



## **Beacon Couple and Family Therapy**

793 Ericksen Ave. NE, #123, Bainbridge Island, Washington 98110

216 First Ave. S., Seattle, WA 98104

(206) 780-1036 / (206) 853-6852

### **Client-Provider Agreement**

Welcome to Beacon Couple and Family Therapy (BCFT). This agreement contains important information about our professional services and business practices. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPPA), 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 treatment, payment and health care operations.

#### **What Clients Can Expect:**

Since our primary focus is couple and family relationships, all members of the couple and/or family should expect to participate whenever possible. During the first session or two, we will ask each person present in the session to express their view of the problem and later help them establish treatment goals. However, therapy has both benefits and risks. While it has been empirically demonstrated that therapy has substantial benefits for those who invest themselves in the process along with commitment and realistic expectations, it also has risks that may include experiencing uncomfortable feelings, conflicts and/or struggles. It is not unusual for things to get worse before they get better. Moreover, the process is not predictably linear such that even when clients are improving, periodic setbacks do occur. These should be expected and are a normal part of the healing process. Change is frequently possible, but usually not easy. As a rule, therapy is most effective when clients are open, actively engaged, and willing to work collaboratively with their therapist toward mutually agreed upon goals.

#### **Confidentiality:**

All client information will be kept strictly confidential within BCFT unless you give written authorization. Except in emergencies, verbal authorization will not be sufficient. We practice along with other mental health professionals and administrative staff. All mental health professionals and staff are bound by the same rules of confidentiality. However, there are certain conditions under which confidentiality may be breached:

1. If a client threatens to harm him/herself/, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
2. If it is disclosed that a child or elderly person is being sexually or physically abused, we are bound by law to report it.

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3. If someone is a danger to themselves or others, then we are bound by law to protect you and/or the other person. The other person would be warned and the police notified.
4. In legal proceedings, the courts usually respect your rights to confidentiality. However, a judge could order us to testify in certain situations, such as a contested custody proceeding in a divorce, and, under these circumstances, we must do so.
5. If a government agency is requesting the information for health oversight activities, we may be required to provide it.

**Minors:**

Parents or legal guardians have rights to information regarding treatment with their children. However, in order for therapy to be effective, the child must have an assurance of confidentiality. Because of this, it is our policy to ask parents to agree that information will be shared only with the child's permission, except in situations where the child's safety is at stake. Parents are encouraged to ask their therapist about the therapy and together, your child and therapist will talk with you about your concerns and will share information that is clinically optimal for the child.

**After Hours and Emergencies:**

During those times when we are unavailable, you may leave a message on our voice mail (206-853-6852) and we will return your call as soon as possible or for immediate assistance call 911.

For Kitsap emergency situations, 24 hour crisis hotlines include:

- 1) Kitsap County Crisis Helpline: 1-800-843-4793
- 2) Designated Mental Health Professional (DMHP) hotline at 1-360-373-3425
- 3) Harrison Hospital Emergency Services at 1-360-792-6710.
- 4) 911 (threat of harm to self or others)

For Seattle emergency situations, 24 hour crisis hotlines include:

- 5) Seattle Crisis Line 206-461-3222 (emotional crisis)
- 6) Community info. Line 206-461-3200 or 1-800-621-4636 (Housing, utilities, etc.)
- 7) 911 (threat of harm to self or others)

**Canceled Appointments:**

We understand that our clients lead busy lives and emergencies sometimes arise. In addition, childcare can sometimes be a challenge for those clients with young children. However, for the sake of continuity of care, it is very important to maintain regular weekly appointments. There is no charge for canceling a previously scheduled appointment two "business days" in advance. This allows sufficient time for us to schedule other clients who need an appointment. Thus, in order to cancel an appointment for 9:00 a.m. on Monday, you would need to call before 9:00 a.m. the previous Thursday. Except in emergencies, the first "no show" or appointment canceled without 48 hours prior notice will be billed at one-half of your established hourly rate. After that, "no shows" or late cancellations will be billed at your customary hourly rate since that time slot has already been reserved for you.

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**Insurance**

If you have insurance that covers our services, BCFT will be happy to assist you with any necessary paperwork. However, you should contact your insurance carrier right away to get pre-authorized approval for the sessions. With few exceptions, clients should expect to pay in full at the end of each session. Then, BCFT will then complete and submit the necessary forms and information for your reimbursement. If your insurance company has not paid your account in full within 60 days of service, then the balance automatically becomes your responsibility.

You should carefully read the section in your insurance coverage booklet that describes mental health benefits. Your coverage, co-payments, and benefits could be quite different from your regular medical coverage. If your insurance policy includes a managed care component, then you may be required to obtain pre-authorization. It is your responsibility to determine if pre-authorization must be obtained by you prior to treatment.

**Insurance Information:**

Insurance Company \_\_\_\_\_

Patient's ID # \_\_\_\_\_ Subscriber's SSN# \_\_\_\_\_

Subscriber's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Client's relationship to Subscriber: Self [ ] Spouse [ ] Child [ ] Other [ ]

Subscriber's Birth Date \_\_\_\_\_ Subscriber's Employer \_\_\_\_\_

Do you have secondary insurance? Yes [ ] No [ ] If so, with whom? \_\_\_\_\_  
Secondary ID # \_\_\_\_\_

**Fees for Services:**

We work with our clients to make therapy affordable and accessible. Charges for a single therapist typically range from \$100.-\$150./hr. and for co-therapists range from \$120.00-\$160.00/hr. depending on clients' ability to pay. Should the session run longer than an hour, clients will be billed accordingly. Clients typically pay by either cash or check at the end of each session. If you have insurance that covers our services, then claims can be filed for you by BCFT. Additional related time spent (e.g., phone calls, emails, consultation, etc.) will be billed to client at \$120.00./hour payable within 7 days.

**Agreement:**

I have read and accept the terms explained by this agreement and hereby authorize Beacon Couple & Family Therapy to consult with former or current therapists, allied professionals or any other persons or organizations BCFT believes could provide information that potentially assists me in achieving my therapeutic goals. BCFT is also authorized to release relevant information as necessary to my insurance carrier or any of the aforementioned parties as it deems necessary.

In cases of divorce, child custody, or couple separation, etc., BCFT will not furnish any information for either party as these will remain strictly confidential. Moreover, I agree that such information will never be subpoenaed.

I understand that I am responsible for contacting my insurance company for benefit coverage, deductibles, and preauthorization (if needed) as soon as possible. I realize that this does not guarantee insurance payment to the clinical provider and that any outstanding balance becomes my responsibility after 90 days. After that, late fees of \$25.00/month will be added to the balance.

I understand that when I sign this document, it will represent an agreement between BCFT and I. I may terminate this agreement in writing at any time. However, this agreement will remain binding until outstanding financial obligations are all met and the case is closed.

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Client signature

Date

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Client signature

Date