

Office address

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OFFICE POLICIES AND TREATMENT AGREEMENT

Outpatient Services Contract

As part of our therapeutic relationship, I want to make explicit the rights and responsibilities that each of us has. Please read the following information carefully, return one signed copy to me for my files, and keep the other for yourself. I am required by law to provide the following specific information to you.

FEES: It is important for our therapeutic relationship that we have a clear understanding of our financial agreement. My fee is based on the usual and customary rate for preferred providers as agreed on with your insurer for a 55-minute psychotherapy session. Since I am a licensed psychologist in the State of Washington, my services are reimbursable under most insurance policies, which provide mental health benefits. If you have insurance and wish to use it, you will want to check with your insurance provider to determine the particular type of coverage you have. Policies vary with respect to deductibles, preferred payments, maximum benefit per year, and co-payments. While I can submit a statement to your insurance company and/or complete any forms that your insurance company requires, payment for my services is ultimately your responsibility. Occasionally, I raise my fees to adjust for increases in the cost of living and doing business. If this occurs, I will give you one-month notice of any fee increase.

I may use a medical billing service to handle insurance billing and patient accounts. Any such service that I use will comply with all federal and state laws pertaining to billing, compliance and confidentiality of client information.

If you do not use insurance, my fee is \$125 per 55 minute session.

APPOINTMENTS AND CANCELLATIONS: A session is 55 minutes in length. Since the time of your appointment is reserved exclusively for you, cancellations should be avoided. I will reserve your appointment time for you without charge as long as your time away from therapy does not exceed three weeks per year. Advanced notice of time away is required. In the event that advanced notice cannot be given, cancellations must be given at least 48

weekday hours in advance of the appointment, otherwise it will be necessary to charge you for the session. (Please note that in these cases, I cannot bill your insurance company – including Medicare - for a missed session so, if you use insurance, you are responsible for the full fee.)

PROFESSIONAL QUALIFICATIONS: I have been practicing as a professional therapist since 1980. I received a doctorate degree in clinical psychology from Saybrook Institute in 1991 and a master of social work degree from the University of Washington in 1981. I am a licensed psychologist in the State of Washington (lic. #1675). To be licensed, and thus use the title Clinical Psychologist, requires that an individual meet specific requirements as determined by the State (e.g., graduate with a doctoral degree from an accredited institution, meet certain clinical training requirements, pass a national written examination and a state oral examination).

THERAPEUTIC ORIENTATION: My principle areas of expertise and experience are individual therapy with adults and adolescents, marriage and couples therapy, and family therapy. My theoretical orientation and approach to working with people draws on psychodynamic therapies and cognitive-behavioral theory with an emphasis on developmental psychology. Contemporary relational psychology strongly informs my work. Family therapy approaches and systems theory are cornerstones of my early training. In individual therapy, the goal of my approach is to assist you in exploring and clarifying your thoughts and feelings in a way that enhances your sense of self and helps you live life more effectively. For example, anxiety and depression are often (but not always) symptoms of other concerns which, if properly explored and understood, tend to be alleviated. In this process of therapy, anxiety and depression then tend to subside once a new understanding of these concerns develop and new coping strategies/styles are in place. For marriage and couple therapy, my approach is tailored to do the same as in individual therapy, while also enabling you to gain a clearer perspective on and understanding of your relationship(s). If you have additional questions regarding my therapeutic approach, please feel free to bring them up and we can discuss them.

RESPONSIBILITY FOR CHOICE OF TREATMENT: It is your right and responsibility to decide whether to engage in any course of treatment with a psychologist and whether the treatment is meeting your needs. You may terminate therapy with me at any time without notice. However, if you are considering ending therapy, I encourage you to come in and to talk about it with me. I have found that this is an important part of the process of therapy.

I am also required to inform you that some clients can best benefit from other modes of psychotherapy (for example, behavioral therapy). If I am not able to

provide the type of therapy that you require, I will discuss this with you and provide referrals as needed.

CONFIDENTIALITY: All issues discussed in the course of therapy are strictly confidential. This means that, with certain exceptions noted below, neither your name nor your circumstances will be discussed outside of this office. ¹ As a client, you retain "privilege" over our communications. In other words, you retain the legal right to prevent information that is disclosed in our sessions from being disclosed to others. By law, information concerning your treatment (or evaluation) may be released only with the written consent of the person treated or by such person's parent or guardian (if you are a minor under 18 years of age).

However, the law may require the release of confidential information in three situations: (1) when a person has abused a child, an elder, or a an individual who is disabled; (2) when a person appears to be in imminent danger to him or herself; or, (3) when a person has threatened to harm another person.

In addition, when providing for the welfare of minor children, the court may subpoena treatment records. In such a case, any release of confidential information will be discussed with you prior to the release.

I may also provide certain client information to a billing service that I may employ. As noted above, any such will comply with all federal and state laws pertaining to billing, compliance and confidentiality of client information.

The law requires that you have access to your treatment record. You may ask to see and copy that record. You may also ask me to correct that record. If you have concerns about your treatment record, I encourage you to bring that up with me and we can discuss it.

PERSONAL INFORMATION CHANGE: If you move, change your phone number, change employment, and so forth, please notify me so that I may keep my records current.

EMERGENCIES: You can reach me by calling my office at (509) 996-2606 or (509) 341-4415 after hours. I will check my messages frequently, including weekends, although occasionally several hours may pass before I can return

¹ Please be aware that some managed care companies, as a way of cutting costs, have begun to require that psychologists (and other practitioners) fill out detailed update forms every few sessions regarding their subscriber's psychotherapy. If you are insured by a managed care company and plan to use your benefit to pay for part of your treatment, I recommend that we thoroughly discuss the limitations placed on confidentiality when a managed care company is involved. I encourage you to bring up any questions or concerns that you may have about this with me.

your call. If you feel that it is an emergency and you cannot wait for my return call, please call the 24 hour Crisis Clinic in Omak at 509) 662-7105.

CONSENT: I have read the above information (pages 1-3) and have clarified any questions. I agree to the stated terms, and consent to therapy with Jeff Ulmer, Ph.D. at the specified fee and payment schedule.

Name (please print)_____