

Office and Professional Policies

Welcome to my practice. I am pleased to have the opportunity to work with you. Before you begin your work with me, it's important that you are fully informed concerning my services. Please feel free to ask me any questions you have about this information so we can discuss them at our first meeting.

I have been treating children and families for over 20 years, providing assessment, therapy, and consultation. I obtained my doctorate in clinical psychology at the University of Washington in 1996, with a specialty in child and family assessment and treatment. In addition, I have taught at the University of Washington and at Antioch University, training graduate students in the assessment and diagnosis of child and adolescent disorders. I also have extensive experience and training working with parents and individual adults, particularly women.

Client's Rights: As my client you are entitled to certain specific rights under the law.

- You are free to select the treatment provider and type of treatment that best suits your needs. You are encouraged to ask questions and gather as much information as you need to make an informed decision.
- You are entitled to see, copy, and correct factual errors in records kept regarding health care provided to you. A fee will be charged to copy your records. You also have the right to have no records. However, this may present some difficulties for our treatment or in obtaining insurance reimbursement. Please ask me about this if it is important to you.
- You are entitled to a description of my fees and cancellation policies and a description of my professional training and clinical orientation.
- If at any time you are uncomfortable with the direction our treatment is taking, you have the right to discuss this with me so that we can make adjustments; these might include a change of therapy approach, a referral to another therapist, or discontinuation of therapy.
- If you believe that I have acted in an unprofessional or unethical manner, you have the right to contact the Department of Health, Examining Board of Psychology, P.O. Box 47868, Olympia, WA 98504-7868.

Confidentiality: Whatever we discuss in our sessions is confidential and generally cannot be disclosed without your written consent. This means I will need an information release form signed by you (or any client 13 years or older) before I can communicate with anyone about your case. However, you should know there are a few legal exceptions. Examples of these as provided by law are:

- If there is a suspicion of abuse or neglect of a child, developmentally disabled adult, or a dependent or vulnerable adult, I must report it to the Department of Social and Health Services.
- If you, or a dependent child, appear to be at risk for harming yourself or him-/her- self or someone else, I must take appropriate action.
- In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if s/he determines that resolution of the issues before her/him demands it.
- The law permits me to disclose information about your care to other health care providers if they are treating you and have reasonable need for that information (e.g., primary care physicians). I believe this insures continuity of care and is therefore a good idea. By signing this you are giving me permission to communicate basic information about your treatment in writing or by phone to your primary care physician. You have the right to see this communication and discuss it with me.

Like other psychologists, I consult with other professionals for feedback and supervision and you are therefore releasing me to do so with the understanding that I will make every effort to disguise any information about you. The consultant is also legally bound to keep information confidential.

Phone calls: If you need to contact me for any reason, please call my office at 206.323.1399. If you get my voice mail, please be assured that it's completely confidential and can only be accessed by me. I will make every effort to respond to your call as soon as possible. However, I cannot guarantee immediate availability. If you are having an emergency and can not wait for a response from me, please call the **King County Crisis Clinic at 461.3222**, call 911, or go to your nearest Emergency Room.

Fees: My hourly (50 minute clinical hour) fee is \$130. In addition to clinical appointments, it is my practice to charge this amount on a prorated basis for other professional services that may be required such as report writing, telephone conversations which last more than 10 minutes, attendance at meetings or consultations with other professionals which you have authorized, preparation of treatment records or treatment summaries or the time required to perform any service which you may request of me. In unusual circumstances, you may become involved in litigation, which may require my participation. You will be expected to pay for the professional time required even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$400 per hour for preparation for, and attendance at, any legal proceeding. Every attempt will be made to work out a satisfactory arrangement regarding your bill. Payment is expected at each session unless other arrangements have been made.

I have a separate arrangement for testing, or evaluation cases. In these cases I require a \$500 deposit, due at the time of the first appointment and the balance is due at the time of report completion.

Appointments and Cancellations: Your appointment is a time that has been reserved exclusively for you. If for any reason you are unable to keep a scheduled appointment I ask that you give me 48 hours notice so that I may attempt to use that hour with another client. *If you do not provide 48 hours notice, my policy is to charge full fee for the missed appointment.*

Consent to Treatment and Agreement with These Terms:

I have read this "Office and Professional Policies" statement, have discussed any questions I have with Honora M. Hanley, PhD and consent to receive assessment and/or treatment with Dr. Hanley. I furthermore agree to the terms described in the policy statement and agree to assume responsibility for payment of fees.

Client or Guardian Signature _____ Date Signed _____

Client's Printed Name _____