

DISCLOSURE STATEMENT

This statement is a disclosure of certain information regarding the process of therapy. Please read it carefully.

Credentials: Dr. Horn received her Doctorate in Clinical Psychology from George Fox University. She is an independent practitioner and licensed Psychologist #PY60104618. She is a member of the Washington State Psychology Association and American Psychological Association. She is also a certified Child & Family Specialist in the State of Washington. Dr. Horn provides both therapy and assessment services.

Therapeutic Model: My therapeutic model recognizes that each person is unique individual with biological, psychological, and sociological aspects of their being. Depending on your needs and preferences, I blend systems, dynamic, cognitive, behavioral, and biological approaches. I will discuss therapy goals and the proposed course of therapy with you periodically throughout therapy. If you have any concerns or questions, please bring them to my attention. You have the right at any time to refuse therapy, change therapists, or request a change in therapeutic approach.

Professional Relationship: Although I share common office space, I am a separate and independent legal entity. However, since it is “Best Practice” to consult about cases, I may consult with Richard L. Wilson, MA. The consultant, of course, is legally bound to keep the information confidential. If for any reason you do not wish us to consult with each other, please bring this to my attention and I will respect your wishes.

Fees:

Therapy sessions generally are 50 minutes. My fees are \$300.00 for the initial visit. All subsequent therapy sessions up to 50 minutes are \$250.

Please note additional time will be \$100 per half hour increment

Phone Calls: There may be a fee for *telephone calls* you make to me. I bill telephone calls on a pro-rated basis according to the appropriate session fee, with a minimum fee of 10 minutes.

Court Related Work: Billing for *court related work* will be at two times the hourly rate (\$400.00), for a minimum of four hours, and will include travel and preparation time. Cancellation for court-related work is required 48 hours in advance to avoid a late cancellation fee.

Cancellation Policies: You must cancel scheduled appointments 24 hours in advance; otherwise, you will be billed a fee of \$200.

Payment

I require payment for services *at the time of service* unless you have an insurance company that requires a different arrangement. Payment for reports and court related work is required at the time of the request.

My office will check your primary insurance coverage, but we are not always given accurate information. It is client responsibility to know your insurance mental health benefits.

In all cases you are responsible that your account is paid in full.

104 S. Freya, Suite 215B, Orange Flag Bldg., Spokane, WA 99202

Confidentiality: You have privileged communication under the laws of the States of Washington and Idaho. That means that, with some exceptions, anything you disclose in therapy and information I obtain about you from any source, even whether you are or are not a client, is confidential and can be disclosed to others only with your written consent.

Disclosure **without** your authorization can be made if the disclosure is:

- To a current health care provider;
- To a former or future health care provider, **unless** you request in writing that I not do so;
- To public health authorities when required or when needed to protect the public;
- To proper authorities if I should have reason to believe that a child, a disabled adult, or an elderly person has been abused or neglected or if I feel you are of danger to yourself or others;
- To the courts if under a valid subpoena or court order; or
- To licensing/certification boards if I should ever be under disciplinary investigation.

If disclosure is required without your authorization, I will attempt to discuss the situation with you to clarify options and look for alternate solutions.

Also, you should be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes, additional clinical information such as a treatment plan or summary, or in rare cases a copy of the entire record, to the insurance company

Per Washington State Laws, in the case of children (under the age of 13), the parent(s) or legal guardian holds the communication privilege. This means that the parent is entitled to information about the child and is the person who authorizes any release of information about the child. I will discuss with the parents the child's general progress and specifics if indicated. I will attempt to act in the child's best interests in deciding to disclose confidential information without the child's consent.

Per Washington State Laws, Children over the age of 13 hold the communication privilege. This means that the child controls their information and will authorize any releases of information.

In the case of relationship or family therapy, I assume confidentiality to be waived among participants unless other prior arrangements are made.

In some cases, it might be useful to your therapy for me to discuss your situation with others such as a teacher; in that case, I will seek your written permission for this exchange of information.

I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I make every effort to avoid revealing your identity. The consultant, of course, also is legally bound to keep the information confidential.

Treatment Records: I keep records of the services I provide you. You may ask to see and copy those records, and you may ask to correct those records. You may be charged an appropriate fee for time and costs involved with any information request. Payment is required at the time of the request.

Telepsychology: Telepsychology includes the transmission of information in any electronic form, including telephone contact and email. You need to be aware that both telephone and especially email contact is *not secure* and involves potential risks to confidentiality. If you prefer and your system allows, we can help you use email encryption with us to better protect your confidentiality.

Email: Email is becoming an easy and fast way to communicate and handle routine questions such as those regarding scheduling or billing, and our office may use electronic communication for administrative purposes. If you contact us, please put an identifier such as “Appointment” in the subject line. Also, please remember to put your name in the body of the message. Any email we send to you or receive from you will become a part of your clinical record. Email is *not* a good medium for sending clinical information. It is not secure, and the office manager or other providers within our practice may read your email. Please call us if there is personal information you need to tell us, if there is any urgency to your communication, if we have not responded within three working days, or if our response is not sufficient for your needs.

Telephone: Although we have experience with therapy using this media and have had training related to its use, if we conduct therapy sessions with you by telephone, you must be aware that this is considered an innovative treatment because of limited research on therapy using this modality. Further, because we lack visual feedback, we could miss cues or information that we could normally use in our work with you. There also may be risks if our communication becomes disrupted.

Electronics Communications Policy

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, we have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of our profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law. If you have any questions about this policy, please feel free to discuss this with your psychologist.

Email Communications

We use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with our office should be limited to things like setting and changing appointments. Please do not email us about clinical matters because email is not a secure way to communicate. If you need to discuss a clinical matter, please feel free to call so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Text Messaging

Because text messaging is a very unsecure and impersonal mode of communication we try to avoid text messaging. So, please do not text message us unless we have made other arrangements.

Social Media

We do not communicate with, or contact, any of our clients through social media platforms like Twitter and Facebook. In addition, if we discover that we may have accidentally established an online relationship with you, we will likely cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

We participate on various social networks, but not in our professional capacity. If you have an online presence, there is a possibility that you may encounter us by accident. If that occurs, please discuss it with us during our time together. We believe that any communications with clients online have a high

potential to compromise the professional relationship. In addition, please do not try to contact us in this way. We will not respond and will terminate any online contact no matter how accidental.

Websites

We have a website that you are free to access. We use it for professional reasons to provide information to others about us and our practice. You are welcome to access and review the information that is on the website and, if you have questions about it, we should discuss this during your therapy sessions.

Web Searches

We will not use web searches to gather information about you without your permission. We believe that this violates your privacy rights; however, we understand that you might choose to gather information about us in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about us through web searches, or in any other fashion for that matter, please discuss this during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of us or any professional with whom you are working, please share it so we can discuss it and its potential impact on your therapy. Please do not rate our work with you while we are in treatment together on any of these websites. This is because it has a significant potential to damage our ability to work together.

Contacting Dr. Horn: I may not be immediately available by telephone. In emergencies, you can try to call me at my office or cell phone at (509) 998-6962. If you cannot reach me, or you feel that you cannot wait for me to return your call, you can call the Crisis Line at (509) 838-4428 or go to the Sacred Heart Medical Center Emergency Room or the Emergency Room at your nearest hospital.

Concerns and Complaints: If for any reason you should have a concern or complaint about the services I deliver, *please let me know first*. You also have the right to contact the appropriate licensing or certification board.

Counselors: Department of Licensing, Business and Professions Administration, P.O. Box 9012, Olympia, WA 98504; (360) 236-4902.

Psychologists: Examining Board of Psychology, P.O. Box 47869, Olympia, WA, 98504-7869; (360) 236-4910.

Client Acceptance: I have read, understand, and agree to the above-stated policies. I give my informed consent for services and have received a copy of the above Counselor Disclosure Information

If you have any questions, please ask before signing.

I authorize Shawn C. Horn, Psy.D. or her designee to bill my insurance for services rendered and to disclose required information to my insurance carrier.

Client's Signature

Date

I have discussed this disclosure with the client:

Therapist's Signature

Date