
GRANT L. MARTIN, PH.D.

Licensed Psychologist #596 • 555 Dayton St., Suite C • Edmonds, WA 98020 • P: (425) 999-6285 • F: (425) 774-0690

Therapist Introduction, Disclosure for Psychological Services, and Consent for Services

When people enter into a relationship, it is advisable for them to reach an agreement about their mutual commitments and responsibilities. This information is provided to assist in clarifying this relationship between you and Dr. Martin. Please take time to read this agreement carefully so that you may understand fully your rights and responsibilities.

Parties to the Professional Relationship: The professionals in this suite share only the physical facilities. Each of our practices is separate and independent of the other. The name **Heritage Counseling Associates** is for identification purposes only. Therefore, this agreement is entirely between you and Dr. Grant L. Martin, a licensed psychologist practicing independently.

Therapeutic Orientation and Course of Treatment: Treatment is specifically designed and adapted to the needs of each client and the typical duration of treatment is highly variable. I believe problems can be identified, and solutions defined, in a straightforward and understandable manner. Please feel free to ask about the strategies I am using or the expected goals or outcomes of your therapy or for that of your child.

Assessment for attention deficit disorder and learning problems usually take from three to five sessions after the initial intake with the parent(s). Additional sessions may be necessary when unusual or complicated diagnoses are involved. Evaluation for other problems in children and adolescents such as abuse or family problems usually take from three to eight sessions. Where abuse is suspected, but no disclosure has been made, the process can take from three sessions to as long as six months to complete. Actual treatment and intervention may vary from a few weeks to a number of months. Adult and marriage issues can take three to six sessions to identify the major areas of therapeutic focus, followed by eight to twenty treatment sessions.

Assessment procedures may include questionnaires, rating scales, psychological testing, standardized observations, verbal and/or written personal and family history and discussion of problem areas.

Written reports or extended letters to other mental health, medical, legal or educational agencies are an additional expense to the actual assessment and treatment sessions. These reports are charged according to the time taken to prepare them. This usually means one and a half to three hours.

For adult issues, a cognitive-behavioral theoretical approach is used to help individuals identify, evaluate and change thoughts, assumptions, beliefs and expectations which influence their feelings and behavior. Ideas from family systems theory are used to help members identify their feelings, as well as understand and change their thoughts and actions within a family setting.

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Clients have a responsibility to be informed consumers. As such, you are responsible for choosing the provider and treatment modality which best suits your needs. You may, at any time, refuse or request a change in treatment or a referral to another therapist. You are expected to actively participate in your therapy. Keeping your appointments and completing various homework assignments will be an important part of the process to help facilitate your progress.

My personal Christian beliefs and values influence my perspective. At the same time, the beliefs and values of my clients are treated with respect. The therapeutic process should be characterized by openness and a collaborative attitude on both of our parts. Please feel free to share any concerns and ask questions about any aspect of the counseling process. This may include the treatment approach used, your treatment goals and progress toward those goals, and the termination process.

When and how we end our therapeutic relationship is important. You may terminate this relationship at any time. However, I encourage you to discuss this with me at least one week in advance. This will give us an opportunity to discuss your reasons and to end our relationship with appropriate closure.

Typically, the therapeutic relationship ends as your goals are attained and we wind down slowly. For children this process ends when the reasons for their coming are stabilized, the symptoms are within acceptable limits, and the child is functioning satisfactorily at home and in school. Even after we have ended, "check-in" or "booster" sessions are available to focus on old concerns or new ones, should they arise. I am available as an ongoing resource for you to use as is needed.

Ethics and Standards: I follow the code of ethics of the American Psychological Association, the Christian Association for Psychological Studies, and the American Association of Christian Counselors, as well as the ethical and professional standards of the Washington State Psychology Licensing Law (RCW 18.83, 18.130, WAC 246-924). These documents are available in the office for your review.

If you have questions or concerns about the treatment you receive in this office please feel free to discuss them with me. In addition, or instead, you may contact the Examining Board of Psychology in Olympia, Washington at (206) 753-2147 and/or the Washington State Psychological Association's Professional Ethics and Standards Review Committee in Seattle, at (206) 363-9772.

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Education and Training: I have a B.A in Psychology, Westmont College; M.S. in Guidance and Counseling (School Psychology), University of Idaho; and a Ph.D. in Educational Psychology (clinical psychology minor), University of Washington. My clinical experience has been in a university counseling center, state hospital, public schools, university child development center, as a university professor, and in private practice. I received post graduate supervision for clinical membership in the American Association of Marriage and Family Therapists, and for licensure as Psychologist, State of Washington, #596. I have over 45 years of experience and contact with over 9500 children and adolescents. I am the author of 14 books, numerous articles and pamphlets, and have served as adjunct professor in the doctoral program in clinical family psychology at Seattle Pacific University. I am currently an adjunct professor at Northwest University.

Confidentiality: A record is kept of the health care services provided to you. All information you disclose is considered confidential and privileged, and will not be released without written authorization from you.

You may ask Dr. Martin to see and copy that record unless it is determined that release of your records would be detrimental or harmful to you. Under those conditions, alternative arrangements will be explained for how your records can be released. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. Some situations where the law allows disclosure of information without the client's authorization are to other health care providers providing health care to you, to public health authorities, and to any other person requiring information for an audit, quality assurance, peer review, or administrative, legal, financial or actuarial services to the health care provider.

The law requires disclosure of information pertaining to suspected child, dependent adult and elder abuse, inability to care for one's basic needs for food, clothing, or shelter, and threatened harm to oneself or others. Courts may also subpoena health care records.

In marital therapy it is generally not helpful for the therapist to be informed of material that cannot be shared with your spouse. If you choose to have your spouse participate in therapy, either individually or conjointly, both individuals voluntarily waive their right to confidentiality with the spouse while in counseling.

Services Provided to Minors: Any minor 13 years of age or older may request and receive mental health services without the consent of their parents or guardian. Parent authorization is required for any type of outpatient services if the client is younger than 13.

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Confidentiality must be maintained when mental health services are provided to minors. Information may be disclosed to others only in the following instances: In communicating with other mental health professionals regarding providing services to the minor or in making an appropriate referral; during guardianship or dependency proceedings; if a bona fide release is provided by the minor or by the parent in instances where the parent is legitimately acting for the minor; to the extent necessary to make a claim for financial aid, insurance or medical assistance; to the courts as necessary; to law enforcement officers or public health officers as necessary, but is limited to the facts of the case; to law enforcement officers, public health officers, and relatives if the minor has escaped from custody; and to appropriate law enforcement agencies and to a person whose health and safety have been threatened, or who is known to have been threatened or been repeatedly harassed by the minor.

If a minor is brought for mental health services by a noncustodial parent, and the situation is not an emergency situation affecting the health and safety of the child, the permission of the custodial parent must be obtained. If the child is 13 or older, then that child may provide his or her own consent for evaluation and treatment.

Medical Insurance: Some, but not all, insurance plans or other health care reimbursement programs cover psychological services. If you have any questions, contact your insurance carrier. Also make sure you have obtained the necessary authorization or referral for treatment.

Many insurance companies are taking an active role in managing treatment. Authorization for payment may be for a limited number of sessions with additional visits needing prior authorization, which may not be granted. Insurance companies and the managed care companies they utilize may require detailed verbal and/or written reports and client records.

In signing the this form you authorize the release of any information, reports, and records to your insurance company and their managed care firms to process your claim. Also, insurance companies often send treatment authorization letters and benefit explanations directly to the subscriber who may not necessarily be the client.

If your insurance is out-of-state, unless a separate contract has been established with your carrier, I ask that you pay your entire account as sessions are held. The necessary completed forms will be provided to you so that you may obtain reimbursement from your carrier.

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Fees: The standard fees are \$240 for the initial session and \$190.00 per session thereafter. The standard session is 50 minutes. Payment is requested at the end of each contact unless other arrangements are made in advance, or as stipulated by contract with your insurance carrier. There will be a \$25.00 charge for all returned checks. Also, charges may be made for procedures which are not covered by most insurance policies, including marital counseling, test supplies, questionnaires, inventories, test scoring and interpretation, report preparation, extended phone calls, sessions where the identified client is not present, and missed appointments.

Reports: Psychological, learning problems, attention deficit, and parenting plan evaluations will often include reports and letters. There will be charges for these services based on the time devoted to each activity. Most reports are \$570-\$960. If Dr. Martin's attendance is required at meetings or conferences held at locations other than his office, charges will be made for travel time as well as the time spent in conference.

Charges may be incurred for requests for client records. This will include the time for searching, duplicating, summarizing, or preparing written descriptions of the record. Dr. Martin may ask for this fee to be paid prior to release of the material. The standard fee for this service is \$190.00.

Cancellations and Missed Appointments: There is no charge for appointments that are canceled more than 24 hours in advance of the scheduled appointment time. Except in the case of an emergency or other unavoidable circumstance, a charge will be made for missed appointments.

Missed appointments will be charged at the regular \$240 or \$190 rate.

Unpaid Bills: Accounts not paid according to the guidelines above are both a business and a therapy concern. If payment is not made as agreed to there may be some anxiety or discomfort that can decrease the effectiveness of treatment.

If your account is overdue, Dr. Martin or his bookkeeper will discuss this with you, and every effort will be made to arrive at a mutually agreeable plan for bringing the account current. In the event this cannot be achieved, delinquent accounts may be referred to a collections service or attorney, and the information necessary to assure collection will be released. Should it be necessary to file suit, the client agrees to pay reasonable attorney fees. Interest may be charged at 1% per month on the balances that are past due for more than 60 days.

Your signature on the next page following the **Consent for Treatment** means you acknowledge receiving a copy of this disclosure and that you agree to pay for therapy which may be determined not "medically necessary" by your insurance company or their managed care firm.

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If you are a minor authorizing services, a parent or guardian must also sign this agreement if they are responsible for payment. If your parent or guardian is not responsible for payment, some other formal arrangement for payment must accompany this document.

Consent to Treatment: I hereby give my consent for psychological services to be provided. I have carefully read and received copies of Therapist Introduction, Disclosure for Psychological Services and Consent for Services, and the Considering Seeking Help From a Psychologist? brochure. I understand and agree to all the provisions contained in these materials. A photocopy of this form and signature shall be considered as valid as the original.

Persons 13 years and older must also sign this consent.

CLIENT / GUARANTOR SIGNATURE

Client's Signature _____ Date ____ / ____ / ____

If Minor, Birthdate ____ / ____ / ____

Guarantor's Signature _____ Date ____ / ____ / ____

OTHER SIGNATURES AS NEEDED

Signature _____ Date ____ / ____ / ____

If Minor, Birthdate ____ / ____ / ____

Signature _____ Date ____ / ____ / ____

If Minor, Birthdate ____ / ____ / ____

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I hereby authorize direct payment of applicable insurance benefits to Dr. Martin.

Signature _____ Date ____ / ____ / ____