

## Deana Enebo, M.A. LMHC Counseling Services

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### Outpatient Services Agreement:

Welcome to my practice. This document contains important information about my professional services and business practices. It also contains summary information about Health Insurance Portability and Accountability Act (HIPAA), a 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 purposes of treatment, payment, and health care operations. HIPAA requires that I provide you with a **Washington State Notice of Privacy Practices Form** that 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 at the end of our first session. Although these documents are long and complex, it is very important that you read them all before our next session. Please note any questions that you might have so that we can discuss them further. After reading this outpatient service agreement, your signature indicates a binding agreement between us. You may revoke this agreement in writing at any time.

### Counseling Services

Deana Enebo provides outpatient treatment as a sole proprietor independent of other counselors who may be associated with Northwest Family Counseling Services. If you have questions regarding these policies please ask me.

Counseling is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the particular issues that the client brings. There are a number of different approaches that can be utilized to address the issues you hope to resolve. In order for therapy to be most successful, you will be asked to work on things we talk about both during our sessions and at home.

My underlying values as a person and as a therapist are Christian. You may find my full bio and educational background on my web page. The course of treatment for each client is dependent upon individual factors and may be discussed at any time.

My belief is that most change that occurs in therapy comes about through forming and experiencing a trusting, emotionally safe relationship, and in the context of that relationship increasing one's awareness of self, challenging one's old beliefs, learning new skills, establishing appropriate boundaries in relationships with others, and experiencing and letting go of old pain. My task will be to assist you in that process.

The procedure I rely on involves talking about emotional experiences, past and present that are sources of concern or anxiety. This is not a linear process and therefore can be a bit unpredictable. There will be times when you feel angry, frustrated, or depressed and not hopeful. These reactions will probably be temporary and you should expect that experiencing mixed feelings will be a part of the therapy process. Though there will be difficult periods, we will be working together to achieve the goals you have identified. If you ever become concerned that what we are doing is not in keeping with your goals, please talk to me about it.

While the primary therapeutic technique I will be using is talking, you may also find that it is helpful to supplement that with additional creative processes (i.e., writing, drawing, sand tray,) and other activities that may assist you to experience levels of yourself that are not as accessible through talk. EMDR (Eye Movement Desensitization and Reprocessing) is also an option when deemed appropriate.

I tend to be fairly active in therapy. I ask questions, offer observations, and look for patterns in the aspects of your life that you share with your counselor. I will, however, greatly rely on you to set the direction for therapy as I believe you are the final expert on you, and I place considerable trust in your unique healing process.

You should evaluate this information in this document and the interaction between us and initial assessment during our first session along with your own assessment about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist that you select. If you have questions about my procedures, please ask me whenever they arise. If your doubts persist, I will be happy to help you to secure an appropriate consultation with another mental health professional.

### **Appointments/Missed Session Fee**

If we decide to continue to meet for therapy sessions, I will usually schedule us for weekly 45 minute sessions. How often we meet depends on your wishes and needs.

**Once our appointment time has been scheduled, you will be expected to pay for that session unless you provide 24 hour advance notice of cancellation. Missed sessions cannot be billed under insurance.**

### **Professional Fees**

I am in-network for a number of insurance companies but not all. I will discuss payment options with you during our initial phone contact so that you are aware of approximately what type of fee or insurance co-pay you will be charged for a session. Generally I charge a fee equal to the amount of your session fee in 24 hour notice of cancellation is not provided. Longer or shorter sessions will be prorated accordingly.

Other professional services such as report writing, SSD reports, attendance at meetings with other professionals (that you have requested & authorized), or preparation of records or treatment summaries may incur an hourly fee for my time, which I will make you aware of in advance. Occasionally, clients, either during therapy or after, are in legal situations where our work together may be considered relevant. If I am called to court to testify, I will require that you assume financial responsibility for my preparation time as well as court time and any legal fees that may be incurred (even if I am compelled to testify by another party).

### **Billing & Payment**

The payment of fees is required at the time of the service. Payment in cash or check is preferred. Checks are to be made payable to Deana Enebo. If you choose to use a credit card as payment, an additional processing fee is added (see below). I do not routinely bill for sessions. Monthly statements will be provided. Should monthly statements need to be mailed to you on a regular basis there will be a \$2 re-bill fee each time that statement is sent out, to cover postage and handling. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of financial hardship, I may be willing to negotiate a fee adjustment or installment payment plan.

Payments via credit card are subject to a 2.75% fee if swiped. 3.5% service fee if payment information is received via the phone or credit card payment agreement form. This fee is taken at the time the of the credit card transaction.

Checks returned NSF will be charged \$35.00 and you will be required to pay cash for following visits.

Brief *telephone* calls (under 5 minutes) are not billed but extended telephone therapy time will be billed at the usual rate. Rates for letters, lengthy email communication, consultations, assessments, reports and travel time may vary.

If books checked out from my library are not returned upon request or at the last session, the client will be charged the cost of replacing the book.

If your account becomes more than 60 days in arrears and suitable arrangements for payment have not been agreed to, I have the options of: 1) adding an additional fee for late payment, 2) using a collection agency, or 3) using legal means to secure payment. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. I will inform you prior to sending your information (limited to name, nature of services provided and amount due) to another source. On those accounts turned over to a collection agency or an attorney, the client waives his/her right to confidentiality with respect to the information needed to collect the amount owed.

### **Insurance Reimbursement**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will facilitate your receipt of the benefits to which you are entitled including filling out forms and speaking with insurance representatives. You will be held responsible for full payment of our agreed upon fee should your insurance company deny benefits or should your coverage lapse. Therefore, it is very important that you find out exactly what mental health benefits your insurance policy covers. Read your plan carefully and call your service representative if you have questions.

Many insurance plans require advance authorization before they will provide reimbursement for mental health services. These plans often are oriented toward a short-term model and provide only a certain amount of sessions per year. Many insurance companies may only authorize a few sessions at a time and I will need to periodically call them to authorize additional sessions. When I call to authorize treatment or continue our sessions, I will provide them with the minimum amount of information needed, usually including a diagnosis, goals for treatment, and a brief summary of your current functioning. It is possible, but very rare, that they would require a copy of my clinical record. This information will become part of insurance company files and is likely to be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. In some cases, they may share the information with a national medical information data bank. By signing this Agreement, you agree that I can provide requested information to your insurance carrier.

If you request it, I will provide you with a copy of any report that I am asked to submit. I make it my policy to inform you along the way of where we stand with your insurance company and what kind of information they have requested. Should insurance coverage end for some reason, we can discuss an

out-of-pocket session fee. You can always choose to select this option and have the right to pay for my services yourself to avoid the complexities of the insurance industry.

### **Contacting Me**

I use a telephone voice mail that will confidentially record your messages. If you need to contact me between sessions due to an emergency and would like me to call you back, please request that in your message. I check messages fairly regularly during the weekday and somewhat less often on weekends. Please talk to me if you have questions or concerns about these arrangements. I will make every effort to return your call the same day or early the following business day. If we have difficulty reaching each other, please leave times when I can reach you and alternative phone numbers. Lengthy phone conversations will be prorated (see Billing and Payments above).

If you are experiencing a **clinical emergency** and cannot reach me or wait for me to return your call, you should call your family physician, psychiatrist, Crisis Clinic of the Peninsulas at (360) 479-3033. (a 24-hour crisis hot-line with counselors that can help insure your safety or talk to you about the crisis) or go to the nearest hospital.

If I know that I will be out of town for an extended period of time, I will have another counselor designated to be on-call for me in crisis situations. If you feel that you might potentially utilize these crises options, please let me know during our session so that we can develop a comprehensive crisis plan.

If you choose to contact me via email, text message or fax, be aware that these modalities are not appropriate in crisis situations, or are they to be used as a substitute for therapy. Also, be aware that although your confidentiality is of prime concern to me, I cannot guarantee confidentiality, when using electronic correspondence due to the nature of those types of communication.

### **Email:**

*Email communication is possible only after discussion with your counselor. Clients are cautioned that e-mail is not a confidential means of communication and is not the appropriate way to communicate confidential, urgent, or emergency information. A signed electronic communication informed consent must be on file. This is to ensure that you are aware of the risks to your confidentiality with the use of email, texting and other forms of electronic communication. Email replies greater than 8 lines will be prorated by the time spent reading and replying to your message.*

### **Professional Records**

Both law and the standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in situations where you are a danger to yourself (or others) or where others have supplied information to me confidentially, you may examine and/or receive a summary of your Clinical Record. This request must be made in writing. Because they are professional records, they can be misinterpreted or upsetting to lay readers. If you wish to see your records, I will require that you review them in my presence so that we can discuss the contents. If you would like me to send your information to another medical or mental health professional, I am happy to do so at your request.

### **Patient Rights**

Please see attached HIPAA Notice Form for a listing of your rights.

## Minors & Parents

In the state of Washington Providers may provide outpatient treatment to a minor 13 to 17 years of age without the consent of a parent. The minor is the client and has the right to confidentiality. The client's authorization is required to release information to third parties. If the minor has consented to treatment on their own (i.e. without their parent's involvement) the treatment Provider will disclose information to the parent without the client's consent, only to the extent that it serves the best interest of the client or is required or permitted by law. If consent to treatment is given by either parent for a minor, then both parents may be allowed access to the minor's records.

## Confidentiality

I take the matter of confidentiality quite seriously. The confidentiality of all communications between a client and a counselor is protected by law and I can only release information about our work together with others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are some situations that require only your advance consent. Your signature on this Agreement provides consent for the following activities:

- Occasionally, I may consult with other professionals about strategies or resources that may benefit you. I make every effort to avoid revealing the identity of my clients and often change identifying information in my description. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel it is important to our work together. I will note all consultations in your Clinical Record.
- You should be aware that a secretary at my office might have access to your name or phone number if I need to reach you. All mental health professionals are bound by the same rules of confidentiality. All therapists and staff at this location have agreed not to release any client information unless specifically instructed to by the appropriate mental health professional.

### **There are some situations where I am permitted or required to disclose information without either your consent or authorization:**

- ◆ In most legal situations, you have the right to decline permission for me to release any information about your treatment. In some circumstances (like child custody proceedings and situations where your emotional health is relevant), a judge may require my testimony if he/she determines that resolution of the issues demands it. As I am not trained in testifying in legal situations, I may not be the right therapist to help you in a court case. Please notify me if you have reason to believe that our work together might be relevant in current or future legal proceedings.
- ◆ Legally, I am required to take action to protect others from harm even if it means revealing some information about a client's treatment. If I believe that a child, elderly person, or disabled person is being abused, I am mandated by law to report this to the appropriate state agency.
- ◆ If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions that may include: notifying the potential victim, calling the police, or seeking appropriate hospitalization. If a client threatens to harm him/herself, I am required to seek

hospitalization for the client or to contact family members or others who can help provide protection.

- ◆ If a government agency is requesting the information for health oversight activities, I may be required to provide the requested information. Examples include: public health authorities, coroner or medical examiner, military/veteran’s affairs agencies, law enforcement, or for national security purposes.
- ◆ If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client to defend myself.
- ◆ Worker’s compensation cases may require records to be submitted to the Chairman of the Worker’s Compensation Board.

These situations are quite rare in my practice. If such a situation should occur, I will make every effort to discuss with you my intended actions prior to making any disclosures.

***I have read and understand the above information. My signature indicates that I agree to abide by the terms of this Agreement during our professional relationship.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name here

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name or parent/legal guardian