

Aliisa Breisch, Psy.D. Licensed Psychologist, WA# PY60543485

Working with Mindful Therapy Group
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425-640-7009 x151 www.mindfultherapygroup.com

Therapy Disclosure Statement and Client Agreement

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.

Background and Training

My name is Aliisa Breisch and I hold a Doctorate in Clinical Psychology (Psy.D.) from the Washington School of Professional Psychology at Argosy University, Seattle. My training over the years has included working with adults in recovery from addiction, college students in a university counseling center, and children, adolescents, and families in inpatient and outpatient mental health settings. I have spent the past five years providing therapy and assessments to children and adolescents with a wide range of behavioral and emotional issues.

Treatment Method and Course of Treatment

I provide therapy services to individuals and families. My approach to therapy is primarily informed by Advanced Experiential Dynamic Psychotherapy (AEDP). AEDP seeks to bring about healing and transformation through the undoing of aloneness that can occur from trauma, loss, and the consequences of the limitations of human relatedness. AEDP has roots in many disciplines, including interpersonal neurobiology, attachment theory, emotion theory, and body-focused approaches. Through the undoing of aloneness, and through the in-depth processing of difficult emotional and relational experiences, I work to foster the emergence of new and healing experiences for the client, as well as new resources and resilience. I also utilize cognitive-behavioral, person-centered, and motivational interviewing techniques, which I tailor to each individual's presenting needs. What is paramount in my work, regardless of the presenting issue, is the importance of and focus on creating a safe, trusting, and collaborative therapeutic relationship. Without this in place, change, healing, and growth cannot occur.

I collaborate with you, the client, to determine the best course of treatment after a thorough assessment of your presenting needs and issues. Typically, treatment will consist of weekly 53-minute therapy sessions. Together, we will set treatment goals and assess progress and need for continued treatment on an on-going basis. It is important to understand that intervention is optional and not required. Psychotherapy services are not required. You have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits your needs at any time. *I do not provide psychotherapy for individuals who are court mandated for treatment or seeking treatment in which disclosure of sessions will be required.*

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

Emergencies

I do not offer weekend and evening crisis coverage. If you are experiencing an emergency outside of our session time, please call the Crisis Clinic at 1-866-4-CRISIS (1-866-437-4747). If you believe you cannot keep yourself safe, please call 911 or go to the nearest hospital emergency room for assistance. Please feel free to leave a message for me on my confidential voicemail. I will return calls as quickly as possible.

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. I am a preferred provider with Premera, Regence, Medicare, 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. This rate also applies to any case management work I do on your behalf, including consulting with schools/employers, preparing documents, writing letters on your behalf, etc. If you are unable to pay at the time of service for more than 1 visit, 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. If you are 15 minutes or more late for a session, you will be considered a cancellation. ***A \$180 fee is assessed for cancellations not within 48 hours, at my discretion.***

Forensic Work/Fees

It is my policy to not become involved in custody or legal issues due to the destruction this tends to cause to the therapeutic relationship. Any required participation will be billed at my forensic fee rate of \$180 per half-hour. This fee will be charged if I am required to work with a guardian ad litem or become involved in a court case on your behalf. This fee is 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. This rate is not covered by insurance and you agree to accept full responsibility.

Ethics and Professional Standards

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

If you have concerns about the services I provide, please discuss them with me. If you believe I have behaved unethically, you can file a complaint with the Washington Department of Health through the information listed below:

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

Health Systems Quality Assurance Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857
360-236-4700
HSQAComplaintIntake@doh.wa.gov

Confidentiality

Information discussed during the course of therapy is confidential. By law, information concerning your treatment and our professional relationship may be released only with your written consent (different requirements are present for clients younger than age 18; see below).

Limits to Confidentiality

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 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, as discussed in the Mindful Therapy Group client agreement document.
- If a client or client'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 do not 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 (RCW 71.34.530), any person who is 13 years of age or older has the right to consent to and receive outpatient mental health treatment 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 (e.g., cutting or burning oneself), eating-disordered behavior (e.g., purging, laxative use, self-starvation), use of drugs or alcohol, or other high-risk behaviors (e.g., possession of a weapon, not taking prescribed medications, engaging in risky sexual behavior, etc.). If at any time one of these situations should arise during your treatment, I will remind you about these limitations and make every effort to arrive at an agreement with you about the best way to inform parents/legal guardians (or other health care provider) of the behavior to ensure your safety.

Access to Records

I keep written electronic records of your sessions. I will not disclose your records to others without express written consent from you or unless the law authorizes or compels me to do so. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You may also ask to me to correct any errors of fact in the record. You may see your record or get more information about it by putting your request in writing and submitting it to my office. A response to your request will be made within 15 days, which is in compliance with RCW 72.02.080.

Justifications for denial of your request to access records include the possibility of injury or harm to the client. The requests may reveal the identity of a person who provided information in confidence. The disclosure may endanger others. Clients may be charged to copy the record and a fee may be charged for searching, editing, and copying. I may collect this fee before releasing the records.

Client Rights and Responsibilities:

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I have decided to do what I am doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask about my training for working with your concerns, and can request a referral to someone else if you decide that this is not the right fit. You are free to leave therapy at any time. You have the right to refuse anything I suggest.

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

I reserve the right to terminate therapy under the following conditions: If I am not able to help you because of the kind of problem you have or because my training and skills are not appropriate, you will be informed of this fact and referred to another therapist who may meet your needs. If you do not follow the therapeutic plan we have collaboratively created, we will discuss any barriers and reconsider if working with me is appropriate. If you are engaged in violence towards, threaten, verbally or physically, or harass me or other members of the Mindful Therapy Group or ask me to engage in any illegal conduct you will be unilaterally and immediately terminated from treatment. No referrals will be provided in that circumstance. If you are unable to pay at the time of service for more than 1 visit, without developing a payment plan, I will choose not to see you.

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
- 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 practice
- 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.

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 January 1, 2022, and applies to:

Aliisa Breisch, Psy.D.
21907 64th Ave W

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

Suite 200
Mountlake Terrace, WA 98043

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

By signing below, I acknowledge that I am the client or the person authorized to consent for psychological care for the client and consent to services provided by Aliisa Breisch, Psy.D.; that I have read and understand the disclosure information and notice of privacy practices provided by Aliisa Breisch, Psy.D.; and that I have received a copy of this disclosure form and client agreement.

Printed Name: _____

Client Signature: _____

Parent/Guardian Signature: _____

Date: _____

Provider Signature: _____

Date: _____