

### **DISCLOSURE STATEMENT**

Welcome to my independent, private practice at Bluestone Psychological Services, LLC (BPS). This document contains important information about my professional services and business policies. For detailed information about our privacy policies and 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 as required under HIPAA, it is important for you to read and understand the information provided in the Notice of Privacy Policies Form, which can be found on our web site where you found this document. Please address with me any questions you may have.

### **CONSIDERING HELP FROM A PSYCHOLOGIST?**

A licensed psychologist holds a doctoral degree from an accredited university, has completed 3000 hours of supervised patient contact and has passed examinations given by the Washington State Examining Board of Psychology. Psychologists may be specialists in clinical, consultative or research areas and have completed intensive study and research within a specialty. One particular area within psychology is counseling or psychotherapy.

### **MY BACKGROUND, TRAINING AND PROFESSIONAL ACTIVITIES**

I am a Licensed Psychologist (PY00003762) in the State of Washington. I have a Ph.D. and M.S. in Counseling from Loyola College in Maryland. I have worked at numerous clinical settings (Medical College of Virginia, Harbel Hospital in Maryland, the Bastyr Center for Natural Health). My interest is in Counseling Psychology with a focus on Health Psychology, exploring the ways emotional distress impacts the body, especially in anxiety and depression.

In addition to providing psychotherapy, I am also an Approved Supervisor for the State of Washington. In this capacity, I provide supervision for new graduates who are seeking licensure as counselors or psychologists. I am part owner of Bluestone Psychological Services, LLC and am responsible for the supervision of our administrative staff. I have been teaching and supervising masters and doctoral students since 1996 and in private practice since 1999.

In addition to my clinical hours, I am co-owner of BPS. I am responsible for the management of our administrative assistants. The other practitioners who provide services at the BPS offices do so as independent contractors, meaning their clinical work and responsibilities are independent of mine. They make their own decisions regarding their policies, the treatment they provide, their scheduling, and their fee setting at these offices as well as their professional services and activities outside of BPS. Likewise, BPS carries no responsibility for my services and has no influence or control over the clinical services I provide. BPS provides Roedel Psychological Services with office space and practice management services.

### **PSYCHOLOGICAL SERVICES**

My approach to providing psychotherapy draws from cognitive and family systems theories. This means that I focus on underlying problems and symptoms in the context of your current situation and earlier life experience based on negative thoughts and how those thoughts impact your life. Problems emerge from family history and are reinforced through our thoughts and distortions. I have been teaching these approaches and skills to graduate students for many years and apply them directly in my clinical practice.

Psychotherapy explores the causes, thoughts, feelings, and behaviors that impact interpersonal and behavioral problems. This may be short term or long term, depending on the nature of the problems. Common problems that I work with include:

- anxiety and panic
- depression
- relationship issues
- lifestyle issues/ stress
- family and couples issues (including separation and divorce)
- grief and bereavement

This cognitive and behaviorally-oriented approach is well suited for those interested in exploring and making changes in order to achieve a healthier lifestyle.

I also seek regular consultation to enhance my work with my clients. If I consult with a professional who is not involved in your treatment, I will protect your identity. These professionals are legally bound to keep all information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

### **CONTACTING ME**

Most psychotherapy sessions are scheduled for approximately 45-55 minutes each week. If additional time is needed, it can be arranged by contacting me via phone to schedule additional appointments. I can be reached at (425) 775-4059, Ext 702. Due to my work schedule, I am often not immediately available by telephone. During the academic year, my schedule may also change to accommodate the schedule for the courses I am teaching. When I am unavailable, my telephone voicemail is confidential. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some available times and alternative phone numbers where I may contact you.

If you need to contact me between sessions, the best way to do so is by phone. Direct email at [broedel@bluestoneps.com](mailto:broedel@bluestoneps.com) is second best for quick, administrative issues such as changing appointment times. Please do not email me content related to your therapy sessions, as this email is not encrypted and, therefore, not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my internet service providers. If you contact me via email, I will assume that you approve of my replying to you and that you accept these risks.

In case of an emergency, you may go to the nearest emergency room or call the 24-hour Crisis Line at 206-461-3222. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

### **SOCIAL NETWORKING POLICIES**

BPS has a web page that coordinates with a Facebook page and a Google+ page. You are welcome to access the information on both locations, as well as sign up for our e-newsletter, at any time. If you choose to interact on Facebook (FB) or Google+ and your name is easily identifiable, please be aware that the information you post there will be public, and could compromise your confidentiality. It may also create the possibility that these exchanges will become a part of your legal medical record and will need to be documented and archived in your chart. It will be up to you to decide how you feel about that. I have no expectation that you will follow any of these.

I do not accept friend or contact requests from current or former clients on Facebook, Google+, or LinkedIn. Please note, that these networking pages are associated with the clinic and not with me personally. Again, please be mindful of your own privacy and confidentiality as you consider participating on this page. My concern is for your privacy as well as the maintenance of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it. If there are things from your online life (including emails) that you wish to share with me, please bring them in to our sessions where we can view and explore them together, during the therapy hour.

Please do not use SMS (mobile phone text messaging) or messaging on the social networking sites to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings or other means of engaging with me in a public, online medium if we have an already established client/therapist relationship. I do not interact with my clients in this manner.

### **FEES AND CANCELTION POLICY**

Subject to change, my hourly rate is \$190 for the intake session and \$166 for each session thereafter, depending on the length of the appointment. I charge \$166 per hour, prorated in 15 minute increments, for other services such as preparation and writing of clinical reports and treatment summaries, telephone conversations, consultations with other professionals, and clinical supervision.

Once an appointment is scheduled that time is reserved specifically for you. If you are unable to keep your appointment please provide 48 hours advance notice of cancellation. **Forgotten/missed appointments and cancellations made with less than 48 hours notice will be billed to you at my full rate specified above. Insurance companies will not pay for missed or late cancelled appointments.** Payment for services is due at the time the therapy session occurs and can be made by cash, check, your bank's online bill pay service, or by credit/debit card through the link on our web site: [www.bluestoneps.com](http://www.bluestoneps.com). Please make all checks or money orders out to Bluestone Psychological Services or BPS.

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. Because of the difficulty of legal involvement, I charge a higher per hour fee of \$250 for preparation and attendance at any legal proceedings.

If your account has not been paid for more than 60 days and arrangements for payment has not been agreed upon, I have the option of using legal means to secure the payment. This may involve a collection agency or small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information regarding a patient's treatment is his/her name and contact information, the nature of services provided, the dates those services were rendered, and the amount due. If such legal action is necessary, its costs will be included in the claim. Any and all fees assessed by the collections services will also be passed on to you. A \$20 fee will be assessed for returned checks.

### **BILLING AND PAYMENT POLICIES**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. You will be expected to pay for each psychotherapy session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payments can be made by cash, check, through your on-line bill pay services with your bank, or by credit/debit card through link on our web site: [www.bluestoneps.com](http://www.bluestoneps.com). Please make all checks or money orders out to Bluestone Psychological Services or BPS.

If you have an HSA type of account or work benefit we will be happy to provide you with a receipt with all the necessary information for you to gain reimbursement. Any psychological services provided by BPS are tax deductible as a medical expense. A clinic receipt will be provided for such purposes, if requested.

BPS may, at its discretion, choose to have all its billing handled by a contracted billing provider. The billing provider will have knowledge of some of your HIPAA Protected Health Information necessary for accounting/billing purposes but not your confidential clinical information.

### **PRIVATE PAY CLIENTS**

For clients choosing not to use their health insurance or without health insurance benefits that cover mental health services, treatment can still be provided. My regular fees apply and payment can be made by cash, check, on-line bill pay or with a credit/debit card through a link on our website: [www.bluestoneps.com](http://www.bluestoneps.com). If paying by check, please make it out to Bluestone Psychological Services or BPS.

Upon request we will be happy to provide you with a receipt to be used for tax purposes as our services can be deducted as a medical expense. We are also happy to provide you with a receipt, if necessary, for you to gain reimbursement from your health savings account or other resource you may have.

Private pay clients are not burdened with having to meet any sort of diagnostic criteria or level of severity to access services. You and your provider are free to design any treatment plan that would work best for your individual needs.

### **INSURANCE REIMBURSEMENT**

If you have a health insurance policy that will cover some mental health treatment, I will provide whatever assistance I can in helping you receive the benefits to which you are entitled. However, you (not your insurance company) are responsible for full payment of my fees. Your copay, co-insurance and/or deductible will be expected to be paid at the time of service and can be made by cash, check, on-line bill pay, or with credit/debit card through a link on our website: [www.bluestoneps.com](http://www.bluestoneps.com). If paying by check, please make it out to Bluestone Psychological Services or BPS.

**It is very important that you find out exactly what mental health services your insurance policy covers and whether they will cover services with me or not.**

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have a question about the coverage, call your plan administrator. Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. It is not guaranteed that additional services will be authorized simply because we ask for them. The decision to reauthorize or not is entirely in the hands of your insurance company. Although much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end or in the case of additional sessions being denied. In such cases, patients can continue treatment on a private pay basis.

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, dates of services, types of services provided, and any copayments already received. Sometime 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 purposes requested. This information will become part of the insurance company files, will be part of your medical record, 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 hands. 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 Clinical Services Agreement, you agree that I can provide requested information to your carrier.*** It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

**UNPAID BALANCES AND RETURNED CHECKS**

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collections agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name and contact information, the nature of services provided, the dates those services were rendered, and the amount due. If such legal action is necessary, its costs will be included in the claim.

A \$20 fee will be assessed for returned checks. Payment for the fee and unpaid balance must be made in cash, money order or by credit card before an additional session can be scheduled.

**LIMITS ON CONFIDENTIALITY**

The law attempts to protect the privacy of communications between a patient and a therapist. My Notice Form (found in the same place where you retrieved this form on our web site: [www.bluestoneps.com](http://www.bluestoneps.com)) sets out how I use and disclose your protected health information. I want to highlight that in most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or HIPAA. With your signature on a proper Authorization form, I may disclose information in the following situations:

- In disclosures required by health insurers or to collect overdue fees.
- If you are involved in a court proceeding and a request is made for information concerning the professional services I have provided you. I will seek your written authorization prior to disclosing any information. To prevent the disclosure of information, you must work with an attorney to secure a protective order against my compliance with a subpoena that has been properly served to me and of which you have been notified in a timely manner. However, I must comply with a court order requiring disclosure. If you are involved in, or contemplating litigation, you should consult an attorney about likely required court disclosures.

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

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer and the Department of Labor and Industries.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have reasonable cause to believe that a child has suffered abuse or neglect. The law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- 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, usually the Department of Social and Health Services. Once a report is filed, I may be required to provide additional information.
- If I reasonably believe that there is an imminent danger to the health or safety of the patient or any other individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can provide protection.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

Although this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

## **MINORS AND PARENTS**

I do not see minors in my clinical practice.

## **PROFESSIONAL RECORDS**

I maintain Protected Health Information about you in your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problems impact your life, your diagnosis, the goals that we set for treatment, your progress toward those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in the unusual circumstance that I conclude disclosure could reasonably be expected to cause danger to the life or safety of the patient or any other individual or 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, if you request it in writing. Because these are professional 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 psychologist so you can discuss the contents. I charge the per page amount authorized by the Department of Health. I may withhold your Record until all fees are paid.

Insurance companies can request and receive a copy of your Clinical Record. You may examine and/or receive a copy of your Clinical Record unless I determine that knowledge of the health care information would be injurious to your health or the health of another person, or could reasonably be expected to lead to your identification of an individual who

provided the information in confidence and under circumstances in which confidentiality was appropriate, or contain information that was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes, or is otherwise prohibited by law.

#### **ETHICS AND PROFESSIONAL STANDARDS**

I abide by the ethical, professional, and legal standards established by the American Psychological Association and the State of Washington. **At any time, you may ask me to discuss my treatment approach. Please be aware that you have the right to request a change in treatment, referral to another therapist, or other resources, and/or to refuse treatment or discontinue our work together.** I will make appropriate referrals if I become aware of a problem that is outside of my area of expertise. Finally, it is important that you know that you have recourse available if you feel that I have acted unprofessionally or have caused you harm. If you believe that I have acted unethically in our work together, please contact:

Department of Health  
Examining Board of Psychology  
P.O. Box 47868  
Olympia, WA 98504-7868  
Telephone 360-753-2147

**(PLEASE SEE NEXT PAGE FOR SIGNATURES)**

**I ACKNOWLEDGE THAT I HAVE READ THIS CLINICAL SERVICES AGREEMENT AND HAVE ACCESS TO THE PROTECTED HEALTH INFORMATION NOTICE OF PRIVACY POLICIES FORM CONTAINING ALL HIPAA REQUIREMENTS. FURTHERMORE, I AGREE TO THE TERMS HEREIN AND CONSENT TO TREATMENT.**

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

**Signature** \_\_\_\_\_

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

**(Couples only)**

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

**Signature** \_\_\_\_\_

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

**Bill Roedel, Ph.D.** \_\_\_\_\_

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

As part of our services, we also offer appointment reminders. You would receive a text, email or voice mail the day before that reminds you that you have an appointment with Dr. Roedel and the time of that appointment. Please complete the information below if this is a service you would like to take advantage of. Also please note that getting reminders is a release of your personal health information and we are unable to guarantee the confidentiality of that information.

\_\_\_\_\_ YES, please send me appointment reminders via:

\_\_\_\_\_ text (Number) \_\_\_\_\_

\_\_\_\_\_ voice mail (Number) \_\_\_\_\_

\_\_\_\_\_ email (Address) \_\_\_\_\_

\_\_\_\_\_ NO THANK YOU.