

## **Robley K. Yee, Ph.D. LICSW**

Private Practitioner

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### **SERVICE AGREEMENT**

#### **CLIENT RIGHTS AND RESPONSIBILITIES**

Welcome to my psychotherapy practice. Prior to beginning treatment, it is important for you to familiarize yourself with my approach to treatment, your rights and responsibilities, and my office policies. The following document discusses each of these topics. Although reviewing this kind of information may seem unnecessary and unrelated to your care, please take time to review this document and to ask questions about it. Sign the final page after all of your questions and concerns have been answered.

#### **Method and Orientation**

My basic premise is based on a Western Existential approach of psychotherapy. That is, the meaning you give to the events in your life, and how you experience them is very important. In the spirit of collaboration, we will work together to decide what you want to accomplish while in therapy and how long that might take. While my primary theoretical orientation springs from the existential schools of psychology I incorporate various approaches: cognitive and behavioral, social construction, and Gestalt. I would gladly answer any inquiries regarding my orientation.

#### **Training and Education**

- 1988-2001 The Fielding Institute, Ph.D. with emphasis on Clinical Psychology
- 1988-1994 The Fielding Institute, Master of Arts in Clinical Psychology, (MA)
- 1993-1995 Certified Gestalt Therapist, The Santa Barbara Gestalt Training Center
- 1971-1973 University of Hawaii, Master of Social Work (MSW)
- 1966-1970 University of Oregon, BS Sociology

#### **Assessment and Treatment Planning**

To provide you with the best care possible, it is important that I have a clear understanding of what brings you to treatment. To assist me in this process I might ask you to complete several forms about your health, habits and family history. During our initial meetings I will also ask you detailed questions about your past and current functioning, including information about past mental health problems, previous treatment, and alcohol and drug use. Although some of this information may seem unrelated to the concerns you have, it is important for me to know about this information. I will also ask you to describe the concerns that bring you into treatment. I may also refer you to a licensed psychologist to complete psychological tests or questionnaires to supplement information we discuss.

It is critical that you actively participate in treatment planning and candidly discuss your treatment needs. If at any time you feel misunderstood or feel the treatment is misguided, I encourage you to speak up and bring this to my attention. This kind of open communication and feedback needs to go on

throughout treatment and I will periodically ask you for input, even if we have been working together for several months. I also encourage you to ask questions of me (for example, information about my qualifications and approach to treatment). The more you know about what to expect, the better able you will be to take advantage of treatment.

To accomplish our treatment goals, you will be asked to try out a variety of new behaviors and activities – both during and in-between sessions. If these activities do not work for you or are not feasible, please tell me.

## **Risks to Treatment**

It is important for you to know there are risks involved in treatment. For example, some people experience an increase in stress, particularly during the early stages of treatment. Some problems also seem to get worse before they get better. In some cases (e.g., with a couple or family), discussing long-standing, unresolved problems might seem to aggravate rather than help with a problem. These are natural occurrences, but you should be aware of them. Other risks may occur as well, depending on your unique situation. Please ask me about what risks you can expect, and I will discuss others as they arise and I am able to identify them.

## **Treatment Alternatives**

Not all clients are well suited to my treatment approach, nor am I able to treat all problems confronting my clients. As a result, I cannot guarantee successful treatment. If I determine that I cannot treat you adequately, I will inform you at the earliest opportunity and assist you in finding more appropriate services. This could include referral to another mental health provider on an outpatient basis, or it could include referral to an inpatient psychiatric or chemical dependency program. Other referrals may also be appropriate. *If at any time you have doubts about the appropriateness or effectiveness of your treatment with me, please discuss these doubts with me as soon as possible.*

## **Rights to Privacy and Exceptions to Privacy**

The work that we do here is CONFIDENTIAL. The things that you choose to discuss with me are strictly private and protected by Washington State laws. Except under unusual circumstances, which are discussed below, I will not share anything we talk about with others unless I have your written permission to do so. Occasionally it will be helpful for me to exchange information with others, such as your physician, school or work personnel, or other family members. I will always explain the need to do so, and discuss the specific information to be shared. If that is acceptable, I will ask for your permission in writing and ask you to complete a “Release of Information” form. Similarly, I will not seek or receive information from others who know you without first receiving your permission. If there is specific information that you believe would be helpful for me to know – particularly with regard to previous mental health treatment – please bring this to my attention as soon as possible.

It is very important for you to know that there are some things that, by law, CANNOT BE KEPT PRIVATE. Here are the exceptions to your rights to privacy:

1. If I am subpoenaed or court ordered to testify in court, I may have to give the courts information about you without your permission. If I am subpoenaed or receive a court order I will make an effort to contact you. If you oppose release of information, a court may nevertheless order me to disclose such information.

2. If I learn that harm has been done to a child, elderly person, or disabled person, I have a *mandatory obligation* to make a report to the appropriate authorities.
3. If I learn of a client's specific intent to bring harm to him- or herself, or to another person, or to commit an act of violence, it is my responsibility to protect both you and others. Under these circumstances I reserve the right to be able to inform other family members, intended victims, and/or authorities, as appropriate.
4. A non-custodial parent who wants to learn about their child's treatment may have the right to review their child's treatment record, and/or to discuss their child's care with me. Although these exceptions seldom occur, it is important that you be aware of them. I encourage you to discuss any concerns about privacy with me both at our first meeting and at any other time that privacy might become a concern for you.

Privacy is also an important issue when children or spouses are involved in treatment. When children and adolescents are referred for treatment it is important to respect their need for some privacy while also identifying issues to be addressed by the entire family. Under the State of Washington minors have the right to restrict information released to other family members including parents. While such restrictions are critical, with the consent of the minor communication between all parties is permitted. Similarly, when both members of a couple are involved in treatment it is important to balance the need for individual privacy with the need for open communication. If you know that your spouse or other family members will be involved in treatment, or may be in the future, please discuss these issues with me as soon as possible.

### **ELECTRONIC COMMUNICATIONS**

The information contained in electronic communication, including, but not limited to: text messages, emails, voicemails, is always intended exclusively for the client. We do our best to maintain the confidentiality of these messages; however, confidentiality cannot be completely assured when using electronic communication. We are not responsible for any breach of confidential messages that are intended for the client. All computers and cell phones are passcode protected.

### **Legal Proceeding/Court Involvement**

If you are involved in or anticipate being involved in legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in these proceedings might affect our work together. In the event that you are entering treatment because you have been asked to obtain a psychological evaluation, it is important for you to know the difference between treatment and an evaluation, and to recognize that treatment is not a substitute for an evaluation or an appropriate method to obtain evaluative results. If you need an evaluation I will be happy to assist you in obtaining that service from a qualified clinician.

It is also important for you to know that I will not be a party to any legal proceedings against any of my current or former clients. My goal is to support my clients to achieve therapy goals, not to address legal issues that require an adversarial approach. Clients entering treatment are agreeing not to involve me in legal/court proceedings or to attempt to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents misuse of your treatment for legal objectives.

In the event that you might require my testimony or involvement in non-adversarial aspects of legal/court proceedings, I will do so only with your consent. I will be unable to disclose any information pertaining to other family members or parties involved in treatment without their specific consent to disclose such information.

Due to the special nature of legal proceedings and the abatement of clinical work a charge of \$400.00 Per hour or portion thereof will be assessed.

## **Appointments and Cancellations**

Sessions are scheduled by appointment and are usually 45 to 55 minutes long. Please call immediately if you need to cancel or reschedule your appointment; an answering machine will take your message 24 hours a day. The phone number is (206) 725-6617. You will be charged for you appointment if you fail to provide 48-hour advance notice of cancellation. There will be no charge for late cancellations due to emergencies (please see Policy on Late Cancellation and No Show).

## **Emergencies**

In the event of an emergency related to your treatment with me during the hours of 9 am to 5 pm Monday through Friday, call my answering machine at (206) 725-6617 and state that your situation is an emergency. At night, on weekends, or when I cannot be reached by phone, you may call 911 or the emergency room of the hospital nearest to you.

## **Payment and Billing**

You are asked to pay your fee or co-payment at each office visit. If you choose to use your health insurance coverage I submit insurance claims directly to your insurance company for reimbursement.

Insurance companies and policies vary in the amount of coverage and deductibles for psychotherapy services. Please contact your insurance provider for information regarding this coverage. Insurance coverage also requires that you have a diagnosable psychiatric condition, and that this diagnosis be shared with the insurance company prior to the payment of claims. In the event that you do not have a condition that qualifies you for insurance coverage, I will inform you as soon as this determination can be made. Regardless of the insurance company's handling of your claim, you are responsible for all fees.

You will be charged for office visits and other psychological services related to psychotherapy, such as administering and scoring psychological inventories and tests, consultation with other professionals involved in your care, meetings with your family or significant others, court testimony, preparation of reports and letters, and any travel to and from meetings I attend on your behalf. All of these services are charged at the rate of \$80.00 to \$240.00 per hour depending upon the service provided. If your payment does not require the billing of third parties, a reduction in this fee might be possible. Please inquire if you have any questions on this point. A failure to pay fees, on the other hand, may result in the discontinuation of your treatment.

If these arrangements present a financial hardship for you, please discuss this with me.

## AGREEMENT CONSENT TO TREATMENT

I have read, or have had read to me, the above information and have had an opportunity to ask questions about it. I understand my rights to privacy, the exceptions to my rights to privacy, and the fact that there are risks associated with treatment. In the event that children are to be involved in treatment, I hereby give my consent for their treatment and affirm that I am a legal guardian with the authority to authorize mental health services. I also agree to abide by the payment and billing policy outlined above, and to accept full responsibility for any and all fees incurred in either my care or the care of my children.

**Clients or Legal Guardians:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Child(ren) or Legal Dependent(s):**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witness:

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Robley K. Yee, Ph.D.

\_\_\_\_\_  
Date