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SERVICE AGREEMENT

This document outlines information regarding the clinical services I provide, confidentiality, privacy practices, fees, and policies. Please read this document carefully and bring any questions or concerns you may have regarding any of the contents of this agreement to our appointment. By signing this document, you are agreeing to the policies that are outlined.
Services:

As a clinical psychologist, I provide assessment and therapy services for children, adolescents, and adults. My theoretical approach to therapy incorporates aspects of cognitive behavioral therapy, behavior and insight therapy, psychoeducation, and family systems theories. Success is dependent on many factors, including presenting problems, the individual's temperament, family factors, and motivation. In order to track therapy, individualized treatment plans are developed collaboratively with clients, parents, and caregivers to outline measurable therapeutic goals. Parents are often expected to take an active role in the child's therapy and may include individual sessions with parents to help develop skills at home.
Psychotherapy has both risks and benefits. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, anger, and anxiety. Therapy can often involve talking about unpleasant aspects of a person's history and behavior. Psychotherapy has been shown to have benefits for people who undertake it. It can lead to a significant improvement in relationships, school/work functioning, problem solving, and a reduction in feelings of distress. However, there are no guarantees regarding the outcome of engaging in psychotherapy.

Education/Training/Licensure:
I received my doctoral degree from the Antioch University in 2011. I completed practicum trainings at the Seattle Children's Research Institute, Autism Spectrum Treatment and Research (ASTAR, now Seattle Children's Autism Center) Center, and Antioch University Community Counseling Clinic. During this time, I worked with children and adolescents, providing assessment, treatment and behavioral therapy. I completed both my clinical internship and my postdoctoral fellowship at the University of Washington CARE at the Haring Center. During this concentrated time, I received specialized training in treating and assessing neurodevelopmental disorders, with an emphasis in autism spectrum disorders and parent skill building.

Psychology licensure provides that psychologists have passed written examinations administered by the Examining Board of Psychology for Washington State, and are therefore judged competent to engage in the independent practice of Clinical Psychology. The Washington licensure law provides complaint and discipline procedures for patients. Inquiries about a psychologist's professional qualifications and/or treatment practices may be directed to the Examining Board of Psychology, Division of Professional Licensing, P.O. Box 9649, Olympia, WA 98504. My license number is PY60262779.

Patient Rights:
Please understand that my job is to help increase skills and create positive success. If you have any concerns about the course of treatment, please discuss them with me. However, should you feel that I have been unethical, you may contact the Licensing Department in Olympia at the address above.

Patients 13 years and older have a right to refuse treatment. Patients have the right to change therapists and to receive a referral to another therapist. Patients have a right to ask questions concerning their treatment and the right to raise questions about the therapist, therapeutic approach, and the progress made at any time.

Confidentiality:
In general, the confidentiality of all communication between a patient and a psychologist is protected by law, and can only be released to others with written permission. However, there are a number of exceptions to confidentiality, which are as follows:

1) Harm to self or others - I am legally required to take action to prevent others from harm, even though that may require revealing some information about a patient's treatment. If I have reason to suspect that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency. If I believe that a patient is threatening serious harm to another, I am required by law to take protective action, which may include notifying the potential victim, notifying the police or seeking appropriate hospitalization for the patient, and if the patient is a minor, to contact family members or others who can provide protection. These situations rarely arise in my practice. However, should such a situation occur, I will make every effort to discuss it with you before taking action.
2) Professional consultation - Health care providers who are treating the same individual are allowed to share information that may be helpful in that treatment. I also seek consultation with other professionals in order to provide quality service. I make every effort in these situations to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Unless you object, I will not plan to tell you about these consultations unless I feel it is important in our work together. Psychiatric consultation or other medical consultations may be requested as part of treatment. In this situation, the patient will be asked to undergo formal consultation with the physician. You are strongly urged to inform your primary physician or your child's physician that you or your child is in therapy.
3) Minors - If you are under the age of 13 years, please be aware that the law provides your parents with the right to examine your treatment records. It is my policy to request an agreement from your parents that they consent to give up access to your records. If they agree, I will provide them only with general information on how your treatment is proceeding unless I feel that there is a high risk that you will seriously harm yourself or someone else, in which case, I will notify them of my concern. Before giving information, I will discuss the matter with you and will do the best I can to resolve any objections you may have about what I plan to discuss.

Therapy Intake Procedures:
My normal practice is to conduct an evaluation that will last from two to four sessions. This will involve collecting information about the family, patient, the presenting problem, developmental and family history, and other relevant information. When appropriate, I will conduct formal assessments to better understand the concerning issues. During this time, we will decide together whether I am the best person to provide treatment to you, or to your child if you are seeking help for him or her. By the end of the initial evaluation I should be able to offer you some impressions of what treatment would include and a proposed treatment plan. You should evaluate this information along with your own opinion about whether you and/or your child would be comfortable working with me. Therapy involves a commitment of time, money, and energy, so it is wise to be careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If major doubts persist, I will be happy to provide a referral to another therapist.

Assessment Procedures:
When conducting an assessment, it is always important to evaluate the needs of the client and the number of appointments often depends on the purpose of the evaluation and information that the client is looking for. Typically, assessments include an intake appointment (which for children only include parents), testing sessions, and a feedback session to discuss the results of the assessment. For each hour of testing provided, you will be charged for one hour of report writing. Each evaluation provides the individual with a comprehensive report. It often takes 4-6 weeks to compile the report. Payment is due upon receipt of report.

Contacting Me:
Confidential voice messages can be left 24 hours a day at (509) 850-0153. I can also be reached via email at erincmilhem@gmail.com. Because the nature of my business requires me to be with clients during the day, email is usually the best way to reach me for a more immediate response. I check voicemails on Friday mornings, and try to get back to clients as soon as possible. If you have a more urgent situation, I recommend you email for a quick response.

Due to my limited practice, I do not accept patients who are likely to require intensive therapy or psychiatric hospitalization. I do not have an answering service or pager. If you have an emergency, you will be directed to call the Crisis Line at (206) 461-3222 or go to the nearest emergency room. If you feel that these arrangements will not meet your need for services, I will be happy to provide a referral for a therapist that is able to provide a higher level of crisis management.

Phone calls or emails that require more than 10 minutes of time will be billed to the client. This time will be prorated from my regular hourly billing rate.

Divorced or Separated Parents:
Parents who are going through a separation or divorce often seek therapy for their children, both to help the child who is exhibiting stress or sadness and also to help minimize the trauma for the child. It is my policy that, with very rare exceptions, both parents of a child consent in writing to treatment of the child and payment for services before the child's first appointment.

Please be aware that I do not perform custody evaluations, and function as the child's therapist only. As such, it is inappropriate for me to make custody or specific Parenting Plan recommendations.

It is essential that children have the contents of their therapy kept from becoming entangled in the adults' legal issues. Therefore, you will be asked to sign an agreement to protect your child's confidentiality on court matters. Additionally, it will be important to provide me with a copy of any parenting plan or court orders regarding the child before starting therapy.

Termination of Therapy:
At any point in therapy, you have the right to terminate treatment and to receive a referral to another therapist. Please be aware that a therapist also has the right to terminate therapy. Examples of the types of reasons a therapist may decide to terminate therapy include: feeling threatened in any way by a client; feeling he/she is being abused by the client; losing objectivity in treating a case; a client repeatedly violating the boundaries of a therapeutic relationship; non- payment by a client for services rendered.

Appointments:
Appointments are scheduled by calling or emailing me directly. Your appointment begins at the stated time, not when you arrive. Due to the limited nature of my practice, once an

appointment has been scheduled, you will be expected to pay for it unless you provide 48 hours notice of cancellation (or unless we both agree that the circumstances were beyond your control) so that there is an option for me to fill the time slot. Insurance cannot be billed for missed appointments. Scheduling times are reserved for patients/families who are current in their payments. If you agree to a weekly time slot, you are required to show up to each of those appointments. If you miss a number of appointments, you may be asked to give up your time slot.

Fees:
The charge for the initial intake appointment (53-minutes) is $232.50. This includes time spent in the initial interview, scoring of any evaluation questionnaires, review of previous records and phone contacts with individuals such as teachers, SPL's and OT's. For therapy, my fee is $155 for a 50 minute session and $170 for a one hour sessions. It is sometimes appropriate to schedule longer appointments for parent meetings; the fee for which is prorated based on my hourly fee. In addition to session time, it is my practice to charge a pro-rated amount based on my hourly fee for other professional services you may require. This includes all phone calls or emails that require more than 15 minutes, travel time for school appointments, report writing or collateral calls with other providers or teachers.

For assessments, my fee is $195 per hour.

In unusual circumstances, you may become involved in court actions such as litigation that 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. Because of the complexity and difficulty of legal involvement, I charge $250 per hour of preparation for and attendance in any legal preceding, including travel time. Usually in legal circumstances you will be asked by an attorney to sign a release of your treatment records for duplication. Charges for record duplication are in accordance with RCW 70.02.010 which sets and updates the standard charges for Washington State. As a psychologist, I am required to maintain your records for a period of 8 years from the date of last treatment contact, after which records can be destroyed.

Currently, I accept Premera, Kaiser Permanente, and United Behavioral Health. Some or all of the fees for psychological services may be covered by your health insurance provider. It is your responsibility to find out the details of your coverage before your first appointment. Fees are due at the time of service. I can accept checks, credit cards, health savings card, or cash.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment.

Health Insurance Portability and Accountability Act (HIPAA):
This is a federal law the provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. The law requires that I obtain your signature acknowledging that I have provided you these disclosures at the end of our first session. A description of the circumstances under which I may disclose information is provided for you. Please review it carefully so you understand fully what confidentiality does and does not mean in the therapeutic relationship. I am happy to discuss any of these rights with you.

Notice of Privacy Practices:
With your signature on this form, I may disclose information in the following situations:

Consultation with other health and mental health professionals. Disclosures required by health insurers.

Disclosures required in collecting overdue fees. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This requires me to disclose otherwise confidential information. If legal action is necessary, costs are included in claim.

Court proceedings (discussed earlier in this Agreement).

Government Agency request for information in health oversight activities. Patient-initiated complaint or lawsuit against me. (I may disclose relevant information regarding that patient in order to defend myself.)

Patient-initiated worker's compensation claim and the services I am providing are relevant to the injury for which the claim was made. I must, upon appropriate request, provide a copy of the patient's record to the patient's employer and the Department of Labor and Industries.
If I have reasonable cause to believe a child has suffered abuse or neglect.

If I have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.

If I reasonably believe there is an imminent danger to the health or safety of the patient or any other individual.

Expanded Clinical Records Rights:
HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of PHI. These rights include:

Requesting that I amend your record.

Requesting restrictions on what information from your Clinical Record is disclosed to others.

Requesting an accounting of most disclosures of PHI that you have neither consented to nor authorized.

Determining the location to which protected information disclosures are sent.

Having any complaints you make about my policies and procedures recorded in your records.

The right to a paper copy of your signed Agreement, Notice of Privacy Practices, and my privacy policies and procedures.

Acknowledgment Signature:
Your signature below indicates that you have read Dr. Milhem's Service Agreement fully and agree to its terms. Your signature also serves as acknowledgment that you have received the HIPAA notice form.

Please review and initial each of the policies listed below.

_____ I understand that sessions are scheduled for 53 minutes max, if I would like to schedule a longer appointment I will let Dr. Milhem know ahead of time so she can plan accordingly and adjust the fees. Insurance will only cover one session per day.

_____ I understand that I am responsible for all fees that are not covered by my insurance company.

_____ I understand that Dr. Milhem has a 48 hour cancelation policy and that I need to cancel my appointment via email in order to avoid a cancelation charge.

_____ I understand that I will be charged for the following services: any phone calls to other providers or team members over 15 minutes, additional requested paperwork, or emails that require a long response, I understand that these charges are not reimbursed by insurance companies.

_____ I understand that any travel associated with my care or my child's care will be billed on the half hour, and insurance companies do not reimburse for travel time.

_____ I understand that insurance companies do not reimburse for missed appointments, late cancelations, or no show appointments. I understand that I am responsible for payment for all missed appointments.

_____ I understand that it is my responsibility to alert Dr. Milhem of any changes to my insurance or credit card information.

_____ I understand that Dr. Milhem is with clients during the day, and will not be able to answer emails or phone calls immediately. She will do her best to get back to you within a reasonable amount of time. If it is a matter that requires a quicker response, I will email or text.

I have read the policies on confidentiality, patients' rights, billing and insurance procedures, Dr. Milhem's office policies, and have had the opportunity to ask questions. I give permission for evaluation and treatment for myself (or my minor child). Additionally, I give permission for information to be released to my insurance company when additional information is requested for claim processing purposes.

_____
Parent/Guardian Printed Name

_____
Parent/Guardian Signature Date

_____
Client's Printed Name

_____
Client (13 and older) Signature Date