



## Agreement for Psychological Services

**GENERAL INFORMATION:** Welcome to my practice. Before your first visit please read this document carefully, jot down any questions you have so we can discuss them, and keep these pages for reference. They contain information about my professional services and business policies. They also contain summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides for patient rights and privacy protections regarding the use and disclosure of Protected Health Information (PHI). HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Your signature also represents an agreement between us. You may revoke this Agreement in writing at any time. That revocation is binding on me except where I have already taken action, if you have health insurance that requires information to substantiate an insurance claim, or if you have not honored your financial agreement with me. Although I share office space with other therapists at 318 W. Galer St., we are each independent practitioners and not responsible or liable for one another's practices or procedures.

**PSYCHOLOGICAL SERVICES:** Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are various methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for active involvement on your part. In order for the therapy to be most successful, you will have to work on things we talk about, both during our sessions and at home.

Psychotherapy can have risks and benefits. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, anxiety and helplessness. Your problems may temporarily worsen after the beginning of therapy. For instance, individuals seeking treatment for anxiety often notice an increase in symptom severity during the first several weeks of therapy as they learn new ways of managing their anxiety. Relationships with others are sometimes disrupted when people enter therapy. Finally, even with our best efforts, there is a risk that therapy may not bring you your desired outcomes. On the other hand, psychotherapy is well-documented to have many benefits. It often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

The first few sessions will involve an evaluation of your goals and needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money and energy, so please be careful about the therapist you select. If you have questions about my procedures, I would like to discuss them whenever they arise. You may, at any time, refuse treatment, request a change in treatment approach, or ask for a referral elsewhere.

There are circumstances in which I may not be the most appropriate provider for your psychological services. This may occur if your concerns are outside the scope of my training or expertise, if our working together would create a conflict of interest, or if my approach to therapy appears not to be working after a reasonable amount of time and effort. I would also not be an appropriate therapist for you if your presenting concerns would require intensive therapy (multiple sessions per week) and/or emergency availability on the part of your therapist. If for any reason, I am not the most appropriate therapist for you, I will talk with you about a referral to a colleague, or other programs and services offered in the community.

**BACKGROUND:** I grew up in Detroit and trained in Michigan and California. I began working in the mental-health field in 1977. I received my doctoral degree in clinical psychology from the California School of Professional Psychology - San Diego in 1983. This program was accredited by the American Psychological Association. I completed a clinical internship at Affiliated Psychiatric Medical Group in Rosemead, California and received postdoctoral training at the Center for Cognitive Therapy in Newport Beach, California. I moved to Seattle in 1987 to join the medical staff at Group Health Cooperative, and have been engaged in full time private practice since 1989. I am licensed in the state of Washington, and am listed in the National Register of Health Services Providers in Psychology. I am a Clinical Instructor in the Department of Psychology and the Department of Psychiatry and Behavioral Sciences at the University of Washington. I am a member of the Washington State Psychological Association, American Psychological Association, Association for Behavioral and Cognitive Therapies, and a Founding Fellow and Certified Trainer/Consultant of the Academy of Cognitive and Behavioral Therapies.

I provide psychological services to adult individuals and groups. My practice, while including treatment of many psychological issues, focuses especially on anxiety disorders, obsessive-compulsive and related disorders, and cognitive behavioral therapy.

**THERAPEUTIC ORIENTATION:** I primarily use a cognitive-behavioral approach to therapy, which means I look at patterns of thinking and behaving that make life more difficult for you. This approach has been shown through research to be a valid treatment for depression, anxiety and other psychological and behavioral problems. The cognitive-behavioral therapist is active and directive, assigns homework tasks, and keeps the therapy goal-directed and focused on the present more than the past. Sessions often follow a structured agenda and ongoing progress is monitored. Depending upon the situation, I may also use supportive, family or group approaches, or may discuss referral to a physician for medical evaluation and/or pharmacological treatment. In deciding which treatment approach to use, I consider the types of problems you report, current research on how to address those problems in therapy most effectively, and your unique resources, limitations, and skills. Please refer to my website, [www.davidkosins.com](http://www.davidkosins.com), for additional information on my approach to therapy.

**LICENSURE:** I am licensed as a psychologist by the State of Washington, which means I have attended an accredited training program, received supervised pre- and post-doctoral experience, and have passed written and oral examinations. On an ongoing basis, I participate in continuing education workshops on a variety of topics relevant to the practice of psychology. I follow the code of ethics of the American Psychological Association and the ethical and professional standards provision of the Washington State Psychology Licensing Law. If you have any concerns about the course of evaluation and therapy, please discuss them with me. You may also call or write the Department of Health, Examining Board of Psychology, P.O. Box 47868, Olympia, WA 98504-7869, (360) 753-2147.

**MEETINGS:** I normally conduct a diagnostic evaluation that will last from one to three sessions. During that time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, we will usually schedule one 45 minute session per week at a time we agree on. However, we may decide to meet for a different length of time, and/or more or less frequently. If you are late, in order to keep my schedule, I will need to stop at the time which is 45 minutes after our scheduled appointment time. If I am running late, I will still try to hold a 45 minute meeting if you can, or will arrange another time convenient for both of us. If you need to cancel or change an appointment, for any reason (including, but not limited to, sickness, bad weather, traffic or transportation issues, etc.), I ask that you notify me by voicemail as soon as possible, and at least 24 hours in advance (or on Friday if your appointment is on a Monday). My voicemail is available for you to leave messages 24 hours a day. I am much less accessible by email, and may not know that you cancelled. Except in the case of an emergency or other unavoidable circumstance, you are required to pay the full fee for appointments not cancelled 24 hours in advance. Please note that insurance companies do not reimburse for cancelled or unattended sessions.

**TELETHERAPY:** If we are using telecommunications technologies as the platform for conducting psychotherapy, here is some additional information: We will use secured video and audio conferencing software that connects your device (e.g., a laptop computer) to my device over a high speed internet connection. The platform I use for individual sessions is Doxy.me. For group services, I use Zoom. There are certain boundaries for the use of Doxy.me, including using it only for our scheduled therapy sessions, only when both of us have privacy to speak, and only when an internet connection is available. While this is a secured platform that is commonly used now in the medical community, it is not perfectly secure. Highly unlikely but conceivable breaches of confidentiality include, but are not limited to, someone hacking the software, eavesdropping, or recording our conversations. Please ensure that you are able to speak freely when using telecommunications technology, and that no one else can hear or view our sessions. With teletherapy, there are limitations on reading nonverbal cues and body language that can otherwise be helpful for treatment. Technical problems are possible, such as dropped calls or frozen audio/visual signals that can interrupt the flow of psychotherapy sessions. If for any reason you are not comfortable using telecommunications technologies as a platform for conducting sessions, please let me know as soon as possible. We can discuss your specific concerns and explore other options for psychotherapy.

**PROFESSIONAL FEES:** Initial assessment sessions are billed at \$350. Follow up visits may vary from \$250 to \$310 depending upon the complexity and length of the visit (38-52 minutes = \$250; 53-60 minutes = \$310). Other services such as sessions longer than 60 minutes, travel time, review of records, written reports, communication with other professionals, and services provided by telephone are charged at the hourly rate of \$300. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Legal involvement is billed at \$375/hour. There will be a \$35 charge for returned checks. If you have special financial needs, please discuss these with me. I reserve a limited number of appointments for reduced fee clients, usually in the late morning or early afternoon.

**CONTACTING ME:** When you call my office number (206-285-0900), you will reach my confidential voice mail. Please leave phone numbers for me to contact you, even if you think I have them, and indicate whether your message is urgent. I return calls throughout the day and can contact you most evenings and weekends as well. If you are in an emergency, please call the King County Crisis Line at 206-461-3222 or 1-800-244-5767, dial 911, or go to the nearest hospital emergency room. If I am scheduled to be out of town, I will often arrange for another behavioral health professional to be available to cover for me. My practice does not, however, provide 24-hour emergency coverage. Contacting me by email should be arranged with me in advance, as I check email less frequently and have concerns about protecting your confidentiality. Communicating with me via texting is not currently an option.

**CONFIDENTIALITY:** The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign an Authorization form that meets certain legal requirements imposed by state law and/or HIPAA. However, I may disclose information in the following situations:

- As per Washington State law, I may communicate with another health care provider in order to coordinate continuity of care if necessary. This includes sharing clinical information with a therapist who is covering for me when I am out of the office.
- Without a signed Authorization, I may occasionally consult with other health or behavioral health professionals about our work. Should I seek such consultation, I make every effort to avoid revealing your identity. These other professionals are also legally bound to keep any information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note them in your Clinical Record.

- You should be aware that I employ administrative staff. I need to share protected information with these individuals for administrative purposes, such as billing. Staff is trained to protect your privacy and will not release any information without permission.
- Without your written Authorization, I am allowed to disclose information to your health insurance company or to collect past due fees.
- If you are involved in a court proceeding and a request is made for information about the professional services I provided you and the records thereof, such information is usually protected by the psychologist-patient privilege law. Whether I provide any information depends on 1) your written authorization; 2) you informing me that you are seeking a protective order against my compliance with a subpoena that has been properly served on me and of which you have been notified in a timely manner; or 3) a court order requiring the disclosure. If you are involved in or contemplating litigation, you should talk with me and consult your attorney about likely required court disclosures.

There are ten situations where I am permitted or legally required to disclose information without either your consent or Authorization:

1. If a government agency is requesting the information for health oversight activities, I may be required to provide it to them.
2. If you file a complaint or lawsuit against me, I may disclose information as relevant for my defense.
3. If you file a worker's compensation claim, and your treatment is relevant to the injury involved in your claim, I must provide a copy of your record to your employer, your representative, and the Dept. of Labor and Industries.
4. If I have reasonable suspicion that a child has suffered abuse or neglect, the law requires that I file a timely report with the appropriate government agency.
5. 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.
6. If you should become aware that you have AIDS or have become HIV-positive and you refuse to be under medical care, I am required by law to report this to local healthcare authorities.
7. If I feel you are unable to take care of basic needs, I must take steps to assure that these needs are met.
8. If I have reason to believe that you or someone else is in imminent danger, I may be required by law to take protective actions, including notifying potential victims, contacting the police, seeking hospitalization for you, or contacting family members or others who can provide protection.
9. If I become privy to actual knowledge of unprofessional conduct by a health provider that places others' mental or physical condition at risk, I am required to report this to the Department of Health.
10. If I have a patient who is a health care provider who poses a clear and present danger to his/her patients, I must report this to the appropriate authorities.

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.

In the event that support group sessions are provided, you are expected to keep materials shared in the group confidential. I cannot be held responsible for a breach of confidentiality on the part of group members.

**PROFESSIONAL RECORDS:** The laws and standards of my profession require that I keep Protected Health Information (PHI) about you in your Clinical Record. Except in the unusual circumstance that I conclude that disclosure could reasonably be expected to cause danger to the life or safety of you or another or that disclosure could reasonably be expected to lead to your identification of the person who provided information to me in confidence under circumstances where confidentiality is appropriate, you may examine and/or receive a copy of your Clinical Record, and you must request this in writing. Because these are clinical records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another behavioral health professional so you can discuss the contents. (In most situations, I am allowed to and do charge a copying fee of \$1.02 per page for the first 30 pages and .78 cents per page after that, and a \$23 clerical fee. I may withhold your Record until the fees are paid.) If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

**PATIENT RIGHTS:** HIPAA provides expanded rights regarding Protected Health Information (PHI). You can provide a written request to 1) amend your Clinical Record; 2) request restrictions on what information in your Clinical Record is disclosed to others; 3) request an accounting of most disclosures of PHI and where they were sent; 4) request that any complaints you make about my policies and procedures be recorded in your record, and 5) receive an additional written copy of this Agreement and the attached policy forms.

**PAYMENT FOR SERVICES:** Payment of the full fee is expected at the time of each appointment unless a different arrangement has been made in advance. I accept checks, credit cards, or cash. You are responsible for payment for all services you receive, whether or not your insurance reimburses for a portion of the charges. “No show” or “late cancel” appointments will also be billed to you or to your credit card. Accounts due over 60 days will be subject to a final collection notice. If no payment is made at this time, your account may be referred to a collection agency.

**INSURANCE REIMBURSEMENT:** I do not bill insurance companies. However, I can provide a receipt to submit to your insurance provider, and they may reimburse some of the cost. Many medical insurance plans provide coverage for necessary mental health treatment when you see a licensed psychologist. It is your responsibility to know the limitations and restrictions to your insurance benefits. Note that many policies only cover a limited number of sessions each year, and that I am considered by insurance as an “out of network” provider. Be aware that it may take the insurance company a few months to process your receipts for reimbursement. I am required to inform you that I do not provide services through Medicare or Medicaid, regardless of whether you are eligible for said benefits.

**Please check your coverage carefully prior to your first session.** When calling your insurance, give them my Washington Psychologist License # PY1194 and NPI# 1164595575, and Tax ID # 91-1907838. The following is a list of questions you may ask them:

1. Do I have benefits for outpatient mental health services?
2. Do I have coverage when I see an Out of Network provider?
3. Will my insurance offer a “single case agreement” to allow payment for an Out of Network provider?
4. What is the maximum dollar amount or number of sessions per year covered by and what dates does it start over?
5. How much is my deductible and has it been met this year?
6. Is there a separate deductible for mental health services?
7. What is my co-pay for mental health services?

8. What are the “allowable amounts” for procedure codes 90791 (diagnostic evaluation), 90834 (psychotherapy, 45 minute), and 90837 (psychotherapy, 60 minute)?
9. What is my Telehealth coverage?

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their possession. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

## **NOTICE OF PSYCHOLOGISTS’ POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION**

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

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may *use* or *disclose* your *protected health information (PHI)*, for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
  - Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
  - Payment* is when I obtain reimbursement for your health care and other services related to your health care. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside my office, such as releasing, transferring, or providing access to information about you to other parties.

### **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization for you before releasing this information.

You may revoke all such authorizations (of PHI) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

- **Adult and Domestic Abuse:** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.
- **Health Oversight:** If the Washington Examining Board of Psychology subpoenas me as part of its investigations, hearings or proceedings related to the discipline, issuance or denial of licensure of state licensed psychologists, I must comply with its orders. This could include disclosing your relevant mental health information.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional service that I have provided to you and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** I may disclose your confidential mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.
- **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all mental health information in my possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

### III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.

### IV. Patient's Rights and Psychologist's Duties

#### Patient's Rights

- *Right to Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send bills to another address.)

- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

**Psychologist's Duties:**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a revised notice in person, by mail to the most recent address I have on record, or by e-mail to the most recent e-mail address I have on record.

**V. Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me for further information, or you may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

**VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on 4/14/2003.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice in person, by mail to the most recent address I have on record, or by e-mail to the most recent e-mail address I have on record.

Your signature below indicates:

- That you have read this Agreement, agree to its terms, and are giving informed consent for services.
- That you accept responsibility for payment of fees in accordance with these terms and conditions without exception.
- That you have been provided with a copy of this Agreement and the Notice of Privacy Practices.

If you have any questions, please discuss them with me prior to signing this Agreement.

I hereby authorize David J. Kosins, Ph.D. to provide psychological services.

Client Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_