

**PATIENT DISCLOSURE AND CONSENT FOR PSYCHOLOGICAL SERVICES**  
**EFFECTIVE 08/01/2021**

**Brain Metrics**  
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**Information and Disclosure for Psychological Services**

Welcome to Brain Metrics. This document is a disclosure statement containing important information about the professional services and business policies at Brain Metrics. These types of documents can be long, but I encourage you to read carefully and ask me any questions you may have so that we can discuss them. If you are accessing this document online, I encourage you to print or request a copy for your personal records. When you sign this document, it will represent an agreement between us.

This document also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. The HIPAA Notice of Privacy Practices explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information.

You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it, if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy, or if you have not satisfied any financial obligations you have incurred. The information in this Agreement also applies to the other documents for services that may interest you, including the consents for Walking Therapy and Telemedicine Care.

**Education and Background**

I started Brain Metrics in 2016 after working in a group private practice setting. I have a doctoral degree in clinical psychology (Psy.D.) and I am a licensed psychologist in the state of Washington (PY60527317). As part of my training, I completed a one-year, full-time internship with the Arizona Psychological Association Psychology Training Consortium. My practice focuses on providing treatment and evaluations for children, adolescents, and adults for a variety of presenting problems, such as anxiety, depression, adjustment, behavior change, health-related concerns, learning, and attention disorders. I often see individuals for only psychotherapy, only evaluations, or sometimes both depending on a variety of factors. We will discuss what is appropriate given your needs and my expertise. You have the right to raise at any time, any question about my training, therapeutic approach, and/or the progress of treatment. Please feel free to do so.

**Professional Services**

Psychotherapy Services - In office

Psychotherapy is a process of mutual collaboration between a therapist and a patient to ultimately explore the underlying causes of distress and find more adaptive and satisfying alternatives. Although there are many approaches to psychotherapy, research continues to support that the most crucial aspect in therapy is a strong professional relationship between the patient and therapist based on understanding, empathy, and openness. Therefore, I focus on creating an open atmosphere that allows for exploration of an individual's thoughts, feelings, relationships, and life patterns. Above all, it is important that you feel understood.

My approach to psychotherapy typically integrates multiple therapeutic orientations including solution-focused, cognitive-behavioral, and person-centered theories as well as mindfulness-based techniques and a holistic treatment perspective. As the patient, you have the right and responsibility to choose a provider and treatment modality that best suits your needs. If you believe the work we are doing does not suit your needs, or if you wish to work with another provider for any reason, it is your responsibility to let me know so that I can refer you to another provider if that is what you would like.

Therapy can pose some potential risks. Confronting and feeling painful thoughts and emotions that you have been trying to avoid can be difficult. I cannot promise to make any particular diagnosis, nor can I promise any particular therapeutic outcome. Successful therapy requires the mutual effort of the patient and therapist. The duration of therapy depends on a variety of factors, and we will discuss your progress throughout the course of therapy. In addition, if it is my professional opinion that I am not the appropriate treatment provider for you, I will refer you to another provider.

The initial 1-3 psychotherapy sessions are for diagnosis and treatment planning. We may work toward developing therapy goals and a focus of therapy that is mutually agreed upon. I will often solicit your feedback about your experience in therapy in order to ensure that we are working toward your goals. Therapy may involve work to be done between sessions, for example tracking symptoms or practicing a new coping skill. We will discuss your preferences for these tasks in therapy. Additionally, we will periodically review your therapy goals and progress in order to make appropriate adjustments throughout your treatment. If you have questions or concerns about your therapy, goals, and/or progress, please discuss them with me.

Psychotherapy Services - Telemedicine Services

After the completion of the in-person diagnostic process, telemedicine services may be offered as supplemental to, or in place of, in-person psychotherapy services. The appropriateness of telemedicine services to your care needs will be determined by Caitlin E. Ames, Psy. D. and you.

If you are participating in telemedicine services, please carefully review the attached Telemedicine Disclosure document, which is supplemental to and made part of this Patient Consent for Psychological Services.

#### Psychotherapy Services - Walking Therapy

Walking Therapy may be offered as supplemental to, or in place of, in-office psychotherapy services. The appropriateness of Walking Therapy to your care needs will be determined by Caitlin E. Ames, Psy. D. and you. If you are participating in Walking Therapy services, please carefully review the attached Walking Therapy Informed Consent, which is supplemental to and made part of this Patient Consent for Psychological Services.

#### Psychological Evaluation Services

Individuals seek psychological evaluation for a variety of reasons. For example, many primary care physicians, psychiatrists, nurse practitioners, and therapists refer their patients for evaluations in order to inform their treatment plans and gain diagnostic clarity. Additionally, individuals and parents seek evaluations to determine the presence of learning disabilities, attention disorders, or other symptoms that may impact functioning in school, work, or social roles.

My role is to provide information and/or recommendations that will assist you and/or the individual who has referred you for evaluation services. As an evaluator, I must remain neutral and carefully consider all information. The results of the evaluation may or may not be favorable to you. Conclusions may be contrary to your personal, professional, medical, financial, or legal position. As stated earlier, I cannot promise to provide a certain diagnosis or a certain outcome.

The evaluation will typically include a diagnostic interview, psychological testing, review of records, and telephone contact or interviews of individuals who may have pertinent information. Psychological tests vary in how they are administered, but generally include questionnaires and completing tasks such as puzzles or solving word problems. Depending on the purpose of the evaluation, your participation will typically be 4-8 hours and completed in one or more sessions. Unless referred pursuant to a legal matter (e.g., disability evaluation) or otherwise prohibited by law, you will be given an opportunity to meet with me to discuss the results of your evaluation and recommendations, as well as the right to a copy of the psychological report. If you request the psychological report be released to anyone other than yourself, you must complete an Authorization for Release of Information specifically naming the person to whom you would like the report released, and you are responsible for the costs associated with copying and providing your psychological report. In accordance with professional standards and because there is risk of misinterpretation of raw test data, raw test data and protocols are not released to anyone except licensed psychologists. If you request the raw test data, you must complete a release of information specifically naming the licensed psychologist to whom the data will be released, and you are responsible for any costs associated with copying and providing your file.

It is important to be aware no assessment will provide absolute predictions. The validity of conclusions is limited by the quantity and quality of information available. Imperfect validity and reliability for psychological testing means that tests sometimes err, both in falsely showing conditions that are not present and in failing to show conditions that in fact exist. In addition, it is possible to experience symptoms while not meeting full diagnostic criteria for a disorder. Changes in the frequency or severity of symptoms can occur over time or with changing circumstances that may warrant additional evaluation.

Including a spouse, parent, close friend, or other support person with you for the diagnostic interview can be helpful. The testing portion of an evaluation is conducted one-on-one. Due to the potential for biasing results when observers are present, support persons are not typically included in testing appointments. You have the right to refuse evaluation, change treatment providers, or receive a referral to another provider at any time. Unless prohibited by a court of law, you have the right to refuse and/or discontinue evaluation services at any time and should let me know if you wish to be referred to another provider.

#### **Ethics and Professional Standards**

I am a licensed psychologist in the State of Washington and a member of the American Psychological Association. As such, I am accountable for my work with you. If you have concerns about the course of treatment or evaluation, please discuss them with me. Should you feel that I have been unethical or unprofessional, you may contact the Department of Licensing in Olympia, WA Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857. Phone contact may be made at 360.236.4700 or 360.236.4910. Email contact may be made at [hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov).

The relationship between patient and psychologist is unique and requires both considerable trust and appropriate boundaries. Ethical guidelines prohibit dual relationships that are likely to cause harm. Therefore, social and business interactions outside the context of therapy and evaluation are discouraged. Intimate contact between therapist and patient is always inappropriate. I do not have social or sexual relationships with patients or former patients.

Additionally, although uncommon, it is possible that we will encounter each other in a public setting. To uphold confidentiality and minimize any risk of harm, it is my policy not to acknowledge patients outside of the office. You are free to make the choice of whether to greet me in such instances. Should you choose to do so, neither party will refer to the therapeutic relationship. If you have questions or concerns about encountering each other outside of the office, please ask me so we can discuss them.

#### **Contacting Me**

Due to the nature of my work and my work schedule, I am often not immediately available by telephone or email. When I am unavailable, your call will be routed to my voicemail, which I monitor throughout the workday. I will attempt to return your call or email within 24 hours, except for messages left on weekends, holidays, and outside my operating hours on weekdays. If you are difficult to reach, please inform me of a few times when you will be available.

If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the King County Crisis

Clinic at 1-866-427-4747. If I will be unavailable for an extended period, I will provide you with the name of a colleague to contact, if necessary.

**In the event of an emergency**, do not wait for me to return your call. You should:

Contact the King County Crisis Line at 1-866-427-4747; or

Call 911; or

Go straight to the nearest **Emergency Room**

If throughout the course of treatment, you are experiencing ongoing crises and require more access to your mental health provider than I can accommodate, then we will discuss finding a more appropriate treatment setting for you.

### **Appointments and Fees**

#### Psychotherapy Services

For psychotherapy services, the first 1-3 sessions will include a discussion of your current concerns, relevant background information, and the formation of a diagnosis. I will need to understand your current challenges in the context of your life. Determination of whether I can be of help typically takes 1-3 sessions and I provide a course of treatment once known.

Ongoing therapy appointments are generally scheduled once per week. However, in certain circumstances and upon mutual discussion, sessions may be scheduled more or less frequently and/or delivered through telemedicine.

The fee for psychotherapy is \$250 per session. Sessions are approximately 50 minutes. Sessions lasting longer than 60 minutes are billed at \$250 per one hour time slot, in addition to the initial session fee. Payment in full is due at the time of each session, unless we have prearranged a different payment agreement in writing. Time spent preparing reports or correspondence, including those requested by your insurance company, and daytime telephone consultation, calls lasting ten minutes or longer, or other services you have requested will be billed at the \$250 hourly office rate. There is no charge for routine calls under ten minutes regarding scheduling appointments, billing, and other routine administrative tasks involved in your care.

A returned check fee of \$25 will be imposed on any check returned for insufficient funds. Please remember that it is important for you to maintain payment for services so that continuity of care can be maintained. Non-payment may result in termination of services. If you are not able to pay for services, I will provide referral to another provider or agency.

#### Telemedicine Services

Please see the attached Telemedicine Disclosure form for appointment and fee information.

#### Psychological Evaluations

The psychological evaluation process includes the diagnostic interview, test administration and scoring, and related evaluation services. The diagnostic interview is a clinical assessment of the patient and is used to determine the appropriate tests and how those tests should be administered. The diagnostic interview is scheduled for 60 minutes and may include additional time for collateral interviews as appropriate and review of prior records. Test administration and scoring occurs over 1-3 appointments as appropriate. Related evaluation services include the integration of patient data, interpretation of test results and clinical data, clinical decision making, treatment planning, reporting, and interactive feedback. We will schedule a feedback session to review testing results and recommendations as well as answer any questions you have at that time. Feedback sessions are scheduled for 60 minutes.

All psychological evaluation services are billed a rate of \$250 per hour. There is no charge for routine calls under ten minutes regarding scheduling appointments, billing, and other administrative tasks involved in the assessment process.

Please be aware that many insurance plans place limits or exclusions on psychological assessment. For example, certain assessments may not meet the standards set by your insurance company for medical necessity. In this instance, you may have the right to request an appeal. Many insurance companies do not reimburse, or only partially reimburse, out-of-network claims. It is your responsibility to find out from your insurance company the extent to which your benefit may be limited.

A returned check fee of \$25 will be imposed on any check returned for insufficient funds. Please remember that it is important for you to maintain payment for services so that continuity of care can be maintained. Non-payment may result in termination of services. If you are not able to pay for services, I will provide referral to another provider or agency.

IQ testing and assessment for school eligibility is charged on a per test basis and billed at the \$250 hourly rate. Please see the academic evaluation billing policies for appointment and fee information.

#### Legal Work, Testimony, and Deposition

At times, individuals involved in litigation or other legal situations request that my records or testimony be provided. These circumstances have clinical and financial implications, which should be discussed. If you become involved in legal proceedings and require my participation, you will be billed for my professional time, including but not limited to time spent preparing, reviewing records, transportation, providing court testimony or deposition, even if I am called to testify by another party. You will be billed at the rate of \$300 per hour for preparation, travel, wait times, and attendance at any legal proceeding – even if I am ultimately not called to testify, as may occur if a matter is settled. A minimum half day retainer (\$1200) will be required in advance.

### **Cancellation Policy**

If you are unable to attend an appointment, I request that you provide at least 24 hours advanced notice to my office. Since I am unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not cancelled within 24 hours.

For cancellations made with less than 24 hours notice, or for a scheduled appointment that is completely missed, you will be mailed a bill directly for the full session fee. You can access all billing information through the client portal at any time.

### **Insurance**

I am not an in-network insurance. This means I will not bill your insurance directly for services and payment is due at the time of service. Should you choose to submit out-of-network claims, it is your responsibility to find out the extent of your plan benefits from your insurance company.

If you decide to submit out-of-network claims, you should be aware that your insurance company requires certain information from me, including your diagnosis. At times, some insurance plans require that I submit additional clinical information such as treatment requests or updated treatment plans. In such situations, I will make every effort to release only the necessary information for the purpose requested. This information will become part of the insurance company files and will likely be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over the information once it has been obtained by the insurance company. Upon request, I will provide you with a copy of any report I submit. If you have any questions or concerns about this matter, please feel free to ask. If your insurance denies payment, you remain responsible for payment in full.

### **Confidentiality**

Confidentiality is an essential element to all assessment, evaluation, and psychological services, particularly psychotherapy. It is important that you know that your communications with me are private, yet certain limitations exist. The law protects the privacy of all communications between a patient and a psychologist. In most cases I can only release information about your treatment to others if you sign a written Authorization for the release of information form that meets certain legal requirements imposed by Washington state law and/or HIPAA.

There are some situations in which I am legally obligated to take actions in which I may have to disclose information about a patient without the patient's consent or written authorization. If such a situation arises, I will limit my disclosure of information to what is necessary. Although these situations are unusual in my practice, they include:

- If I have reasonable cause to believe that a child, elderly, or vulnerable or dependent adult has suffered abuse or neglect, I am required to file a report with the appropriate state agency. Once such a report is filed, I may be required to provide additional information.
- If you have admitted any prenatal exposure to controlled substances that could be harmful to the mother or the child.
- If I have reasonable cause to believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If the patient threatens to harm herself or himself, I may be obligated to seek hospitalization for her or him and/or contact others who can help provide protection.
- Per Washington state law, I must report to the state licensing board any instance where a healthcare provider (including psychologists, therapists, physicians, or allied healthcare professionals) is impaired, behaves unprofessionally, or engages in sexual misconduct with a client. If you are a health care provider and my patient, your confidentiality remains protected under this law.

Other situations in which disclosure of confidential information may be required include court orders, claims with Labor and Industries, government oversight, or if a patient files a complaint or lawsuit against me.

While this written summary of exceptions to your confidentiality should prove helpful in informing you about potential disclosures, it is important that we discuss any questions or concerns that you may have now or in the future. Additional information is contained in the HIPAA Notice of Privacy Practices document attached. The laws governing confidentiality can be quite complex and I am not an attorney. In situations where specific advice is required, formal legal advice may be pursued.

You should be aware that I consult with other health and mental health professionals at times. These professionals are legally bound to keep the information confidential, additionally any such consultations are noted in your clinical record and considered PHI. Disclosures required by health insurers and to collect overdue fees are discussed above.

Please be aware, unless with mutual written consent, neither you nor I may record sessions or phone calls at any time.

### **Patients Ages 13-17 Years**

In Washington State, you can consent to your own mental health treatment at the age of 13 years. This means that your parent(s) or guardian(s) cannot legally have access to your records without your written permission. When providing treatment to patients between the ages of 13 and 17 years, I follow the same confidentiality guidelines as I would for an adult (outlined above) with one exception: If the minor informs me of behavior that puts him or her at risk of harm, regardless of whether or not I must, by law, disclose this information to authorities, I may discuss the information with the parent(s) or guardian(s) of the minor. Before disclosing such information and involving the parent(s) or guardian(s), however, I may discuss the need to do so with you and attempt to come to an agreement about how the information will be disclosed. It is your safety and best interests that I prioritize in these situations, and I evaluate each situation individually before acting.

If you are submitting out-of-network claims for psychotherapy or evaluation services to your parent's or guardian's medical insurance, you should know that your parent or guardian will receive an Explanation of Benefits (EOB) for each visit, as is standard for any procedure billed to an insurance company. The EOB will disclose the code we are using for the diagnosis. If you do not want your parent or guardian to have this information, I can talk with you about contacting the insurance company.

Furthermore, if a parent or guardian is paying for any portion of your psychotherapy or evaluation services, I will obtain your written permission to discuss billing and financial matters with your parent or guardian. You must be willing to give consent for me to discuss financial matters with your parent or guardian if applicable.

**Professional Records**

The laws and standards of my profession require that I keep Protected Health Information about you in my professional records. This record includes, but is not limited to, information about your reasons for seeking psychological services, your level of functioning, your diagnosis, the goals we set for treatment, your progress toward these goals, your medical and social history, your treatment history, any past records that I receive from you or other providers, psychological test results, reports of any professional consultation, letters or correspondence from you, signed clinical documents, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

Your records are kept using an online electronic medical record platform with HIPAA compliant encryption and/or maintained in a secure location in my office. All sensitive electronic information, including your PHI, is hosted in a Tier 1 secure hosting provider specializing in helping healthcare organization achieve and maintain HIPAA and HITRUST security requirements.

Communication by telephone, cell phone, and email will be involved in administrative aspects of delivering psychological services. However, you should be aware that telephone, cell phone, and email are generally not considered a secure means of communication and should not be utilized in a clinical capacity.

You have the right to access and review the record of the healthcare services provided to you. You may request to see and to make a copy of the record. You may also ask to correct the record. If I do not agree with the amendment you request, a notation of the request will be made. The record may not be disclosed to others unless you direct me to do so or unless the law authorizes or compels me to do so.

Except in the unusual circumstance that I conclude disclosure could reasonably be expected to cause harm or danger to the life or safety of the patient or any other individual or that disclosure could reasonably be expected to lead to the patient's identification of the person who provided information to me in confidence under circumstances where confidentiality is appropriate, you may examine and/or receive a copy of your record with a written request. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the contents. In most situations, I am allowed to charge a copying fee in the range of \$0.65 per page for the first 30 pages and \$0.50 per page after the first 30 pages, as well as a \$15 clerical fee, depending upon statute. I may withhold your records until fees are paid. The exceptions to this policy are contained in the attached HIPAA Notice of Privacy Practices. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

**Consent for Treatment**

I, (the identified patient/guardian) \_\_\_\_\_ on my own behalf, authorize Caitlin E. Ames, Psy.D. to render psychological services to me, and to release mental health information to my insurance company to the full extent specified under any or all Federal laws and Washington state statutes, or as subsequently amended to, to provide utilization review and quality assurance service for the administration of claims for benefits relevant to my treatment. I further authorize Dr. Ames to directly receive all payment of benefits due, unless I am responsible for payment of services rendered.

I acknowledge that I am aware that I may inspect the information disclosed at any time, and may revoke this authorization at any time if I provide written revocation to Dr. Ames. I agree to accept financial responsibility for mental health care services provided if my insurance should deny claims for benefits due to the inability to examine my mental health records. I certify that all the information I have provided is true, accurate, and complete. I further agree to be personally responsible for all reasonable charges not paid by my insurance company.

**Signing this Agreement**

Once you have read and understand this agreement, please sign below, permitting me to provide psychological services to you. If there is any portion of this agreement that you do not understand or about which you have questions, please discuss it with me before signing below. Your signature also acknowledges that you have read and understand this agreement, have had all your questions answered, you agree to the terms of this agreement, have received a copy for yourself if requested, and have been provided access to a copy of the HIPAA Notice of Privacy Practices document described above and attached to this document.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Psychologist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient refuses to acknowledge receipt**

**Psychologist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_