

Aliisa Breisch, Psy.D.
Working with Mindful Therapy Group
21907 64th Ave W Suite 200, Mountlake Terrace, WA 98043
425-640-7009 ext. 151 www.mindfultherapygroup.com

Agreement and Consent for Psychological Assessment Services

Purpose of this Agreement

This agreement provides you, the client, with an outline of what you can expect from me as your provider and what I will expect of you as we work together. In order to provide the highest quality of care, I want to give you as much information as you need to answer all of your questions.

My name is Aliisa Breisch and I provide psychological assessments. I hold a Doctorate in Clinical Psychology (Psy.D.) from the Washington School of Professional Psychology at Argosy University, Seattle. *I will be functioning in this role as an evaluator, not as a therapist.* My role is to provide objective information and/or recommendations from this independent evaluation. Because the evaluation is objective and independent, the results may potentially provide both positive and negative aspects, which may either be helpful or harmful in legal situations.

Procedures

The assessment process includes both psychological testing and a clinical interview to collect background and collateral information as needed. Psychological assessments may include the evaluation of cognitive, language, achievement, and social/emotional functioning. Your child's participation in the evaluation will typically last 3-8 hours total, depending upon your child's particular needs. Please note that many children find these tasks challenging and tiring, but the results can be valuable to you. Your child may request a break at any point during the evaluation. The assessment may also include observation, telephone, or in person contact with individuals who may have pertinent information, and a review of relevant documents. Since much of the evaluation involves reading and listening to directions, be sure to bring any assistive devices, such as eyeglasses and hearing aids. It is the policy of this professional that raw test data and protocols are not releasable to anyone except a licensed psychologist because of the risk of misinterpretation of data. If you wish another psychologist to examine the raw data, you will be asked to sign a release of information specifically naming the licensed psychologist to whom the test result(s) will be released. Unless referred pursuant to a legal matter, disability evaluation, or otherwise prohibited by law, you will be given an opportunity to meet with me to discuss the results and recommendations of the evaluation. You also have a right to a copy of the psychological report.

The entire assessment process requires between 4-20+ hours of work by the examiner. You will be billed for the following: initial intake/new patient evaluation appointment; the number of hours your child was directly assessed; time spent scoring tests administered and interpreting test results; time spent writing up pertinent historical background information and results of the specific testing completed; and the feedback session to review results of the assessment. The initial intake/new patient evaluation is billed under the insurance code 90791. All other portions of the assessment (e.g., direct testing, scoring, interpreting, and writing of history/results) are billed under the insurance codes 96130, 96131, 96136, 96137.

Financial Responsibilities:

The minimum payment ***due at the time of service*** is either your co-pay or patient responsibility (deductible, coinsurance) as determined by your insurer. ***It is your responsibility to confirm with your insurance if testing is covered under your plan, including how many hours are covered or if a pre-***

authorization is necessary before testing can be conducted. I am a preferred provider with Premera, Regence, Medicare, Cigna, and First Choice Health Network. Payment for services is your responsibility, so you must understand your insurance coverage policies. My private pay rate is \$250 per hour. If you are unable to pay at the time of service, without developing a payment plan, I will choose not to see you. Any unpaid funds will be submitted to a collections process and pursued by an outside agency until paid in full. Please discuss any and all financial concerns with me directly.

Regarding cancellation of appointments: since the appointment involves the reservation of time specifically for you, a minimum **48 hour** notice is required for rescheduling or cancellation. **The following fees are assessed for cancellations not within 48 hours, at my discretion:**

- **\$500 for full day testing appointments/ \$300 for half day testing appointments**

Ethics and Professional Standards

If you have concerns about the course of the evaluation, please discuss them with me. If you believe I have behaved unethically, you can file a complaint to the Examining Board for Psychology, Dept. of Health, Olympia, WA 98504.

The relationship between client and evaluator is a special one that requires considerable trust. Ethical guidelines prohibit dual relationships and therefore social or business interactions outside the context of this evaluation are discouraged. Intimate contact is always inappropriate.

Confidentiality

If you undertake a psychological evaluation pursuant to a legal matter, such as in personal injury cases, the findings will be released to your attorney. In addition, this information may also be provided to the opposing attorney and the court. The results may or may not be harmful to your case. If I am legally obligated to testify in court, you will be responsible for paying my full fees. My court fees are set at \$180 per half-hour. This fee will be charged for preparation time, driving time, waiting time, as well as testifying. A deposit of \$720, which covers 2 hours of work, will be required before any work is completed. This deposit is subject to increase depending on the anticipated scope of the work.

Limits to Confidentiality

Your participation in a psychological evaluation is treated as confidential information. By law, information concerning our professional relationship can only be released with your written permission (there are different requirements for younger than 18, see below). However, Washington law requires disclosure of confidential information by psychologists to appropriate sources without your permission in order to assure your safety and that of others. These situations include:

- If you become unable to care for yourself, threaten dangerous action or bodily harm to yourself or another.
- When information is presented about the currently existing or likely physical or sexual abuse or neglect of a child, elderly adult, or physically or mentally disabled person.
- If there is a court order to release records, it is the psychologist's responsibility to protect all sensitive information as vigorously as possible, and work with the court to minimize or eliminate their requirements. The court, however, will be the final arbiter of what is released to them.
- Disclosures required by health insurers or to collect overdue fees are discussed in the client agreement document.
- If a patient or a patient's family files a complaint or lawsuit against me, I may disclose relevant information regarding that patient when requested by a defense attorney.

With your signature on this Agreement form, I may disclose information in the following situations:

- I may occasionally consult other health and mental health professionals about a case. If I consult with a professional who is not involved in your care, I make every effort to avoid revealing your identity. These professionals are legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your clinical record.
- You should be aware that I practice with other mental health professionals. In some cases, I need to share protected information with these individuals for administrative purposes, such as scheduling and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality.

Minors and Parents

Clients who are under 18 years of age (and are not emancipated) should know that the law may allow parents to examine their child's mental health records. By Washington state law, any person who is 13 years of age or older has the right to consent to a psychological evaluation without parental consent and decide to whom mental health information will be released, including that person's parents/legal guardians, unless the health care information falls under one of the exceptions to confidentiality (as outlined above). However, the law also states that, for clients between the ages of 13 and 18, the psychologist will act in the minor's best interests when deciding whether to disclose confidential information to the parents/legal guardians without the minor's consent. This may include any behavior that may pose an imminent danger to the health or safety of the minor or any other individual. For example, I may choose to inform parents/legal guardians (or a relevant health care provider) of the minor's current engagement in high-risk behaviors, including: non-accidental self-harm (i.e., cutting or burning yourself), eating-disordered behavior (i.e., purging, using laxatives), use of drugs or alcohol, or other high-risk behaviors (i.e., possession of a weapon, not taking prescribed medication, engaging in risky sexual behaviors, etc.). If at any time, one of these situations should arise during your evaluation, I will remind you about these limitations and make every effort to arrive at an agreement about the best way to inform parents/ legal guardians (or other health care provider) of the behavior to ensure your safety.

Notice of Privacy Practices:

Your Information. Your Rights. My Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask me to limit the information I share
- Get a list of those with whom I've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that I use and share information as I:

- Tell family and friends about your condition

Revised 12/6/2021 by Aliisa Breisch, Psy.D.

- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market my services and sell your information
- Raise funds

My Uses and Disclosures

I may use and share your information as I:

- Treat you
- Run my business
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this.

I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say "no" to your request, but I'll tell you why in writing within 60 days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say "yes" to all reasonable requests.

Ask me to limit what I use or share

- You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say "yes" unless a law requires me to share that information.

Get a list of those with whom I've shared information

- You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel I have violated your rights by contacting me using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases I never share your information unless you give me written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- I may contact you for fundraising efforts, but you can tell me not to contact you again.

Our Uses and Disclosures

How do I typically use or share your health information?

I typically use or share your health information in the following ways:

Treat you

I can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run my practice

I can use and share your health information to run my practice, improve your care, and contact you when necessary.

Example: I use health information about you to manage your treatment and services.

Bill for your services

I can use and share your health information to bill and get payment from health plans or other entities.

Example: I give information about you to your health insurance plan so it will pay for your services.

How else can I use or share your health information?

I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

I can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

I can use or share your information for health research.

Comply with the law

I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law.

Respond to organ and tissue donation requests

I can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

I can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

I can share health information about you in response to a court or administrative order, or in response to a subpoena.

Revised 12/6/2021 by Aliisa Breisch, Psy.D.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office.

This notice of privacy practices is effective as of March 14, 2016, and applies to:

Aliisa Breisch, Psy.D.
21907 64th Ave W
Suite 200
Mountlake Terrace, WA 98043

Privacy Contact: Aliisa Breisch, Psy.D., Licensed Clinical Psychologist, phone: 425-640-7009 x151

I have read through this agreement and have received a copy for myself. I understand and agree to the provisions of this agreement and have had an opportunity to ask questions. I hereby authorize Aliisa Breisch, Psy.D. (WA# PY60543485) to conduct an evaluation. This authorization constitutes informed consent without exceptions.

Client Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Psychologist Signature _____ Date _____