

DARRELLE M. VOLWILER, Ph.D.
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PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT

DARRELLE VOLWILER has a PhD in Clinical Psychology from Washington State University and she interned at the Veterans Affairs Palo Alto Health Care System. She completed a two-year Postdoctoral Fellowship at the Stanford University School of Medicine and is licensed to practice as a Psychologist in the State of Washington, License 2404.

Dr. Volwiler shares emergency on-call responsibilities with several different mental health professionals in the community. If you have questions about these professionals, Dr. Volwiler will provide a list upon request.

This document (the Agreement) contains important information about Dr. Volwiler's professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that Dr. Volwiler 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 explains HIPAA and its application to your personal health information in greater detail. The law requires that Dr. Volwiler obtain your signature acknowledging that she has provided you with this information by the end of the first session. Questions you have about the procedures may be discussed at any time.

When you sign this document, it will also represent an agreement between you and Dr. Volwiler. You may revoke this Agreement in writing at any time. That revocation will be binding on Dr. Volwiler unless she has taken action in reliance on it; if there are obligations imposed on Dr. Volwiler by your health insurer in order to process or substantiate claims made under your policy; or, if you have not satisfied any financial obligations you have incurred.

THERAPEUTIC MODEL

Dr. Volwiler's therapeutic model recognizes that each person is an individual with biological, psychological, and sociological aspects of their being. Depending on your needs and preferences, she blends systems, humanistic, cognitive, behavioral, and biological approaches. She will discuss therapy goals and the proposed course of therapy with you periodically throughout therapy. If you have any concerns or questions, please bring them to Dr. Volwiler's attention. You have the right at any time to refuse therapy, choose a different therapist, or request a change in therapeutic approach.

QUALITY OF CARE

All providers sharing on-call responsibilities with Dr. Volwiler work independently. However, because of ethical requirements for consultation and sharing of on-call responsibilities, these therapists may have information about you. If for any reason you do not wish Dr. Volwiler to staff your case in this format or provide information about you to the on-call provider, please bring this to her attention and she will respect your wishes.

FEES: Therapy sessions are forty-five to fifty minutes (clinical hour) in length. Extended sessions may be allowed for a higher fee, based on individual need. Please respect Dr. Volwiler's time by helping her wrap up your session within 50 minutes. Dr. Volwiler's fees are \$200.00 for the initial visit and \$135.00 for subsequent sessions. Cash clients who pay at the time of service receive a 10% discount.

Under special circumstances, which require a detailed report such as a Psychological Assessment for a specific agency, a fee of \$267.50 will be charged for the initial visit and report. Psychological testing will be billed separately. If therapy sessions are approved, the fee will be \$135.00 per visit.

PLEASE NOTE:

AN APPOINTMENT IS HELD EXCLUSIVELY FOR YOU. THEREFORE, IT IS ESSENTIAL YOU CANCEL SCHEDULED APPOINTMENTS 24 HOURS IN ADVANCE; OTHERWISE, YOU WILL BE BILLED FOR HALF THE ABOVE SESSION FEE, OR \$67.50.

There are times in between appointments when you may need to speak with Dr. Volwiler briefly. She will speak with you regarding appointment changes and to answer necessary questions. If you need to speak with her longer than a few minutes, it is recommended you schedule an extra appointment. **Any calls to Dr. Volwiler lasting more than 5 minutes will be billed on a pro-rated basis according to the appropriate session fee, which is not generally covered by insurance.**

Billing for court related work will be at one and one-half times the hourly rate, for a minimum of four hours, and will include travel and preparation time. Psychological testing is charged at the hourly rate for administration, scoring, and report writing.

Dr. Volwiler requires payment for services at the time of service unless you have an insurance company that requires a different arrangement. **If you do not pay Dr. Volwiler at the time of service, a 1% per month finance charge will be assessed on balances that are 30 days past due on your account.**

Many insurance companies do cover a portion of the cost of psychological services. Dr. Volwiler will assist you in the proper billing of your insurance company. Her billing professional, Mallory Anderson with Paradise Billing Services, will check your insurance coverage, but we are not always given accurate information. We recommend that you call your insurance company prior to your first appointment and ask about your mental health benefits and determine your co-pay or coinsurance amount. ***In all cases you are responsible that your account is paid in full.*** If you have a question about your bill, you may contact Mallory directly at (509) 443-9225.

Also, you should be aware that most insurance agreements require you to authorize Dr. Volwiler to provide a clinical diagnosis, and sometimes additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record.

CONFIDENTIALITY: You have privileged communication under the laws of the State of Washington. That means that, with few exceptions, anything you disclose in therapy and information Dr Volwiler obtains about you from any source, even that you are a client, is confidential and can be disclosed to others only with your written consent.

Disclosure *without* your authorization can be made under certain circumstances if the disclosure is:

- To a current health care provider;
- To a former or future health care provider, *unless* you request in writing that we not do so;
- To immediate family members or any person with whom you have a close personal relationship, *unless* you request in writing that we do not do so;
- To public health authorities when required or when needed to protect the public;
- To proper authorities if we should have reason to believe that a child, a disabled adult, or an elderly person has been abused or neglected or if we feel you are of danger to yourself or others;
- To the courts if under a valid subpoena or court order; or
- To licensing/certification boards if we are under disciplinary investigation.

If disclosure is required without your authorization, Dr. Volwiler will attempt to discuss the situation with you to clarify the situation and look for alternate solutions.

In the case of children, the parent(s) or legal guardian holds the communication privilege. This means that the parent is entitled to information about the child and is the person who authorizes any release of information about the child. Dr. Volwiler will discuss with the parents the child's general progress and specifics if indicated. She will attempt to act in the child's best interests in deciding to disclose confidential information without the child's consent.

In the case of relationship or family therapy, confidentiality among participants will be assumed to be waived unless other prior arrangements are made.

In some cases, it might be useful to your therapy for Dr. Volwiler to discuss your situation with others such as a teacher; in that case, she will seek your written permission for this exchange of information.

Dr. Volwiler may occasionally find it helpful to consult about a case with other professionals. In these consultations, she will make every effort to avoid revealing your identity. The consultant, of course, also is legally bound to keep the information confidential.

Dr. Volwiler will keep records of the services she provides you. You may ask to see and copy those records, and you may ask to correct those records. You may be charged an appropriate fee for time and costs involved with any information request.

E-MAIL and FAX: At times, for purposes of treatment or billing, your name and information about you may be sent by electronic means.

CONTACTING US: Dr. Volwiler is often not immediately available by telephone. In emergencies, you can try to call her through her office or page the on-call therapist at (509) 623-2720. A therapist is on-call 24 hours a day. If you cannot reach either Dr. Volwiler or the on-call therapist, or you feel that you cannot wait for one of us to return your call, you should call either the Crisis Line at (509) 838-4428,

Sacred Heart Medical Center Emergency Room or the Emergency Room at your nearest hospital. If Dr. Volwiler is unavailable for an extended time, she will provide you with the name of a trusted colleague whom you can contact if necessary.

CONCERNS AND COMPLAINTS: If for any reason you should have a concern or complaint about services delivered, *please contact Dr. Volwiler* so she may discuss the matter with you. If she does not resolve your concerns, you have the right to contact the Examining Board of Psychology, P.O. Box 47869, Olympia, WA, 98504-7869 – (360) 236-4910; or the Department of Licensing, Business and Professions Administration, P.O. Box 9012, Olympia, WA 98504.

CLIENT ACCEPTANCE: I have read and understand and agree to the above-stated policies. I give Dr. Volwiler informed consent for services. My signature on this page also provides authorization for Dr. Volwiler’s billing service to contact my insurance company, and to bill them directly for services.

Client’s Signature

Date

Signature of anyone else participating in the session

Date

I have discussed this disclosure with the client and provided a copy for their records if requested:

Darrelle M. Volwiler, Ph.D.

Date