

Beacon Couple and Family Therapy

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

216 First Ave. S., #210, Seattle, WA 98104

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

Philip M. Brown, LMFT, LICSW, Ph.D.

License No. LF00002411 and LW00007801

**Office Policies & Disclosure
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 regarding the use and disclosure of your Protected Health Information (PHI) used for treatment, payment and health care operations.

Background and Experience: Dr. Brown's professional training includes a Ph.D. from the University of Michigan and post-doctoral training in family therapy at the Philadelphia Child Guidance Clinic. He is a former graduate faculty member at Boston College, Tulane University, and Antioch University Seattle. He has published numerous professional articles and two professional books on couples and families, "The Death of Intimacy" and "Cross-cultural Practice with Couples and Families" (co-editor). With over 35 years of teaching and practicing couple and family therapy, his primary goal is to help clients build better relationships with those who matter most in their lives.

What Clients Can Expect: Because 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 and Notice of Privacy Practices: All matters we discuss in therapy are strictly confidential. By law, information concerning our professional relationship cannot be released without your (or in the case of death, your personal representative) prior written authorization (unless you are under 14 years of age and then only with your knowledge and your parent's or guardian's authorization). In couples counseling my client is the couple - not the individuals who make up the couple. In couple situations I will share any and all communications discussed with me by one individual with the other individual to maintain full disclosure and transparency, but with no one else unless I receive a written consent from both individuals. However, I cannot guarantee confidentiality if charges are brought against me, or if I am subpoenaed by a court of law or by the Department of Health. In this regard I will provide you with a separate document called Notice of Privacy Practices describing how and under what circumstances your protected health information, or PHI, may be used and disclosed. Regarding couples counseling: when a request for records is made by one individual for a copy of chart notes or other information containing PHI relating to the other individual, I will seek written authorization from the individual consenting to the disclosure of their PHI before fulfilling the request, including notifying the individual that a request for records has been made. If both individuals do not consent, then the records will not be released.

Required Disclosure: The only exceptions to the above confidentiality clause are when there is 1) suspected cases of abuse or neglect of a child or a dependent adult or developmentally disabled person; 2) when you disclose the potential to harm others or contemplation of or commission of a crime or harmful act; or 3) when you disclose the potential to harm yourself or threaten suicide. In these cases I am required by law to contact the proper authorities to help make arrangements for your and/or others safety.

Treatment Records

To ensure greater confidentiality, you have the option to request that no treatment records be kept. If you make this request, the only records that I will maintain are your name and address, our fee arrangement, a record of payments received, the dates that we met for counseling and a copy of this form, including this written request. To avoid any misunderstanding, and as required by law, it is my practice to ask that you indicate your preference below and that you specifically initial and date your preference. I will also sign and date my name indicating my consent to the arrangement that you have requested. **If you are a couple being seen for couples counseling, both individuals must agree by initialing and dating below.**

- I want you to keep treatment records. _____ (Initial(s) & date)
- I **do not want** you to keep treatment records. _____(Initial(s) & date)

Provider Acceptance

- I agree with your request and I will **not** keep treatment records,
- I agree with your request and I will keep treatment records,

Counselor's Signature

Date

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.

Email and Text Communications & Consent: Communicating by email is helpful and efficient. However, the intent is not to replace the face-to-face clinical session, nor does it establish a telehealth exchange as I do not provide therapy via the phone, skype or email. Do not send email you consider urgent and expect an immediate reply. Rather I will make every effort to respond to your email, if appropriate, within 24-48 hours. If you have not

received a response within 3 days, please call. Email communications related to treatment will be documented in your client record by placing a copy of the message in your file, unless you have specifically designated that you do not want me to keep treatment records.

Please note that I cannot guarantee the contents of email messages will remain confidential I will do my best to keep email communications private and to protect your private health information. While I will make every attempt to protect your private health information, I cannot guarantee that the data will always be protected. The privacy, security or confidentiality of any email messages sent or received over the Internet can be intercepted, altered, forwarded, and/or read by others. Some specific examples are as follows:

- Emails or texts sent inadvertently or to an incorrectly typed address or phone number.
- Email is easier to falsify than handwritten or signed documents.
- Backup copies of email, texts, and online platform data may exist even after the sender or recipient has deleted his/her copy.
- Employers and on-line servers may have a right to archive and inspect emails, texts, and online communications transmitted through their systems.
- Information sent via emails, texts, and online applications can be intercepted, altered, forwarded, or used without authorization or detection.
- Email and online accounts can be hacked and/or online applications can be used to introduce viruses into computer systems.
- Emails, texts, and online communications of all types may be used as evidence in court.

The examples listed above are not exhaustive; rather they are illustrative of the risks that are involved with the use of email and texts. As a result, I cannot be responsible for email or text messages that are lost due to technical failure during composition, transmission, or storage or for any of the above indicated problems. I will not forward emails to independent third parties without your prior written consent, except as authorized or required by law. If you have any concern at all in this regard, then you should not communicate with me through email or by texts. You may discontinue using email or texts as a means of communication by sending an email or letter to me clearly stating that you no longer wish to communicate by email and/or by text.

I acknowledge that I have read the foregoing contents concerning email communications and I fully understand this consent and I voluntarily request the use of email as one form

of communication. **If you are a couple being seen for couples counseling, then both individuals must agree and then initial and date below.**

Signature of Client

Date

Signature of Client

Date

Recordkeeping and Retention: Records created by me or received by you will be maintained in a secured format using technical safeguards such as an encrypted computer, storing patient files in a secure manner and using a password protected internet connection. I am required to maintain a copy of your client file for a period of five (5) years following our last visit. In the event of my death, disability or retirement, your records will be allocated to another counselor I have designated and a notice will be provided to you with their name and contact information.

Business Hours and Session Times:

Seattle office: (216 First Ave. S., Suite 210)

Tuesday & Fridays - by appt. only (typically 10:30 am-6 pm)

Bainbridge Island office (793 Ericksen Ave., Suite 123)

Monday, Wednesday & Friday – by appt. only (typically 8 am-7 pm)

Saturday – by appt. only (typically 8 am-12:30 pm)

Please leave a message on our voice mail (206-780-1036) and we will return your call as soon as possible or for immediate assistance in an emergency please call 911.

In 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. King County Crisis Helpline: 1-800-621-4636

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 three “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 Wednesday. Except in emergencies, the first “no show” or appointment canceled without 72 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.

Initial

Fees for Services: We work with our clients to make therapy affordable and accessible. Charges for an individual session typically range from \$120-\$180/hour and depending on clients' ability to pay. Should the session run longer than an hour, clients will be billed accordingly at their established hourly rate. Clients typically pay by cash, check, or credit card at the end of each session. If you have insurance that covers our services, then claims can be filed for you by BCFT. Additional time spent (e.g., phone calls, emails, consultation, etc.) will be billed to client at \$120-\$150/hour payable at the next session.

Initial

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.

You understand that you are responsible for contacting your insurance company for benefit coverage, deductibles, and preauthorization (if needed) as soon as possible. You also understand that this does not guarantee insurance payment to the clinical provider and that any outstanding balance becomes your responsibility after 60 days.

Initial

Termination - Professional Issues: It is my goal to create a safe and trusting environment. While I cannot guarantee a particular outcome of therapy, I promise to treat you in a respectful, professional and ethical manner. If you think I am not helping you to make the changes you desire, please let me know so that I can make appropriate changes in your treatment or refer you to another professional. You have the right to refuse treatment and it is your responsibility to choose the provider and treatment modality which best suits your needs. If after speaking with me, or at any other time you

have specific complaints about unprofessional or unethical practices, you have the right to contact the Washington State Department of Health at the following address: Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857. The phone number is (360) 236-4700 and the email is HSQAComplaintIntake@doh.wa.gov. Attached is a copy of RCW 18.130.180 related to unprofessional conduct.

Washington State Law requires I also inform you of:

“Counselors practicing for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.” The purpose of the Counselor Credentialing Act regulating counselors is:

(A) To provide protection for the public health and safety; and

(B) To empower citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.”

I hereby consent to treatment and declare that I have read, understand and agree to the terms outlined above and that I have received a copy of this disclosure form and the referenced RCW 18.130.180. **If you are seeing me as a couple for couples counseling, both individuals must complete and sign this form.**

I understand that when I sign this document, it will represent a permanent agreement between BCFT and I.

Client signature Date

Client signature Date

A copy of this disclosure form and the referenced RCW 18.130.180 was provided to the client.

Counselor’s Signature

Date