

THERAPEUTIC SERVICE AGREEMENT TOUCHSTON LIFE CENTER PLLC

Clinician Disclosure Statement Touchstone Life Center PLLC: Policy #1

Philosophy of Treatment:

At Touchstone Life Center (TLC) we believe every person can achieve personal growth and make positive life changes. When our personal and relational fulfillment becomes strained, or losses in our lives occur or at times without reason, the emotional day to day can become filled with anxiety or depression. At these times treatment may be needed. Our approach to assisting you in creating healing and fulfillment utilizes evidenced based treatments, medication interventions and therapies. These interventions might also include Supportive Therapy, EMDR, Cognitive Behavioral Therapy or Solution Focused Therapy.

Course of Treatment:

Treatment & goals begin with you, the client, and your commitment to the process of therapy as a shared responsibility with me, your physician and/or therapist.

The course of treatment begins with the intake session (see what to expect for your first appointment for more details). In this session, we discuss the issues that bring you to treatment and work to establish a diagnosis and therapeutic goals. During the intake, an assessment occurs. The assessment is an ongoing process that determines if a therapeutic diagnosis is necessary. Treatment length varies based on your goals and rate of progress. Treatment is discontinued when goals have been achieved and/or when you chose to discontinue services.

Fee for Service Agreement:

Cancellation of a scheduled session: I require 24 hours advance notice for the cancellation of a scheduled appointment/session. Failure to cancel in accordance to the policy will result in a \$140 charge for the appointment.

Session Length, Fees, and Billing:

The initial session (Intake Sessions) is 60 to 120 minutes and billed at a rate of \$350.00/ hour. This rate includes the time to review records and formulate a plan and implementation of that plan.

A standard therapy session lasts approximately 50 minutes and a standard medication follow up session lasts approximately 20 to 30 minutes. It will be billed on the following; a 20 minute medication check non-complex at 160.00 and a complex medication management follow up of 180.00 at 30 minutes. Longer times will be based on the 360.00 an hour visit.

Fees are due on the date of service and will be collected by the provider. I do not take credit or debit cards. If you arrive late to your appointment, the session will end at the standard session time to ensure the clinical schedule is maintained. In addition, you will be required to pay the full fee for the session.

Checks that are returned as Non-Sufficient Funds (NSF) will have a \$50 return fee; the session(s) will be considered delinquent and subject to third party collection. If in the event there are multiple NSF's, this will be considered an attempt to defraud and may result in the following: the loss of a reduced fee, and/or legal action inclusive of attorney fees to recover the outstanding balance.

Case Management: I am happy to work with other professionals on your behalf to achieve your goals of therapy. This may include, but is not limited to, working with your medical provider, report writing, phone calls, and/or correspondence with other professionals. Case Management is billed at my hourly fee.

If there is an outstanding balance at the conclusion of medical and therapeutic services, the client agrees to make payment arrangements to repay the remainder balance. If the balance remains outstanding beyond 30 days, the balance will/may be transferred to a third party agency for the purpose of collection.

Financial Policy

Your fee is expected at the time of service. You are responsible for your bill. I do not carry month to month balances.

Crisis:

My services do not include crisis services. If you are in need of crisis services/therapy, you, the client, agree to *call 911* or **Crisis lines (24-hour):**

1 (800) 273-8255

National Suicide Prevention Lifeline

Pierce County Crisis Line

Phone: (253) 396-5180 or 1 (800) 576-7764

King County Crisis Line

Phone: (206) 461-3222 or 1 (800) 244-5767

Thurston and Mason County

Phone: 360-586-2800

Kitsap County

Bremerton Crisis Clinic Kitsap Mental Health

Phone: (360) 479-3033 or 1-800-843-4793.

If during the course of therapy and a crisis occurs, the client may be referred to Pierce County Services in order to manage the crisis to ensure the safety and well-being of the client.

Litigation:

Kris Peterson MD, does not participate in legal actions for the purposes of child custody and/or divorce proceedings; this includes testimony and/or release of records for the purpose of such legal action in accordance with state law.

Not with standing if any party of this agreement, and/or their representative, takes action(s) to involve Kris Peterson MD, in legal actions, the initiating party, and/or their representative, agree to pay the following fees, for each individual and/or separate action such as, but not limited to, testimony, depositions, declarations, written and/or oral reports.

- Hourly billing at the fee of \$450 per hour;
- Any and all travel related expenses
- A litigation fee of \$5000.00
- Any and all fees for the purpose of legal representation
- If Kris Peterson MD, is subpoenaed and/or required by judicial action, for any purpose of litigation, each signing party, of legal age involved in the legal action, will pay a litigation fee and equally share the cost of billing hours

Failure to pay fees, by any signing party and/or their representative, in full and in advance of such action will constitute an outstanding balance. Any outstanding balance will be referred to a collection service for the purpose of collections.

Oversight & Consultation

As a medical and therapeutic practice, I participate in peer reviews to ensure quality of care. This consists of several colleagues working with me to review and evaluate my cases and your treatment. Your privacy remains a high priority; during such meetings, your anonymity is maintained in the discussion of your case; no identifiable information is given to the provider.

Confidentiality

Confidentiality and Anonymity are important to providing a safe therapeutic relationship; your privacy is important and TLC takes great efforts to ensure confidentiality & anonymity are maintained to protect your privacy. There are several situations that I am mandated by law to disclose your information and/or anonymity. These situations are: (a) if you threaten to harm and/or kill yourself and/or another person, or, (b) you provide information regarding physical abuse, sexual abuse, or neglect of a child or dependent adult, or, (c) if a judge and/or commissioner of a court of law issues a court order. (Please see link to HIPAA and Privacy Act Policies).

Consent to Participate in Therapy Services

I grant permission for therapy, testing, and/or diagnostic assessment that is/may be necessary for my process of treatment. While working toward my/our therapeutic goals, I am aware that participating in therapy has the potential to create or increase my emotional, cognitive, behavioral and/or relational distress.

I understand that treatment results are not guaranteed due to the multiple variables that influence the process of therapy and therapy outcomes.

I understand there are differences between treatment philosophies of counselors, therapists, psychologists, and/or psychiatrists and my signature declares I do agree to participate in therapy and can terminate therapeutic services at any time.

I understand my rights of confidentiality and anonymity; I grant permission for my therapist to participate in Peer Review as necessary for my benefit.

I understand that the case file has one Identified Client exclusively for the purpose of record keeping and all participating members are considered clients; as such are granted the same rights and/or responsibilities of this agreement. The Identified Client is the person who initiated contact for services with Dr. Kris Peterson MD. The term client refers to the individual person, the couple, the family, and/or the group system that attend therapy services together.

Signature(s):

Family members who will be participating in therapy must provide a signature. This includes children 13 years & older.

In signing this document, you are acknowledging:

- I have and will provide information accurately to the best of my experience and knowledge;
- I have thoroughly read and agree to the Therapeutic Agreement of Kris Peterson MD, Child and Adolescent Psychiatrist.
 - I have full understanding of my Client Rights and Responsibilities and have received information on how to access the Department of Health brochure and a copy of the Therapeutic Agreement.
 - I have thoroughly read and agree to the section of Consent to Participate in Therapy Services, and agree to participate in therapeutic services with Touchstone Life Center and Dr. Kris Peterson MD Child, Adolescent and Adult Psychiatrist.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Clinician Signature: _____ **Date:** _____

