

# **NANCY GOLDOV, PSYD, LP, BC-DMT**

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## **OFFICE POLICY AND CONSENT TO TREATMENT**

### **Consent to Therapy with Therapist**

I hold a doctorate in clinical psychology from the Washington School of Professional Psychology at Argosy University: Seattle, granted in 2011. I have been a Licensed Psychologist (PY60246450), with the State of Washington, since 8/2012. I was a Licensed Mental Health Counselor (#6612) with the State of Washington, from 1997 to 2013, and a registered counselor from 1993 to 1997. Since 1983, I have been a Dance/Movement Therapist, and in 1993 I became a Board-Certified Dance/Movement Therapist.

### **My Training and Approach to Therapy**

My belief is that we are all trying to do the best that we can, but that sometimes our behaviors, the attitudes we adopt, and the way we have patterned our lives in relationship, work against what we actually want for ourselves and our relationships. My aim is to help you lay claim to the possibilities and wishes for your life beyond your current circumstances. In each session I will bring a fresh creative effort to your personality and psychological processes so we can explore your thinking on the events happening in your life, and work together to improve the quality of your life.

I will encourage you to explore the realities regarding the relationships you are involved in so you can think more clearly about how the way you have patterned your life both help and hurt. We may discuss your primary caregivers and how you were treated in your early years because that was the time that shaped your expectations about the way your needs can be met. I have seen how our present ways of relating are shaped by early experiences, and how these ways may work against what we want for ourselves. Sometimes seeing things clearly can provide the proper motivation to try new behaviors and ways of being that are more truthful to your values, ethics, ideals and sensibilities.

Engaging in therapy can speed up the process of change, which can be exciting and like a new project. But, sometimes some people find that over time the sense of project wears off and the changes can also bring on experiences of unfamiliarity, disorientation, and a range of feelings. Because of the occasional unexpected nature of engaging in psychotherapy, it may be helpful to maintain a steady schedule concerning your basic needs for sleep, food, exercise, recreation, sexual expression, and your other usual commitments.

My aspiration is to provide you with tangible support and safety so you can enter into meaningful self exploration to embrace the changes you want to see in your life. Given that the psychological fabric of life is constructed through relating socially together, my wish for our collective interactions is that our connection will be a trusting source for you to count on as a reliable place and time to return to.

My style of psychological support for your life uses traditions and approaches from many theoretical orientation including humanistic, relational psychoanalytic, psychodynamic, cognitive-behavioral therapy, feminist therapy, creative arts approaches, and dance/movement therapy. I will work hard to practice culturally competent therapy and be respectful of your needs, temperament, and goals. I endeavor to practice only those therapeutic methods for which I am trained, and which are grounded in research and practice. In addition, I might also make suggestions that are psycho-educational in nature including recommending books and other forms of media to you for learning more information about your personal interests and concerns.

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.

### **Professional Fees, Insurance, and a Deposit at the First Session**

My fee for the initial first session and all consecutive sessions is \$190.00. The first session is an intake session and involves establishing you as a patient, establishing contact with your insurance company (if one is involved), engaging in administrative activities in constructing your file, and developing a case conceptualization to guide how I think about you and our work together. Session times are 52 minutes.

You are responsible for paying for your session weekly at the time of the session, unless we have made other firm arrangements in advance or you have insurance coverage which requires me to bill your insurance company for your sessions, accept the insurance allowable rates, and wait for payment and the explanation of benefits from your insurance company.

Insurance payments to a psychologist for psychotherapy are regulated by each insurance company participating in paying for mental health services for a member. Regardless of your insurance company's reimbursement schedule, my fee must be consistent for all clients, even when insurance company's reimbursement rate for the same mental health service varies from company to company. Insurance companies calculate and determine the fee that is paid to psychologists based on actuarial charts which are pre-negotiated. My fee must be an amount that includes the negotiated rate of the highest paying insurance company even if your insurance company pays less.

If your health insurance is going to be involved in paying for some or all of your therapy, I require a deposit of \$190.00 at the time of your first session. Once your insurance company begins to pay for your therapy, I will refund your deposit to you, or use your deposit for your copayments and/or coinsurance (whichever we agree on). Some insurance policies explanation of benefits and payments might be different than what you and I might have been expecting, so your deposit is a pledge towards paying for your therapy while we make sense of your insurance benefits.

( \_\_\_\_\_ **initial**)

If you are not using insurance to pay for psychotherapy, then payment is due once per month in the week following being presented with a bill, for the therapy services received for that month. The rate that out-of-network/out-of-pocket clients pay per month may be negotiated.

I am a provider with **Aetna, Blue Cross Blue Shield, Cigna, Crime Victims Compensation, First Choice Health, Humana, Labor and Industries, Lifesynch, Lifewise, Optum, Pacificare, Premera, Providence, Regence, and United Health Care**, and I am adding other plans all the time. For plans, in which I am not a provider, many insurance companies will reimburse you for a portion of my fee, as an 'out-of-network' provider.

To receive any reimbursement, you will need to contact your insurance company to inquire about your mental health benefits. I will do my best to participate with you in recuperating your insurance benefits, by providing you with a bill, complete with all necessary information, and will work with you to receive the mental health benefits you are entitled. I will bill the insurance company for you as a complementary service.

### **Your Responsibilities as a Therapy Client**

You are responsible for coming to your session on time and at the time scheduled. Sessions last for 50 minutes. If you are late, the session will end on time and not run over into the next person's session. **If you miss a session without cancelling, or cancel a session within less than a twenty-four hour notice, you must pay for that session at our next regularly scheduled meeting.**

( \_\_\_\_\_ **initial**)

My answering system has a time and date stamp which will keep track of the time that you called me to cancel. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires), or if you, your pet, or someone whose caregiver you are has fallen ill suddenly. Please try to give 24 hours' notice of cancellation when possible.

### **If you are in couple's therapy.**

If you are engaged in couples counseling or marital counseling in which sessions will be longer than 50 minutes, extended sessions will be prorated in 10 minute increments and a charge of \$38.00 will be added for each additional 10 minute period.

If you and your partner decide to have some individual sessions as part of couple's therapy, then what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in joint sessions. *Do not tell me anything you wish kept secret from your partner.* I will remind you of this policy before beginning such individual sessions.

### **Emergency Phone Calls**

Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to emails from you during a given week I will bill you on a prorated basis for that time. If a fee raise is approaching I will remind you of this well in advance. Any overdue bills past 60 days will be charged 1.5% per month interest. If you eventually refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency.

### **Some Information about the Therapy Process**

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist I have corresponding responsibilities to you.

I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

### **My Responsibilities to You as Your Therapist**

#### **I. Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy that will take place within the boundaries of my training as described in the first paragraph of this consent form. I cannot and will not tell anyone else *what you have told me*, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with

whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically, (for example, sending bills or faxing information), it will be done with special safeguards to insure your confidentiality.

If you elect to communicate with me by email at some point in our together, please be aware that email is not completely confidential. All emails are retained in the logs of the internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email received from you, and any responses sent to you, will be printed out and kept in your treatment record.

I will obtain an authorization from you before using or disclosing:

- Protected Health Information in a way that is not described in this Notice and/or Psychotherapy notes.

**The following are legal exceptions to your right to confidentiality. You would be informed at any time when these exceptions will have to be put into effect.**

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give your therapist information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a) engaged in sexual contact with a patient, including yourself or b) is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board at the WA Dept. of Health. I would inform you before taking this step. *If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.*

When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

### **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.**

You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

### **Right to Be Notified if There is a Breach of Your Unsecured PHI.**

You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

### **Breach Notification**

When the Practice becomes aware of or suspects a breach, the Practice will conduct a Risk Assessment. The Practice will keep a written record of that Risk Assessment.

Unless the Practice determines that there is a low probability that protected health information (PHI) has been compromised, the Practice will give notice of the breach as described.

The risk assessment can be done by a business associate if it was involved in the breach. While the business associate will conduct a risk assessment of a breach of PHI in its control, the Practice will provide any required notice to patients and HHS.

After any breach, particularly one that requires notice, the Practice will re-assess its privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

## **II. Record-keeping.**

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record, per the requirements of the record-keeping guidelines for psychologists. Under the provisions of the Health Care Information Act of 1992 and of HIPAA, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to 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.

### **III. Diagnosis**

Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the DSM-IV-TR; I have a copy in my office and will be glad to let you borrow it and learn more about what it says about your diagnosis.

### **IV. Other Rights**

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 me about my training for working with your concerns, and can request that I refer you to someone else if you decide that this is not the right therapist for you. You are free to leave therapy at any time and you have the right to refuse anything that I suggest.

### **Complaints**

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen, and respond, or that I have behaved unethically, you can complain about my behavior to the Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857. You are also free to discuss your complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality about what I do that you don't like, since you are the person who has the right to decide what you want kept confidential.

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process.

I agree to pay the deposit fee of \$190.00 at the first session, (unless another amount has been negotiated) and \$190.00 per session, thereafter, unless an insurance company is involved in paying for therapy. The deposit made at the first session will be either refunded or used for copayments, coinsurance, or to meet deductible amounts once your insurance company establishes its position regarding payment according to your health care contract and plan.

I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Dr. Nancy Goldov, PsyD, LP, BC-DMT.

***Signature of Client:***

***Date:*** \_\_\_\_\_

***Signature of Therapist:***

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*Nancy B. Goldov, PsyD, LP, BC-DMT*