



Psychologist-Patient Service Agreement Consent Form

Welcome to my practice! I am pleased that we have the opportunity to work together. The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. It is important for us to reach a clear understanding of how our relationship will work, and what each of us can expect. This document contains important information about my professional services and business policies. It covers work with adults, children, and families; divorced and separated parents, and possible situations that occur over the course of therapy.

I will also provide you with a Notice of Privacy Practices following the Health Insurance Portability and Accountability Act (HIPAA). If you are a family in the process of a divorce or separation, additional documentation will be required. Read these documents carefully, and we will discuss them in person on our first visit.

Note that The Center for Relational and Family Therapy (CRAFT) includes other mental health professionals. I am an independent practitioner solely responsible for the care of my patients.

Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

Psychotherapeutic Services

My usual practice is to begin therapy by learning about the concerns that bring you or your child to treatment. Patients and families come to therapy with a range of different concerns. Some common issues presented include behavioral and emotional challenges, anxiety, depression, attention difficulties, adjustment to life changes, exposure to traumatic events, challenges in relationships, and family problems. I will do an initial assessment of what brings you to therapy. Together we can come to an understanding of how therapy might proceed; this is known as creating a treatment plan. It is important to me that you feel comfortable with the direction that we are taking. Please feel free to ask questions at any time point.

Therapeutic Orientation

Given the full range of treatments and approaches I have been trained in, I currently practice integrative psychotherapy where treatment is tailored to the needs of the patient and family. I mostly understand therapy within a relational psychoanalytic framework. This means treatment focuses on how people understand their lives in relationships with others, while integrating skills building into the treatment plan (Cognitive and Behavioral interventions as needed). My background and training include extensive training in child development, Psychodynamic treatment approaches, attachment-based intervention, Trauma-informed care, Cognitive and/or Behavioral therapy, and Group Psychotherapy.

Education, Training, and Licensure

I have been involved in research and therapy in the field of psychology since 1999 during my undergraduate training. I graduated in 2008 from Tel-Aviv University in Israel with a PhD in clinical psychology. I am a licensed clinical psychology in the state of NY since 2013 and in WA state since 2019. My full curriculum vitae can be provided to you upon request.

Psychology licensure means that psychologists have passed written and oral examinations administered by the Examining Board of Psychology for Washington State and attest that psychologists are qualified to engage in the independent practice of psychology. The Washington State licensure law provides complaint and discipline recourse



procedures for patients. Inquiries about a psychologist's professional qualifications and/or treatment may be directed to the Examining Board of Psychology, Division of Professional Licensing, P.O. Box 9649, Olympia, WA 98504. My license number is PY.60967834. My private practice is registered under the name: Social Endeavors Psychology PLLC.

Dr. Arie's Responsibilities to You

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know. There are also certain limitations to those rights. You have the right to refuse treatment and the responsibility for choosing the provider and treatment modality that best suits your need.

I. Confidentiality

With the exception of certain specific exceptions described below, patients have the absolute right to the confidentiality of their therapy. I cannot and will not tell anyone else that you, your child, or your family are in treatment with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, a psychologist may legally speak to another health care provider or a member of your family about a patient's care without prior consent. As the patient, you may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

Protected health information (PHI) is also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law ensures the confidentiality of all electronic transmission of information about you.

The following are legal exceptions to your right to confidentiality:

1. *Minors.* If you are under 13 years of age, please be aware that the law provides your parents or legal guardians with the power to examine your treatment records. Once you are over the age of 13, you are allowed to legally consent to mental health treatment without the consent or notification of a parent or guardian. If your parents are in the process of divorce or separation, it is my policy to request an agreement from your parents or guardians that they consent to give-up access to your records (see the section on Divorced or Separated Parents). If they agree, I will provide them with only general information about how your treatment is proceeding. If I feel there is a high risk that you will seriously harm yourself or others, I will notify them of my concern. Before giving information, I will try my best to discuss the matter with you and attempt to resolve any objections that you might have about the information I need to discuss.

2. *Harm to Others.* I am required to take reasonable action to prevent others from harm, even though that requires revealing some information about treatment. If I believe that a patient poses a threat of imminent harm to another, I

may take protective action, which may include notifying the potential victim, notifying the police, or seeking the appropriate hospital treatment.

3. *Abuse or Neglect.* If I have reason to suspect that a child or vulnerable adult has been abused or neglected, I must make the required reports.



4. *Harm to Self.* If I believe that you are in imminent danger of harming yourself or anyone else, I may take actions such as calling the police or the county crisis team. I may be required to seek hospitalization for the patient or contact family members or others who can provide protection. I will make every effort to thoroughly discuss a plan with you before taking action.
5. *Impairment of Other Licensed Mental Health Providers.* If you reveal information about the impairment of another clinician licensed in the State of Washington, I am required by law to report that conduct to the Department of Health. I may report sexual misconduct of therapists licensed in other states, although there may not be a law within that state regarding impairment of licensed mental health providers. Psychologists do not have social or sexual relationships with clients or former clients because that would be unethical, illegal, and an abuse of power.
6. See all other uses and disclosures of PHI in the Washington State Privacy Notice.

Additional Potential Risks to Confidentiality

Coverage. In the event I am leaving town or will in some way be unavailable, I will arrange for coverage with another therapist at CRAFT and may disclose confidential information to that individual so that they may reasonably provide any required assistance for you. All clinicians in our shared space have signed an associates agreement (BAA) to protect your information.

Professional Consultation. Medical or collaborative care consultations with other professionals may be part of your treatment. In this situation, I may formally ask your permission to consult with a professional collaborating on you or your child's care. You are very strongly encouraged to inform your child's school psychologist, primary care physician, and prescribing physician/psychiatrist (if applicable) that your child is in therapy with me. I regularly consult with other therapists at CRAFT and elsewhere as part of professional development and best practices. Your identity remains confidential during our regular professional consultation within CRAFT.

Email and Mobile Phone Communications. You can securely communicate with me via the Theranest (Electronic Health Record) messaging system, which you can log in to here: <https://socialendeavors.mytheranest.com/home/login>. If you elect to communicate with me by email instead, please be aware that email is not confidential. All emails are retained in the logs of the Internet service provider. These logs, they are, in theory, available to be read by the system administrators of the Internet service provider. Any email received from you, and any responses sent to you will be kept in your treatment record. Please be aware that I regularly access email communications via my password-protected mobile phone. It is theoretically possible that if my mobile phone is lost or stolen and the password is somehow circumvented, our email communications could be accessed.

When you call my direct mobile number your phone number will be stored as your first name and initial of last name only. Leaving Voice messages carries the same risks as emails. To further protect your confidentiality, I am the only person who checks my voice messages.

Facility Security. Our facility utilizes home security cameras in the waiting room and entryway (not in the treatment room). This is a common practice in many health care facilities, and it carries a similar risk to confidentiality as being in a major hospital waiting room. The data from the cameras is only accessed by myself and the other therapy professionals who use the space; these professionals have signed confidentiality agreements. The data on the camera



is stored for one week on a secure server and then erased. There are no cameras in the treatment room, and there is no audio feed recorded on the cameras; your sessions will remain confidential.

Other Internet Related Confidentiality Issues. I will not use web searches to gather information about you. I believe that this violates your privacy rights; however, some patients might choose to view information about me in this way. I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information on my website and, if you have questions about it, we should discuss this during your therapy sessions.

If we see each other 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. Please note that any lengthy discussions should be restricted to our session time.

II. Record-keeping

I will keep a brief and concise record of your visit here. I utilize a HIPAA compliant, secure, electronic health record, and billing system for health care professionals. You will be invited to the patient version of the record system, which allows you to view your or your child's upcoming appointments. Your records are maintained in on a password-protected and encrypted server under the provisions of the Health Care Information Act of 1992 (see WA State Privacy Notice).

In addition to an electronic health record that includes basic and legally required information about our session, if I administer an assessment a paper assessment protocol will be kept in your secure file and will not be subject to release except to another licensed psychologist.

I will not disclose any information in your record unless you direct me to do so, the law authorizes or compels me to do so, or in the event you are utilizing a healthcare benefit from your insurance or managed care company (see WA State Privacy Notice). Any record that comes to me from other providers cannot be released to you or anyone else. If you or anyone else requires a copy of any records supplied by persons or organizations outside of my private practice the originator of the record must be contacted directly by the party wanting the record. If you are paying for all services out of pocket without the use of a third-party payer, you may request in writing that I refrain from keeping records about your care and in this specific situation only a record of appointment dates, times and payment account will be saved.

Divorced or Separated Parents. Parents who are going through a separation or divorce often seek therapy for their children to help them deal with the stress/loss and adjust to the changes involved. It is my policy unless specified otherwise by a court order or legally binding agreement, that both parents of the child must consent in writing to treatment for their child and payment before I see the child. I will request that both parents sign a copy of the Agreement Regarding Confidential and Privileged Communications. I will also require additional documentation (see Documentation Checklist for Families Involved in Legal Proceedings), such as a copy of the official or temporary parenting plan, confirmation of custody and medical and mental health decision-making arrangements. Any updates to the parenting plan or changes to custody arrangements must be reported to me during treatment.

Custody Recommendations. When seeing a child in therapy, I function as the child's therapist only. It is essential for the child's privacy to be respected and for their treatment not to be entangled in legal issues. Thus, I do not, under any circumstance, perform custody recommendations. You may be asked to sign an agreement to protect your child's



confidentiality in court matters. If you do not feel comfortable with this policy, I will be happy to refer you to another therapist.

Domestic violence, complicated divorce or custody cases, severe mental illness, history of child abduction, or criminal investigation of a spouse, parent, or caregiver. In these cases, I often conduct several sessions of safety planning before beginning treatment with you or your children. I will require documentation such as restraining/no-contact orders, supervised visitation restrictions, or other information about any ongoing legal action or investigation (ask me for Documentation Checklist for Individuals and Families Involved in Legal Proceedings). In addition to the Agreement for Privileged Communications, I may request a Court Order such that all treatment records be made "non-discoverable" before beginning therapy with your child. Please refer to the letter in the Agreement for Privileged Communications to understand the rationale for these decisions and feel free to ask me questions.

In case Dr. Arie dies or becomes incapacitated, A Professional Executor may take control of records and contact clients.

III. Patient Rights and Other Information

Minor Rights. If you are a patient under the age of 13, your parent or legal guardian consents to your treatment and is responsible for understanding this document. I will also explain this document to you so that you can understand it and assent to treatment. If you are a patient over the age of 13, you have a right to consent to treatment without parental consent or notification. You also have the right to refuse treatment, change therapists, or receive a referral to another therapist. You have the right to ask questions concerning the findings of their evaluation and treatment, and the right to raise questions about the therapist, the treatment approach and progress made at any time. You have the right to refuse anything that your therapist suggests. You have the right to ask questions about anything that happens in therapy.

Family and child therapy. In our first meetings, we will discuss expectations around the structure of family therapy and develop the appropriate treatment plan. I have included expectations around different therapy arrangements here as a beginning place for our discussion, but we will decide on what is best for your family's unique situation in our first sessions.

Because families cannot predict what will emerge during treatment, I follow guidelines (listed below) to avoid conflict of interest and build trust when working with families and youth. You are welcome to ask me questions about the rationale for each arrangement. Each guideline is designed to foster a caring relationship with long-term trust, respect, and safety for all those involved. The following are examples of potential treatment arrangements:

- **Family Therapy:** In family therapy, I work with members of the family together. I may meet with individuals initially and as needed, but I do not meet with or have contact with individuals in the family separately *regularly*. Sometimes I see an entire family; other times, I will work with two siblings or a parent and child together. I can also provide attachment-based parent-child therapy for infants and young children who are struggling with attachment difficulties or separation anxiety. While I can treat siblings, parents, and children *together* as a form of family therapy, I *cannot treat them separately* individual concurrent treatment sessions on a long-term basis.
- **Parent Check-ins.** In many cases, issues will need to be worked on at home as well as in the therapy sessions. Parents and caregivers may need to make changes in their behavior to help their children to change. When working with young children (under age 13), it is common for me to meet with the parents or caregivers.

- **Parent Coaching:** Parent coaching involves regular weekly meetings with the parents and the therapist without the child patient present. The focus of these sessions is on parenting child behavior. If a parent has a problem that is related to the family but requires more intensive or personally focused treatment that can be provided in parent coaching, such as a trauma disorder or substance abuse, I will make a referral for individual therapy for that parent. *If a divorce occurs* while in parent coaching or family therapy, and the parents no longer want to continue treatment together, I will make a transition plan and refer the parents to appropriate continued care. I do not “pick sides” or continue coaching one parent in a divorce.
- **Child Individual Therapy** involves the child meeting with the therapist with/without the parent present. The child’s individual sessions are respected as a confidential environment with some exceptions (listed above). When the patient is 13 or older, I will require a signed release by the child to speak with their parents about treatment. At the request of the patient or family, I can consult with teachers, physicians, other therapists regarding treatment and assessment results regardless of the age of the child.

Crisis. If you think you may be likely to have crises such as harming yourself during our treatment, let me know so we can immediately make a crisis support plan. I do not offer crisis support outside of scheduled sessions. This means we may be able to schedule additional sessions if you are in crisis, but I cannot respond to you outside of office hours, such as weekends and evenings. If we determine consistent crisis support is necessary to provide the best level of care I will refer you to another therapist. If you are experiencing a crisis or emergency, please call the King county Crisis Clinic at 206-461-3222. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance. Children and teens are recommended to go to Seattle Children’s Hospital emergency room (Seattle Main Campus) in the event of a mental health crisis.

Risks. Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, anger, or anxiety. Therapy can often involve talking about the unpleasant aspects of history and behavior. Sometimes patients report an increase in symptoms when first starting treatment. This can be because awareness and monitoring of problems initially increase when first coming to therapy; eventually, this awareness can lead to a feeling of control, choice, and ultimately, relief. Psychotherapy has been shown to have benefits for people who undertake it. Research has shown that therapy often leads to a significant reduction of feelings of distress, and better relationships and problem solving, but there are no guarantees.

Disclosure of Conflicts of Interest. A conflict of interest in therapy refers to situations in which I, as your psychologist, may have financial, professional, or personal interest that may directly or indirectly affect my professional judgment. Please bring up any associations you may be aware of so we can navigate and reduce potential conflicts of interests or multiple relationships. In some cases, I may need to refer you to a different therapist.

Your Responsibilities as a Therapy Patient

I. Notify your Therapist of Cancellation within 48-hours

You are responsible for coming to your session on time and at the time scheduled. If you are late, please call, email, or text me to let me know. When you arrive, the session will end on time and not run over into the next person's session.



Please give 48-hours notice of cancellation. **If 48-hours notice is not given, regardless of the situation, you will be expected to pay the full amount for the session.** The fee is waived if we can reschedule the session within the week, dependent on my availability. Please keep this in mind when budgeting for therapy services. If you or your child have a chronic health problem where a regular appointment cancellation is an inevitability, please discuss this with me so we can make a plan in advance.

I generally do not work on Federal Holidays and will let you know about alternative scheduling if your session falls on a holiday. In inclement weather, I follow the Bellevue School District closure schedule: <http://www.bsd405.org/help/closure/>. If Bellevue schools are closed (planned breaks or unexpected closures) or delayed I will not be at the office, and you will not be expected to attend your appointment.

II. Avoid Social Media Contact with Your Therapist

Contact through social media online can create significant security risks for you and have a high potential to compromise the professional relationship. If you have an online presence, there is a possibility that you may encounter or contact me through social media by accident. For example, social media applications request access to email contacts or address books and recommend online connections via social media platforms. I have taken efforts to ensure this does not occur; however, please bring up any potential online social media encounters in our session so that I can guarantee your confidentiality. Do not intentionally invite me to participate in or contact me through social media platforms like Facebook, Twitter, LinkedIn, Instagram, etc. If I discover that an online relationship has been established, it will be canceled immediately. I will not respond and will terminate any online social media contact, no matter how accidental. This will be the case even after we have concluded treatment.

It has become increasingly common for clients to review their health care provider on various websites. Mental health professionals cannot respond to comments because it violates patient confidentiality. To protect our working relationship and your privacy, please do not rate my work with you while we are in treatment together on these websites.

III. No Violence or Harassment

If you do violence to, threaten, verbally or physically hurt or intimidate me, if you harass me, or ask me to engage in any illegal conduct you will be unilaterally and immediately terminated from treatment without further contact. Emailing me or texting the business line repeatedly after being asked to stop could constitute harassment.

Like schools and mental health facilities (see [RCW 9.41.300](#) and [RCW 9.41.280](#)), **our clinic is a weapons-free zone.** Arriving with a weapon to the office will result in immediate termination of treatment.

IV. Parents of Children Under the Age of 13 Remain in Waiting Area During Treatment

It is essential that parents of young children remain in the waiting room during treatment for several reasons, such as in the event of a building emergency or medical concern with the child. From a clinical perspective, it is also important that parents are accessible during child treatment. Sometimes children and teens will spontaneously want to discuss an issue with their parents and invite them into a session. Other times a child will expect their parent to be in the waiting room when they are done with a session and may be disappointed if they come out and see their parent is not there. Unless the child is over the age of 13 and is seen in treatment independently, parents are required to remain in the waiting room during the session. On a case-by-case basis, we can discuss if you need to be present for



your teen child who is over the age of 13. If an unforeseen circumstance emerges and you must leave the waiting room, please notify me to end the child session.

Siblings and friends of children in treatment are allowed to remain in the waiting area with adult supervision. Please coach them to be quiet and respectful; other patients may be in session during the time of your appointment.

By signing this agreement, you agree to be in the waiting room or on-time to pick up your child after a session when applicable. You will not hold me liable for any risk or danger that occurs to your child while in the building or outside of treatment. If you are not present in the waiting room at the end of the session, I will call you and the emergency number on your contact sheet. Your child is allowed to remain in the waiting room or another open treatment room while I see my next patient; however, I cannot supervise them or ensure their safety during this time. Treatment may be discontinued if you are not there to pick-up your child at the end of the session and the issue was discussed with you.

V. Payment and Fees

Sessions last between fifty-three (53) and ninety (90) minutes; with most sessions lasting about fifty-five (55) minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling or cancel with less than forty-eight (48) hours' notice, and you were not able to reschedule for the week, you must pay the full fee for that session. The only exceptions to this rule are if you are ill, need to care for a child or person you are responsible for who is ill, if there is an emergency situation, or you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires).

You are responsible for paying for your session at the time of the session with a credit card, check (Checks should be made out to Social Endeavors Psychology, PLLC), or cash. Once you have a credit card on file in our secure system, that card will be charged after each session in our electronic health records system. If you do not want to keep a card on file with us, you can pay in another form, as mentioned above.

I do not charge for emergency or consultation phone calls of less than fifteen (15) minutes. However, if we spend more than 30 minutes outside of our meeting time, if you leave more than 15 minutes worth of phone messages in a week, or if I spend more than 15 minutes reading and responding to emails from you, or preparing requested documentation for you during a given week I will bill you on a prorated basis for that time.

Rates typically increase at the beginning of the year and will range from 7%-10% increase. When this happens, I will inform you of the increase at least one month prior to it going into effect and provide you with a document indicating the increase, when it will occur, and have you sign the document.

Please also read carefully the No Surprise Bill paragraph.

Fees

My fees are:

- First session including initial diagnostic evaluation (90 min) - \$300.00
- 53-minute session - \$200.00
- 30-minute session - \$100.00
- Group therapy – Each group is different based on the number of participants and the number of facilitators.
- Educational consultation, correspondence, IEP/504 Planning - \$200 per hour



- *Interactive complexity add-on code- \$20.00

The above fees are inclusive of all psychological services that are associated with a typical therapy session in addition to psychotherapy such as preparation of materials for the session (especially in the case of play therapy), intake paperwork, diagnostic assessment, and preparing homework for treatment.

*Interactive complexity is an add-on code that is billed for patients when additional work is required due to complexity in communication or service delivery. Situations that qualify for interactive complexity in psychotherapy include: **child play therapy**, use of an interpreter, time discussing or debriefing a mandated reporting call. I most commonly bill a complexity code for child play therapy sessions that require special materials and equipment. This code does not apply to family therapy. Signing this agreement means you agree to Dr. Arie's billing interactive complexity when applicable without prior notice.

In addition to scheduled appointments, it is my practice to charge \$50 per 15 minutes for other professional services that you may require such as telephone conversations which last longer than 15 minutes, attendance at meetings or school conferences, which you have authorized, and preparation of records or treatment summaries. This includes reports and correspondence requested by your insurance company if you have one. Rarely, I will have a situation where I need to respond to you in a crisis or emergency in a time that I am not regularly scheduled (weekend/evening); you will be billed for these services (\$200 a first hour; \$100 every half-hour after). You will receive a bill for these services. I do not charge for telephone calls for scheduling appointments or regarding balances due.

Accounts must be paid in full within 30 days. Clients whose bills are more than 30 days overdue will be charged a 10% late fee on each monthly billing cycle. In circumstances of financial hardship with patients who have otherwise been timely in payment, a payment plan can be discussed.

In unusual circumstances, you may become involved in court actions such as litigation, which may require my participation. You will be expected to pay for the professional time required even if I am compelled to testify by another party. Legal work such as consultation with attorneys, preparing affidavits, providing depositions (including time spent for travel and waiting to give deposition), courtroom testimony (including time spent for travel and waiting to testify), or any other legal work including any for which a subpoena is served is charged at \$330.00 per hour with a three-hour minimum. The three-hour minimum fee is due in advance and prior to any appearance or work with any additional charges due immediately upon the conclusion of any incremental work performed regardless of any dispositions rendered by any court in any matters pending. All related expenses, including mileage, meals, and hotel (if applicable) are charged on a cost basis. Time spent reviewing records for the court is charged at \$200.00 per hour.

No Surprise Bill

Beginning January 1, 2022, Washington state law protects you from 'surprise billing' or 'balance billing' if you receive emergency care or are treated at an in-network hospital or outpatient surgical facility.

What is 'surprise billing' or 'balance billing' and when does it happen?



Under your health plan, you're responsible for certain cost-sharing amounts. This includes copayments, coinsurance and deductibles. You may have additional costs or be responsible for the entire bill if you see a provider or go to a facility that is not in your plan's provider network.

Some providers and facilities have not signed a contract with your insurer. They are called 'out-of-network' providers or facilities. They can bill you the difference between what your insurer pays and the amount the provider or facility bills. This is called 'surprise billing' or 'balance billing.'

Insurers are required to tell you, via their websites or on request, which providers, hospitals and facilities are in their networks. And hospitals, surgical facilities and providers must tell you which provider networks they participate in on their website or on request.

When you CANNOT be balance billed:

Emergency Services - The most you can be billed for emergency services is your plan's in-network cost-sharing amount even if you receive services at an out-of-network hospital in Washington, Oregon or Idaho or from an out-of-network provider that works at the hospital. The provider and facility cannot balance bill you for emergency services.

Certain services at an In-Network Hospital or Outpatient Surgical Facility: When you receive surgery, anesthesia, pathology, radiology, laboratory, or hospitalist services from an out-of-network provider while you are at an in-network hospital or outpatient surgical facility, the most you can be billed is your in-network cost-sharing amount. These providers cannot balance bill you.

In situations when balance billing is not allowed, the following protections also apply:

- Your insurer will pay out-of-network providers and facilities directly. You are only responsible for paying your in-network cost-sharing.
- Your insurer must:
 - Base your cost-sharing responsibility on what it would pay an in-network provider or facility in your area and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or certain out-of-network services (described above) toward your deductible and out-of-pocket limit.
- Your provider, hospital, or facility must refund any amount you overpay within 30 business days.
- A provider, hospital, or outpatient surgical facility cannot ask you to limit or give up these rights.

If you receive services from an out-of-network provider, hospital or facility in any OTHER situation, you may still be balance billed, or you may be responsible for the entire bill.

This law does not apply to all health plans. If you get your health insurance from your employer, the law might not protect you. Be sure to check your plan documents or contact your insurer for more information.

If you believe you've been wrongly billed, file a complaint with the Washington state Office of the Insurance Commissioner at www.insurance.wa.gov or call 1-800-562-6900.

Changes to Practice Policies and Agreement



If a change to my practice policies occurs during the course of therapy, I will provide you a copy of an Acknowledgement of Changes to Practice Policies that is considered an addendum to this Agreement. By signing this Agreement, you also agree to review and discuss future changes to this Agreement promptly within seven days. Up-to-date versions of my policies are located here: [https:// https://www.socialendeavors.net/forms](https://www.socialendeavors.net/forms)

Acknowledgment Signature

Your signature below indicates that you have read this statement and consent to treatment entirely. It also services as an acknowledgement that you have received the HIPAA Notice of Privacy Practices. Once you have signed this page, your signature signifies that you understand your rights and responsibilities in therapy and it constitutes your agreement to the terms described in this document.

I have read the above policies on confidentiality, patient's rights, billing procedures and have had the opportunity to ask questions. I give permission for evaluation and treatment for myself (or my minor child).

To be signed by patients 13 years of age and above:

Name	Date
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To be signed by parents or legal guardians of minor aged patients (younger than 13 years of age):

Name	Date	Relationship to patient
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Name	Date	Relationship to patient
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Miri Arie, PhD	Date
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Insurance Release Authorization

Signing below authorizes me, Miri Arie, PhD, to provide any information required by your insurance company to process any claims for reimbursement for any covered fees. I am an out-of-network provider. I will provide you with a "super-bill" that you can submit to your insurance for reimbursement.

Payment is due at the time of service, and you are responsible for the agreed rates. It is your responsibility to collect the covered portions of any fees from your insurance company or managed care provider.

To be signed by the responsible payer (e.g., patient or patient's legal guardian in case of a minor):

Name	Date	Relationship to patient
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