

# Laura Hirsh PsyD PLLC

## WA State License #PY60416260

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## Disclosure Statement & Agreement for Psychological Services

Welcome to my psychotherapy practice. As a client in psychotherapy, you have certain rights that are important for you to know about, and there are also certain legal limitations to those rights which I will cover in this document. It is important that you read these documents carefully, and we can discuss any questions you have about the procedures. When you sign this document, it will represent an agreement between us.

This form includes important information about my professional services, background, fees, policies, and information about your rights and responsibilities as a client.

### Introduction

I am a licensed clinical psychologist in the state of Washington (PY60416260). I attended Pacific University's School of Professional Psychology, where I received both my Master's and Doctoral degrees. This program and my pre-doctoral internship (completed at the University of Washington Counseling Center) were both fully accredited by the American Psychological Association. The focus of my training has been on providing outpatient psychotherapy to individuals, couples, and groups; as well as working with college student populations. In my practice I provide individual and group psychotherapy; and consultations and trainings to the general public and other healthcare professionals.

### Psychotherapeutic Approach

I view psychotherapy as a shared journey, whereby my clients and I commit to holding an open and honest dialogue with one another and adjust our focus as new and relevant themes emerge. I integrate various therapy modalities into sessions, including mindfulness-based and emotion-focused approaches, and Somatic Experiencing®. As a therapist I strive to hold a holistic and anti-oppression framework in my practice. I value and will consider your multiple identities, background, and environment, as we are working to understand who you are and where you want to go. Throughout therapy I will share my observations with you, and I hope to hear your thoughts and feedback about the process.

In our initial meetings together, you and I will collaboratively identify issues that will be important to address in our work together. Depending on your particular concerns and

issues, the length and nature of therapy will vary. Psychotherapy is a process to support you in making the changes you desire in your life and - through increasing self-awareness, self-understanding, and self-compassion. Along with learning more about yourself and the many factors that impact your well-being, you may also learn new skills to apply in your daily life and in your relationships with others.

***Somatic Experiencing®***: I am currently undergoing a 3-year training in Somatic Experiencing® (SE), which is an approach developed by Dr. Peter Levine. SE is supported by research and honors the natural and inherent capacity of the body to resolve and heal from stressful and traumatic experiences. My training includes consultation with SE practitioners and teachers to support my learning and help provide the best treatment to my clients.

As with any other therapeutic approach, you may experience unintended side effects such as frightening memories, unfamiliar, or uncomfortable sensations or emotions, or sleep disruptions. These reactions are not uncommon and are often part of the healing process. We can address these experiences together so as to support their dissipation over time.

SE may also employ touch in sessions, always with your consent, and in a therapeutically appropriate way to support nervous system regulation. You have a right to refuse SE touch or other interventions that I may propose or employ. It is your responsibility to let me know if you are uncomfortable with any of the interventions or approaches we use in our time of working together.

The SE approach is integrated into the work I do with many clients, as a way to provide more stabilization, bring new ways of observing and shifting patterns of dysregulation, and increasing capacity for body awareness and connection. SE can be applied in working with anxiety or mood difficulties, relationship conflict, traumatic experiences, and more. Here are some ways that we might use SE together in sessions:

- Helping to restore or learn new strategies for attending to difficult internal experiences, whether that be painful or uncomfortable body sensations, or challenging mental or emotional states.
- Practicing exercises and experiments that allow your body and nervous system to access more regulated states that can include feeling calm, restful, capable, and empowered.
- Questioning and mindfully tracking the “felt sense” of your body and internal experiences
- Processing of events in a titrated manner, which means breaking them down into smaller pieces and working slowly so as to best support integration and the discharge of survival energies
- Exploring physical movements which can help you connect to positive internal resources and strengths, or to help the body move through survival responses that were interrupted or unable to be completed at an earlier point in time.

## **Confidentiality**

It is important to inform you that information you share with me will be kept confidential. I will not disclose any information about you, including the fact that you are in psychotherapy, *except* in the following situations, **which are legal exceptions to your right to confidentiality:**

1. If you give written consent to consult with another party.
2. If I have reason to believe that you or someone else is in imminent danger, I may be required to take protective actions, including notifying potential victims, contacting the police, seeking hospitalization for you, or contacting family members or others who can help provide for your protection.
3. If I have reasonable suspicion that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency.
4. 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.
5. If I receive a request for information from the State Board of Health, Department of Psychology, due to an investigation, I am required to comply and release the requested information.
6. If you file a worker's compensation claim, and your psychotherapy is relevant to the injury involved in your claim, if properly requested, I must provide a copy of your record to your employer and the Department of Labor and Industries.
7. As a result of state regulations adopted by the Washington State Department of Health, I am required to report myself or another healthcare provider in the event of a final determination of unprofessional conduct, a determination of risk to patient safety due to a mental or physical condition, or if I have actual knowledge of unprofessional conduct by another licensed provider. If you yourself are a healthcare provider, and I believe that your behavior poses a clear and present danger to your patients or clients, I am also required to report you. If you have any questions or concerns about these requirements, please talk with me about them.
8. If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, such information is protected by the psychologist-patient privilege law. Therefore if you are involved in a legal proceeding, I cannot disclose information unless you provide your written authorization. However, if I am presented with a properly served subpoena and you do not inform me that you are seeking a protective order against my compliance, then I will have to comply with the request of the subpoena. Lastly, I also must disclose if I receive a court order requiring the disclosure. Please talk with me if you are involved in or contemplating litigation.

Opening your files to court proceedings can have significant impacts on your privacy, which you will want to carefully consider.

In any of the above situations, I will make an effort to talk with you before taking action and I will limit my disclosure to what is necessary.

## **Office Policies**

***Cancelled or Missed Appointments:*** We will determine a regular meeting time for your sessions, and this is a time that is reserved solely for you. If you are unable to keep an appointment for any reason, please leave a message on my voicemail or by email, at least 24 hours in advance. **If you miss a scheduled session with less than 24 hours notice, you will be charged a fee of \$100, which will be due at our next regularly scheduled session.** Please note that I cannot bill these sessions to your insurance. The exceptions to this rule include late cancellation due to a personal or family emergency, unexpected illness, or severe inclement weather.

***Emergencies:*** In the event of an emergency during my regular office hours (Monday-Thursday) please call my office voicemail and leave a message, indicating the nature of your emergency and the best number to contact you at. During non-business hours (weekday evenings and Saturday/Sunday), you can call my emergency line, at **(503) 568-1560**, and leave a detailed message. If you need assistance before I return your call, please contact the King County Crisis Clinic at **(206) 461-3222** or **1-800-244-5767**, or call 911, or go to the Emergency Room at the nearest hospital. If it is determined in our initial session that you may need more intensive contact than I am able to provide, or if you may need ongoing crisis support, I will help you locate an appropriate referral.

If there is an emergency during our work together, or if I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you. I am also required to contact this person or the authorities if I become concerned about you harming someone else. The emergency contact name that you provide in my intake paperwork is the person I will contact if necessary during an emergency situation.

## **Record-Keeping**

I keep a brief record of each of our scheduled sessions together, noting your attendance, what interventions occurred in session, the topics we discussed, and any health or safety risks. Your Clinical Record includes these session notes, along with other treatment notes (i.e., documenting diagnosis, treatment goals, progress towards those goals, relevant history), records that I receive from other providers, professional consultations, billing records, and any reports that I have sent to anyone including your insurance carrier. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of this record at any time. You also have the right to request that I correct any errors in your file, as well as request that I make a copy of your file available to any other

health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

I also keep a set of Psychotherapy Progress Notes. These notes are sensitive, for my own use and are designed to assist me in working with you. Unless there is a court order, I can decline to share these notes if I believe doing so would be counterproductive or would compromise the identity of any person who provided me information with the expectation of privacy. These notes are not included in your Clinical Record.

In case I am suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, I have designated a colleague who is a licensed psychologist as my professional executor. If I die or become incapacitated, my professional executor will be given access to all of my client records and may contact you directly to inform you of my death or incapacity; to provide access to your records; to provide psychological services if needed; and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, I will be glad to discuss them with you.

***Additional HIPPA Patient Rights:*** HIPPA provides rights regarding Protected Health Information (PHI). Please see the attached HIPPA Policy.

***Diagnosis:*** If a third party, such as an insurance company, is paying for part of your bill, I am normally required to give a diagnosis to that third party in order for services to be deemed “medically necessary.” Diagnoses are technical terms that describe the nature and chronicity of your problems. All of the diagnoses come from a book known as the Diagnosis & Statistical Manual, Fifth Edition (DSM-V). I have a copy of this book in my office, and I would be happy to discuss your diagnosis further with you if you have any questions or concerns.

***Consultation:*** The competent and ethical practice of psychotherapy dictates that I participate in regular case consultation with other licensed professionals. Should I obtain consultation (with someone other than the above-named supervisors) regarding aspects of your treatment, I will omit identifying information (including your name, place of employment, etc.) so that your confidentiality will be preserved to the best of my ability. Your signature on this statement serves as consent so that I may obtain consultation regarding your treatment (on an anonymous basis) without a specific release to do so.

## **Technology Policies**

***Phone and Voicemail Communication:*** I am not available immediately by telephone, however my office voicemail is available 24 hours per day; and I check it multiple times per day during business hours. I make every effort to return calls within 24 hours, with the exception of weekends and holidays.

Voicemail messages left in the middle of the night may not be returned until morning and messages left after 5:00pm on Thursdays may not be returned until the following

Monday. If I am scheduled to be out of town I will let you know the dates in advance. When necessary, I will provide you with the name of a colleague who can be contacted for emergencies during my absence.

**Email Communication:** Email is not a confidential means of communication, and please carefully consider this when sending me an email. When I do use email communication with clients, it is only with permission of my clients and it is solely for administrative and/or scheduling purposes. This means that you may use it as a means to cancel or reschedule a session (with at least 24 hours notice), inquire about other available session times, or discuss other administrative issues such as billing questions. For all other matters, please leave me a voicemail and we can speak about it by phone or in person. With your permission or request I may also use email as a method of communication to reschedule or cancel sessions if necessary. If you would rather not use email, we can do all of our communications in person/by phone.

**Social Media:** I do not accept friend or contact requests from current or former clients on any social networking site (i.e., Facebook or LinkedIn). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. If you have questions about any of these policies, please bring them up with me to discuss my policies or your concerns further. I do not regularly search for information on clients through Google or other search engines, or browsing social media sites. In a rare case that I have reason to be concerned about your *imminent safety*, I may utilize these resources, along with any other options (e.g., contacting your emergency contact or the police) to protect you.

## **Fees & Payment**

You are responsible for paying for your session weekly, unless we have made other arrangements. My fees are as follows:

Session Type	Session Length	Fee
Initial Phone Consultation	15 minutes	Free
Initial Intake Session	55 minutes	\$200
Therapy Session	50-55 minutes	\$155
Extended Therapy Session	75 minutes	\$180
Group Therapy Intake	30 minutes	\$50
Group Therapy Session	90 minutes	\$50
Psychological Evaluation and Report Writing	Variable (see hourly rate)	\$225/hour
Court-Related Testimony and Preparation	Variable (see hourly rate)	\$225/hour
Clinical Phone Calls/Consultation	5 minutes	\$15*

\*For phone calls lasting more than 5 minutes, you will be charged \$15/per every 5 minutes for the remainder of the call. Please note that these outside-of-session services cannot be billed to insurance.

Individual therapy sessions last for 50-55 minutes, and I use ~5 minutes of the hour for record-keeping and administrative tasks. Sessions that start after the scheduled session time will still end on time. For services outside of sessions (i.e., reviewing documents, report writing, consulting with other professionals, preparing records or treatment summaries, or similar services), fees will be pro-rated according to the hourly rate.

You may pay by cash or check. If you choose to pay by check please have your check made out to Laura Hirsh prior to our session, in order to devote maximal time to your session. If you have concerns about your ability to pay your bill, please let me know. Accounts overdue 90 days or more may be turned over to a collection agency or to an attorney, with the addition of collection expenses including a \$50.00 fee, and an interest rate of 1.5% per month.

I have a certain number of slots of discounted therapy rates for those who cannot afford my normal rate. I only have a certain number of slots available for discounted therapy, and if one of these slots becomes available I can let you know. If you are currently using a low-fee slot and your financial circumstances improve, please let me know so that we can renegotiate your fees and I can offer one of these slots to someone else.

***Insurance:*** Please check with me or your insurance company to determine if I am a preferred provider with your specific health insurance plan. If I am not a preferred provider with your plan, you may still be able to use your insurance if your plan has *out-of-network* benefits. I suggest that you contact your insurance company to confirm important information such as expected co-payments and deductibles, if applicable. It is your responsibility to know the limitations and restrictions to your insurance benefits.

If I am a preferred provider with your insurance company, your actual fee may be lower than my standard rate, depending on my contract with the insurance company. You are responsible for paying the deductible and your portion of the payment (the “co-payment” or “co-insurance” fee) at the time of our sessions. I will bill the insurance company based on information you provide. Please contact your insurance carrier to determine information about your benefits and to arrange for any pre-authorizations, if necessary. You are responsible for your balance and are expected to pay for all services you receive, regardless of whether or not charges were expected to be reimbursed by insurance or another third party payer.

Per rules provided by the Federal Trade Commission and designed to reduce healthcare-related identity theft, health care providers are required to request identification from our clients. The purposed of this policy is to flag possible cases of identity theft and fraudulent use of health insurance coverage. At your first visit I will ask for and make a copy of your ID (in the form of a driver’s license, passport, or other government issued photo ID).

***Managed Mental Health Care:*** If your therapy is being paid for in full or in part by a managed care firm, there are usually further limitations to your rights as a client imposed by the contract of the managed care firm. These may include their decision to limit the number of sessions available to you, or to determine the time period within which you must complete your therapy with me. Such firms may also require some sort of detailed report of your progress in therapy, and on occasion, copies of your case file. I do not have control over any aspect of their rules. However, I will do all that I can to maximize the benefits you receive by filing the necessary forms and gaining required authorizations for treatment.

### **Termination of Therapy**

There is no set amount of time for a person to be in therapy. Therapy will continue until goals are met, there is a mutual decision that the work of therapy is complete, or you decide that you wish to stop. Periodic discussion of the progress that we are making will help to clarify goals and determine the appropriate length of treatment. You have the right to decide when therapy will end, with the following exceptions:

1. Some insurance companies set limits on the number of sessions for which they will reimburse. In most cases this will be known when you first come to therapy based on the insurance carrier. If you do not know the limits of your coverage, it is a good idea to call to find out that information. This will help us develop a treatment plan that takes into account your psychological needs and the limits of your coverage by setting reason-



able goals and exploring alternatives for what to do when and if your insurance no longer covers therapy services.

2. If we have contracted for a specific short-term piece of work, we will normally finish therapy at the end of that contract.

3. If in my judgment I am not able to help you, either because of the kind of problem you have or because my training and skills are not sufficient. If this is the case, I will inform you of this fact and refer you to another therapist who can meet your needs. I would continue to meet with you until you had established a relationship with a new therapist, and I would also assist you in finding this person.

4. If you threaten or act in a violent way toward the office, my family, or myself, or harass me in any manner, I reserve the right to terminate you unilaterally and immediately from treatment. I will do all that I can to work with you to prevent such an episode from occurring if it appears possible.

5. I reserve the right to terminate therapy and refer patients to appropriate community mental health agencies due to repeated non-payment for services. In most cases, a payment plan will be worked out so as not to interfere with the therapy process.

### **Client's Rights as a Consumer of Psychological Services**

Following is a list of important rights for you to be aware of in this process. You have a right to:

- a) Ask questions at any time during the therapy process about our relationship or the direction of our work.
- b) Refuse to participate in the therapy at any point in the process.
- c) Ask for a second opinion, a different approach, or a different therapist.
- d) Ask to see a copy of your health information/record.
- e) Submit a written request to change your health information/record.
- f) Change your mind and revoke an authorization to use or disclose health information.
- g) Receive this notice, read it, and maintain a copy of it.

A Licensing Board under Chapter 81.83 RCW governs Washington psychologists, and their responsibility is to protect your rights as a client. Questions or concerns regarding the practice of any licensed psychologist may be directed to the Psychology Licensing Board at: (360) 236-4912.

## **Complaints**

If you have concerns or are unhappy about the psychological services you are receiving from me, I hope that you will talk to me about this so that I can respond to your concerns. I will take your concerns and feedback seriously, and with care and respect. If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, you can make a formal complaint by contacting the following agency:

Department of Licensing  
1300 SE Quince Street  
Mail Stop EY-21  
Olympia, WA 98504  
(360) 236-4700

**Consent for Treatment**

My signature here certifies that I have read the **Disclosure Statement & Agreement for Psychological Services** and the **Policies and Practices to Protect the Privacy of Your Health Information** as required by HIPPA. These forms were provided to me before or during my initial session for psychological services by **Laura Hirsh PsyD PLLC** and all questions were answered to my satisfaction. I confirm that I understand my responsibility for all fees, regardless of if I expect my insurance company to pay for these fees; additionally, I agree to pay all charges at the time services are provided.

This authorization constitutes informed consent without exception. I have read and understood this agreement and have received a copy for myself. By signing below, I hereby authorize **Laura Hirsh PsyD PLLC**, to render psychological services to me.

The fee set for non-assessment sessions is \$155.00 (unless noted otherwise below).

Special fee arrangement, if necessary: \_\_\_\_\_

- \_\_\_\_ (initial here) I acknowledge that for missed sessions or late cancellations within 24 hours of the scheduled appointment time, I will be charged **\$100**.

*Client (or Guardian) signature:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_

*Today's Date:* \_\_\_\_\_

*Provider's Signature:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_

*Today's Date:* \_\_\_\_\_

*\*If applicable:*

*Client #2 (or Guardian) signature:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_

*Today's Date:* \_\_\_\_\_