



Psychologist-Patient Service Agreement Consent Form

Welcome to my practice! I am pleased that we have the opportunity to work together. This document contains important information about my professional services and business policies. It covers work with adults, children, and families; divorced and separating parents, and possible situations that occur over the course therapy. I will also provide you 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 at 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.

Psychotherapeutic Services

My usual practice is to begin therapy focusing on the problems 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, 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 (CBT and Behavioral interventions as needed). My background and training include extensive training in child development, Psychodynamic treatment approaches, attachment-based intervention, Cognitive and/or Behavioral therapy.

Education, Training, and Licensure

I have been involved in research and therapy in the field of psychology since 1999 during my undergraduate training, and have graduated with a PhD in 2008 from Tel-Aviv University in Israel. 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 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.

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 number or the mainline, the call is forwarded to my mobile device via an application called Sideline. Your identity does not show on the phone when you call. If we communicate via my mobile phone, your phone number will not be stored in my mobile phone's memory, but it will be stored in the Sideline communications server and app; this carries the same risks as email. 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 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.

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 you 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 die or become 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 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 in the course of 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. A therapy without a patient present code is billed to insurance. 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 with one parent in a divorce.
- **Child Individual Therapy** involves the child meeting with the therapist without the parent present. The child’s individual sessions are respected as a confidential environment with some exceptions (listed above). I discourage the parents checking in with me/meeting with me separately at the end of the session in front of the child *regardless of their age*, but you may request a separate time for a parent check-in. 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 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 interests that may directly or indirectly affect my professional judgment. Please bring up any associations with these an organizations 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 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. Due to insurance billing requirements, if you are considerably late (e.g., over 15 minutes) I will require that we reschedule the session dependent on my availability.

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 out-of-pocket. I cannot bill insurance for the time that we are not meeting face-to-face or via telehealth. Insurance will not cover the missed session.** If you do not show for an appointment or do not cancel within 48-hours, I will send an invoice 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 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 parent 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.

V. Payment and Insurance

It is your responsibility to determine coverage by calling your insurance company before treatment and after any change to your insurance. There have been many recent changes to the way insurance companies operate that mean patients need to be extremely proactive about confirming coverage. **Even if I say that I accept your insurance and it is listed below, please call to verify coverage before our first visit and with every change to**

insurance. For example, there are occasions where mental health is outsourced by a major insurance company (like Blue Cross Blue Shield) to a smaller insurance company (like Beacon) that I am not contracted with, and this exception will not show on your card. There are occasions where your insurance will remain the same, but when renewed your plan on that insurance will change, and sessions will not be covered. There are also circumstances where insurance companies require prior authorization, and you are ultimately responsible for obtaining this; I can assist with documentation as needed.

If you have insurance, I will directly submit claims to your primary and secondary insurance as a courtesy to you; this is also the case for patients with out-of-network insurance. I submit claims regularly and bill you monthly. This also means that if you are not covered by insurance, but believed you were, that it may be several weeks until your claims are denied and you will be held responsible for paying the full balance for that time out-of-pocket. To avoid this situation, please call your insurance company to confirm eligibility and coverage anytime there is a change in insurance plans.



Sometimes treatment is unexpectedly terminated because of a change or loss of insurance. I will not be aware if your insurance coverage has ended if you do not notify me. Please inform me as soon as you are aware of a change and cancel sessions as appropriate; otherwise, I will hold our appointment times, and you will be financially responsible for those sessions. If you do release a regularly held appointment time due to loss of insurance, I cannot guarantee that I will have an available appointment if insurance is regained. I will provide you with referrals for continuation of care.

I am currently contracted with and in-network for the following insurance companies:

- Regence
- Lifewise
- Premera
- First Choice
- Aeta – under “Lord Psychological Services, PLLC (as a group practice).
- Kaiser Permanente – Please check directly with your insurance.

*Most BCBS plans are billed through Regence in Washington state, others sub-contract mental health services only to another insurance company; please double-check all BCBS plans for mental health coverage.

I am not currently contracted with and cannot accept any other insurance, including:

Medicare Part B health insurance
Value Options (Beacon Health)
Providence Behavioral Health (e.g., Swedish medical employees)

If you elect to see me and have Medicare Part B, it is not possible to submit your claims for reimbursement to Medicare. If this presents a hardship please let me know and I will help you to find a referral.

Due to concerns about insurance billing and privacy issues, some clients elect to pay for services themselves. If this is the case, we will decide together on a treatment plan and estimate the length of treatment and cost. If you do not have ANY insurance, payment is due at the time of service. If you have insurance with a company I am currently contracted with or where I am an out-of-network provider, you will not pay at the time of service but will receive a monthly bill in the mail or in session. The statement will describe the "patient responsibility," which can include, deductible, co-insurance, or co-payment. In the case of minor children, the parent or guardian who brings in the child for treatment is responsible for payment.

Checks should be made out to Social Endeavors Psychology, PLLC.

Fees

My fees are:

- First session including initial diagnostic evaluation - \$215.00
- 55-minute session - \$170.00
- 30-minute session - \$100.00
- Crisis response - \$170 a first hour; \$100 every half-hour after
- Educational consultation, correspondence, IEP/504 Planning -\$170 per hour
- *Interactive complexity add on code- \$20.00
- ** After Hours (after 5pm) meetings add on code - \$20



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, a parent call to facilitate communication, the addition of a caregiver/parent in session to facilitate communication with the child patient. I most commonly bill a complexity code for an irregular/non-family parent-child session where the patient is the child (e.g., the parent was invited for a particular reason in the session) and for child play therapy sessions (especially those for children younger than age eight where extensive set-up and clean-up is involved). This code does not apply for family therapy. Signing this agreement means you agree to Dr. Arie billing interactive complexity when applicable without prior notice unless your insurance company requires it.

In addition to scheduled appointments, it is my practice to charge \$45 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 correspondences 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/your insurance will be billed for these services (\$170 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, I may be willing to negotiate an installment plan.

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 \$255.00 per hour.

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:// 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, and insurance 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. The signing also constitutes payment assignment of all applicable fees to me, Miri Arie, PhD, and Social Endeavors Psychology, PLLC, by your insurance provider. If you do not have insurance payment is due at the time of service. It is your responsibility to collect the covered portions of any fees from your insurance company or managed care provider unless you have been informed that I am a contracted provider with your health insurance company. Be advised that if your insurance company fails for any reason to pay the contracted fees that you will be held responsible for payment.

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

Name	Date	Relationship to patient
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