sliding scale sessions for those clients who qualify. The fee for service in these cases is based on a sliding scale that is determined by the client's ability to pay and is set by the provider. All fees are due at time of service.

### Financial Responsibility and Insurance Billing Practices

Payment in full is due at the time of each session including private pay amounts, copays, coinsurance and deductibles. You will be billed for any remaining balance.

I reserve the right to bill my standard fee for case coordination, clinical and legal write-ups, and phone consultations exceeding 5 minutes per week. There is no charge for routine telephone calls regarding scheduling, appointments, or billing.

### Insurance

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. On occasion, I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.]

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

Once I have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the

right to pay for my services yourself to avoid the problems described above, unless prohibited by contract.

### Collections Efforts

If an unpaid balance remains after 60 days, your balance will be turned over to a collections partner, and you will receive a series of phone calls and letters to remind you of your balance due. If you believe there is an error in billing, please let me know as soon as possible and I will research the issue.

## Client Consent to Treatment

I have read this statement and understand it. I have asked any questions that I had about this statement. I have also received a copy of the complete disclosure statement. I consent to therapy under the terms described above with Kimberly A. MacEachern, PsyD (PY60535554), and understand that I have the right to terminate treatment at any time I desire.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICES EXPLAINING HIPAA.

Printed Name: \_\_\_\_\_  
Client

Signed: \_\_\_\_\_  
Client Date

Signed: \_\_\_\_\_  
Kimberly A. MacEachern, PsyD Date