

### Client Information Guide 2009

As a psychologist licensed in the State of Washington, I am required by law to supply my clients with information about my therapeutic style, fees, professional qualifications, the limits of confidentiality, and consumer protections afforded under the licensure law. Providing all this information makes for a rather long document, but I think that you'll appreciate the importance of being an informed consumer after you've read through it. Open communication will be important in all aspects of our working relationship, so I would urge you to speak with me if you have any questions about the following information, or about any aspect of your treatment now or in the future.

#### Professional Information

I earned a Ph.D. in Clinical Psychology from the University of Arkansas in 1984. Over the course of my graduate training and clinical internship, I worked in a variety of settings including several university clinics, a community mental health center, a child guidance center, and a Veteran's Hospital outpatient clinic. After I completed my internship in 1983, I worked for several years as a therapist and consultant in a community mental health center on the Washington coast. I moved to Olympia in 1985, and established a private practice. In the past, I have done a limited number of psychological and forensic evaluations, but I currently spend virtually all my time providing psychotherapy and consultation services. About two thirds of my time is spent providing psychotherapy to adults and couples, while the other third is spent working with children and teens, and with their families.

I am an active, concerned member of the Olympia community, and I regularly donate time and energy to several organizations. I maintain staff privileges at Providence St. Peter Hospital, and I am involved in a variety of professional organizations, including both my national and state psychological associations. I am also listed in the National Register of Health Service Providers in Psychology (#43131).

#### General Information About Psychotherapy

My therapeutic style is flexible and tailored to meet the unique needs of each client. When individuals come into treatment looking for solutions to very specific life problems, treatment is often brief and focused on crisis management, problem solving, conflict resolution, stress management techniques and/or the development of other necessary life skills. Other clients arrive with less defined issues or more severe, long-standing difficulties that require far more intervention if the individual is to experience significant relief from troubling symptoms. I find that the amount of time we spend collecting history and developing insight about past experiences is often directly related to the severity and complexity of the client's presenting issues. Specialized treatment approaches may be necessary to effectively address long term problems, especially in those cases where an individual has been repeatedly subjected to trauma or severe sources of stress over an extended period of time.

In the best of worlds, clients would always have a generous allotment of time and financial resources to address their mental health issues, and decisions about treatment would be based solely upon the client's needs and willingness to engage in treatment. Unfortunately, because most of my clients rely on their insurance to pay for a significant portion of their treatment, I sometimes find it necessary to discuss insurance coverage limitations when developing treatment plans. While insurance coverage is currently quite adequate for many of my clients, the coverage is still quite limited in some plans. Fortunately, we can typically work

around any limitations in insurance coverage by setting more focused or limited treatment goals, and/or extending the time between appointments.

### Confidentiality

Our therapy sessions are strictly confidential, and I will not release information about your treatment to another party unless I have your written permission, or I am compelled by law to do so. While Washington State law allows for the sharing of information without written consent for the purpose of treatment coordination with other health providers, current ethical standards for psychologists generally require your consent for such sharing of confidential information. If you have insurance that covers my services, I will supply the insurance company with the basic information that they require to process your claim. The type of information required by insurance companies varies considerably. Typically, managed care plans require significantly more information than traditional fee for service plans. The amount of information released to your insurance company will generally be limited to the minimum required to process your claim, or obtain additional authorization for services. All insurance companies reserve the right to review treatment records for auditing or quality assurance purposes. If you have questions about the release of information to your insurer, please let me know, or contact your insurer directly.

While confidentiality can be assured in most instances, there are, however, several notable exceptions to this rule. While I would not necessarily expect that any of these situations would arise during the course of your therapy, I am ethically bound to inform you about them. The law does require that I inform the proper authorities if I have reason to believe that a child or dependent adult is being abused or neglected. If this becomes an issue during the course of your treatment, I will attempt to inform you of my intention to make such a report, but your consent is not required. Additionally, if I believe that you pose a serious danger to yourself or another person(s), I am ethically and legally bound to breach confidentiality in whatever way I deem necessary to insure your safety or the safety of another person. Finally, in some civil proceedings, primarily those involving divorce, malpractice, or personal injury issues, the law may require the release of medical records. If you are currently involved in any kind of litigation, either as a plaintiff or defendant, you should consult with your attorney about the confidentiality of your records. Please be advised that in the case of litigation, the release of any portion of your records, no matter how small, opens the door to the release of all your records.

Because I am committed to providing quality service to my clients, I sometimes consult briefly with one of my colleagues about special problems or issues. No identifying information about the client is revealed during these informal consultations. If a more detailed consultation is necessary, I will obtain your permission. In the event that I feel I am not fully qualified to address certain problems, I may refer you to a consultant or another treatment provider such as a physician or other health care specialist.

### Fees and Services

***Intake and therapy sessions are conducted for forty-five minutes unless otherwise arranged.*** The few minutes that I take between sessions give me an opportunity to finish notes on the previous session, complete insurance paperwork, prepare for the subsequent session, and make necessary phone calls to case managers, physicians, and other service providers working with my clients. The initial intake fee is \$200.00. A fee of \$145.00 per forty-five minute session is charged for most other services including Individual, Couple, and Family Therapy. However, if you have a “preferred provider” or managed care insurance plan with which I am contracted, the fees will be determined by the specific insurance contract. Please check with your insurance company about the fees allowed by your plan. Because insurance benefits can be confusing, I would strongly suggest that you review “Guidelines for Obtaining Information About Your Insurance

Benefits”, which can be found on the “Downloads” page of my website ([www.jannixphd.com](http://www.jannixphd.com)), and that you call your insurance carrier to verify coverage. Please be aware that you are responsible at the time of service for any co-payments, coinsurance amounts, or deductibles as determined by your insurance carrier. **While it is rare that an insurance company provides significantly inaccurate information about benefits, I cannot guarantee the accuracy of the information they provide.** If your insurance carrier requires you to obtain preauthorization, or requests information about your coverage or treatment directly from you, it is extremely important that you follow their specified procedures. **Fees that are disallowed by your insurance company as a result of your failure to obtain proper authorization or to respond to requests for information will be your responsibility in their entirety.** (Please note that I accept responsibility for the loss of insurance payment if I fail to meet the company’s requirements of me.) If I am contracted with your insurer, I will bill them directly and they will pay me directly for whatever portion of my fees that they cover. Please note that I reserve the right to terminate insurance contracts for any reason, but that I would give you no less than 60 days notice if this were to occur. Many insurance plans do have “out of network” benefits that would continue to provide at least some coverage. However, if your insurance no longer covered my services, I would work with you to insure your treatment needs continued to be met either via a special fee agreement with me, or by facilitating a transfer to a contracted treatment provider.

**In instances where my fees are not determined by contract, I generally require payment of my full fee at the time of service.** Please note that many companies set the “allowable” fee for non-contracted providers below the market rate, and that any disallowed balance is the client’s responsibility. I can bill your insurance as a courtesy, and in most instances you will be reimbursed directly by your insurance company. If payment should come to me, I will refund you promptly, or if you prefer, I can apply any payment to future services. I normally bill insurance daily, so the delay between paying for my services and reimbursement by your insurance company will be determined solely by their administrative efficiency. If you are unable to make payment at the time of service for any reason, please contact me in advance of the appointment to discuss alternative arrangements. For your convenience, I do accept Visa & MasterCard (both debit & credit).

**Please note that I do not routinely bill all accounts, and I will only bill one responsible party per account for any outstanding account balances.** If a third party is paying for treatment (e.g. the parent of a college student) the responsible party must agree to this arrangement in writing, and payment is still expected at the time of service. You probably will not receive a bill unless you request one, or you have an outstanding balance after your insurance has paid their portion of my fees. You should receive an “explanation of benefits” when your insurer pays any claims. Because mistakes sometimes happen in billing transactions, please be sure to contact me if you receive either a bill or explanation of benefits that appears to be in error. If you believe a billing error has occurred, prompt action on your part makes it easier for me to determine what the problem may be, and to correct it in a timely fashion.

**If you are seeking treatment for a condition that is the result of any injury inflicted by a third party (e.g., an assault or car accident, especially where the identity of the perpetrator is known), or for an injury that occurred on the job, your insurance company may refuse to accept responsibility for payment of your treatment. If this occurs, you will be responsible for any treatment fees.** Please note that I do not accept either Crime Victim’s Compensation or Labor and Industries.

At times, my ongoing clients feel a need to consult with me by phone or by e-mail. There is no charge for brief e-mails or occasional calls of less than ten minutes duration. Generally, I will try to schedule a special appointment to deal with problems that require extensive discussion. However, when this is not possible, and a longer phone consult is necessary, charges will be calculated on a prorated basis at \$145.00 per hour. While I would urge you to call if needed, please be aware that your insurance likely will not pay for any charges incurred by a phone consultation.

### Forensic Work

Please note that I have a separate fee schedule for forensic work (e.g., depositions, attorney consultation, and Court testimony). If you find that you need my assistance in a legal matter, I will provide you with additional information about my fees and policies. **I do not provide services in cases where the primary goal of treatment is to support litigation, or provide documentation that may be used in future litigation.** If you are planning or actively involved in a lawsuit, please let me know so I can determine whether I am the appropriate person to provide treatment services for you.

### Cancellation Policy

Because of the intense nature of my work, and the extensive unpaid time I spend doing paperwork, collaborating with other treatment providers, completing continuing education, and attending to a variety of practice management activities, the number of hours I have available to schedule appointments is limited to approximately 28-30 per week. I'm sure you can appreciate the impact that even a few failed appointments or last minute cancellations can have given my time constraints. ***Your appointment time is set aside exclusively for you.*** If you cannot keep an appointment, please let me know as soon as possible. A \$50.00 fee may be assessed for appointments canceled less than 24 hours in advance, unless I am able to schedule someone else into your time. A \$75 fee may be charged for appointments cancelled with less than 2 hours notice. If you are ill or have a personal emergency, please let me know as soon as possible since I often can schedule someone else in your time with even a few hours notice. **Cancellation messages may be left on the office voice mail after hours and on weekends.** A \$110.00 fee is assessed for failed appointments. I reserve the right to charge full fee for failed appointments that occur on a frequent basis. **Insurance companies will not pay for charges incurred as a result of failure to keep appointments or to cancel appointments in a timely manner.**

### Policy on Overdue Accounts

While I have attempted to establish policies and procedures that keep fee payments current, unpaid balances do sometimes accrue. As long as you are making regular payments, and keeping me informed of your efforts to pay any existing balance, then I am generally willing to accept payments over time if necessary. However, a service charge of 1% per month (\$1 minimum) may be charged for any balances that are more than 60 days past due. **If payment is not made within a reasonable time, and/or a system of payments established, I do reserve the right to require full payment before any further appointments are scheduled. I also reserve the right to turn delinquent accounts over to a collection agency.** If this becomes necessary, your name, address, employer, phone numbers, and any other relevant identifying or contact information will be supplied to a collection agency. Dates of service and information about your delinquent balance may also be provided. However, no detailed information about your therapy will be disclosed. Please be sure to contact me right away if you believe you have received a bill in error. Ignoring bills results in unnecessary hassle for all concerned, and mistakes are most easily corrected when addressed in a timely manner.

### Emergency Services

I strongly encourage my clients to develop and make use of their own personal network of supportive friends and family for those times when they feel an urgent need to talk with someone. However, in the event that you need my assistance on an urgent basis, I am routinely in the office Monday through Thursday, and I'm

normally available for emergency telephone consultations on those days. If I'm scheduled to be out of the office for an extended period of time, I will arrange for someone to provide crisis coverage similar to that I would offer during regular office hours. **However, I do not attempt to personally provide 24-hour coverage for urgent or crisis situations.** If you call after hours, you will get my office voice mail, and your message will most likely be picked up the next regularly scheduled work day. I financially support the Crisis Clinic (586-2800 or 1-800-627-2211) as a way of doing my part to insure that this valuable service is available to the community, and I would encourage you to call them if needed after hours. In the case of serious emergencies, I would suggest that you go to the emergency room at Providence St. Peter Hospital where trained professional staff is available around the clock to deal with major psychiatric crises. I do maintain privileges at the hospital, so it's possible for me to visit or to assist in your treatment if psychiatric inpatient services are required. If you are hospitalized due to a major illness, and feel that you would benefit from a visit in the hospital, please do not hesitate to contact me.

### Special Consumer Protections and Release of Records

Attached is a brochure published by the Examining Board of Psychology. It explains some of the unique advantages of seeing a licensed psychologist, and provides an address and phone number in case you should feel a need to contact the Board. If at any time you become unhappy with the direction we are taking in therapy, or you have questions about the methods of treatment I employ, please do not hesitate to talk with me. Providing detailed, accurate information to me about your issues and concerns maximizes the likelihood that your treatment will be efficient and effective. While I would hope that we could work out any problems that might arise, as a consumer, you have the right to make a complaint to the Examining Board of Psychology if you remain unsatisfied.

With few exceptions, the Uniform Health Care Information Act (SHB 1828, effective July 28, 1991), and new federal standards (HIPPA) insure your right to view and copy your records. If you should find inaccuracies in your records, you also have a legal right to request that they be corrected, and that your request become a part of your case file. Requests for copies of your file need to be made in writing, and fees for copying must be paid before records will be provided to you. If you would like me to send your records to another professional, you will need to sign a release and specify the information to be sent. Payment of copying fees is required before records will be mailed or faxed. Because the untrained reader can easily misinterpret treatment records, I generally recommend that you refrain from the release of records to anyone who does not have the expertise necessary to interpret them properly and to insure that your confidentiality continues to be protected. I reserve the legal and ethical right to refuse the release of records in situations where I believe it might result in harm to my client. If that should occur, and I would note that this happens on a very rare basis, I would inform you and offer alternatives to insure your records are released to an appropriate individual or agency.

Signature Page

Please initial the following specific items that are included in the Client Information Guide, 2009 Version:

\_\_\_\_\_ The information found in the sections marked “Confidentiality”, and “Special Consumer Protections and Release of Records” includes all the items required by federal HIPPA regulations. Your initial on this item acknowledges that this specific information has been included in the context of the Client Information Guide, 2009 Version, and that a separate HIPPA disclosure form is not necessary.

\_\_\_\_\_ I have thoroughly reviewed the information regarding fees for services, and I understand that fees may be assessed if I fail to show up for an appointment, or if I provide less than 24 hours notice of my intent to cancel an appointment. I understand that my insurance will not pay for any fees that are the result of my failure to keep an appointment or cancel in a timely fashion, and that I will be responsible for any fees that are denied by my insurance as a result of my failure to obtain prior authorization or provide information requested by my insurance carrier.

\_\_\_\_\_ I understand that Dr. Nix does not take cases where the primary treatment objective is to provide supporting documentation for a lawsuit. If I am involved in litigation, or anticipate litigation, I understand the need to discuss this in detail with Dr. Nix prior to beginning formal treatment.

\_\_\_\_\_ I understand that I will be responsible for any fees my insurance company may refuse to pay for the treatment of conditions that are the result of an automobile accident, or an injury on the job. While many insurance carriers will pay for treatment of conditions that are the result of crimes committed by unknown parties, I understand that I will be responsible for any fees denied by my insurance on this basis, as well.

\_\_\_\_\_ I understand that payment is due at the time of service for any fees that are my responsibility, including but not limited to, insurance co-payments, coinsurance, or deductibles. I understand that third parties (e.g., the parent of an adult child) will not be billed for any outstanding account balances without that person’s express, written consent, and that any agreement by a third party to accept financial responsibility must include arrangements for payment of fees at the time of service.

I have read the brochure published by the Examining Board of Psychology, and the Client Information Guide (2009 Version) provided by Dr. Nix. I understand the information supplied in these documents, and consent to treatment with Dr. Nix.

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Client Signature

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Date

Financial Responsibility and Assignment of Benefits Form

I hereby authorize payment of insurance benefits directly to Jan L. Nix, Ph.D., for the provision of psychological services. I understand that I am financially responsible for any co-payments, deductibles, or other charges not covered by my insurance company unless otherwise specified by any provider contract that may exist between Dr. Nix and my insurance carrier.

I also understand that I will be fully responsible for any fees that are disallowed by my insurance company as a result of failure on my part to obtain proper initial authorization for treatment, or failure on my part to respond to requests for information from my insurance company. I further understand that I will be responsible for any charges that are disallowed by my insurance because my benefits have been exhausted.

I understand that I am responsible for failed appointment fees, or for any charges incurred as a result of my failure to cancel appointments in a timely manner.

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Signature of Client/Subscriber

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Date