

DISCLOSURE, POLICIES AND CLIENT FEE AGREEMENT

Welcome to my private practice. I am pleased to participate in your health care. The following information will help you become acquainted with my office, schedule, credentials, specialties, counseling style and policies. Please discuss any questions with me in session or by telephone call at any time after you have read the following information.

Location

My office is near Overlake Hospital and Whole Foods Market in Bellevue.

Directions to 9 Lake Bellevue: Take the NE 8th exit from I-405 and proceed east. Go straight at 116th, cross the railroad tracks, and move into the left lane as soon as possible. Take the left turn at 120th and stay left. The next intersection is an entrance to my office park. Turn left onto Lake Bellevue Drive and proceed all the way to the border of the office park, which is toward the light rail under construction.

Nine Lake Bellevue is the last building on the lake with a bridge passage to the front entrance. Turn left into the parking lot and park in a non-reserved stall. Please bring your license plate numbers/letters with you to secure approved parking in our lot. I am in Suite 214. Please wait for me in the waiting area of my office suite, where I will come to greet you at the beginning of our appointment.

I am licensed in the State of WA to practice both mental health therapy and dietetics.

Sometimes, I will serve clients as both therapist and registered dietitian (RD). This decision is collaborative and also based upon the treatment model best suited to the client's needs.

I have practiced dietetics for over 30 years, and psychotherapy for over 25 years. My training and experience is extensive in the full spectrum of weight and eating concerns in children, teens and adults. I also have extensive experience in nutrition for cancer and cardiovascular disease. I obtained my undergraduate degree in nutrition research at WSU, then completed a master's degree in clinical nutrition at the UW. Four years later, I returned to graduate school for a master's degree in psychology at Antioch University, where I focused on couples and family therapy, mood disorders and eating disorders.

I work with individuals, couples and families. I also teach separate emotion skills classes for adolescents and adults. I specialize in eating disorders, anxiety, depression, grief and loss, relationship struggles and parenting. As a WA State approved supervisor, I offer clinical supervision to other therapists.

Counseling Style

My approach to people and problems is informed by several theoretical orientations. I have a deep regard for interpersonal, cognitive-behavioral and internal family systems models. Internal family systems therapy is a respectful blend of psychodynamic and systems theories. Under the CBT umbrella of models, I am very experienced in CBT, DBT (especially RO DBT for disorders of overcontrol) and ACT. As an eating disorder specialist, I am trained and experienced in FBT and a version of FBT for transition-age youth called FBT-TAY. I assess each individual and

family for the best possible approach to eating disorder recovery. Sometimes, I will treat from more than one model over the course of treatment.

As I work with clients and families, I hold regard for each individual's developmental stage, the family's life cycle stage and stages of change. My stance toward clients and their problems is both curious and compassionate, and I encourage my clients to cultivate such an approach with themselves. I believe this way of being with oneself fosters the awareness, acceptance, flexibility and commitment associated with change and healing at the deepest levels.

Clients with habitual over-controlled coping behaviors common in anxiety disorders, treatment-resistant depression and restricting eating disorders may benefit from a specific treatment called Radically Open Dialectical Behavior Therapy, or RO DBT. This treatment includes a 30-week skills class in addition to individual therapy sessions. I like to clarify that any treatment we commence with as we co-create your care plan will be a collaborative process and decision between us. There is no expectation that you accept any particular treatment.

As a registered dietitian nutritionist (RDN), I take a combined "intuitive eating" and developmental approach to issues regarding eating, weight and body image. I seek to help my clients experience nutritional wellness through a balanced accountability to pleasure and science-based knowledge. With eating competence a primary objective, I additionally support my nutrition clients in accepting their genetic endowment for body size, shape and weight.

Emergencies

I check my voice mail numerous times daily Monday through Friday and somewhat less often on the weekends and evenings. Since life-threatening emergencies may arise, I have an emergency cell phone to increase the likelihood of being reached promptly. If clients experience a crisis while in my care, I ask them to call **both** my voicemail (426.688.7877 ext. 3) and my emergency cell phone (206.465.3394). If I do not respond within 15 minutes and there is lacking social support for safety or comfort, I urge clients to consider calling the Crisis Line at 206.461.3222 or reporting to a nearby emergency department. If the emergency is clearly life threatening, it is important to call 911 first. After receiving a timely response to crisis, I ask clients to notify me at both my voicemail and emergency cell numbers so that I may participate in assessment and care. Please call my office phone for non-emergencies such as rescheduling an appointment. You may also email me if you prefer, with the understanding that email is not 100% secure.

Confidentiality and Information Security (HIPAA)

Confidentiality is an essential component of the client-counselor relationship. I adhere to AAMFT clinical standards for confidentiality, which prevent me from releasing any information about clients or their care to anyone else without authorization in writing. This clinical standard does not apply to clients under age 14 or to clients expressing intent to harm self or others.

With regard to confidentiality, please note that although I do my own billing, I sometimes employ a billing and accounting person for administrative assistance. Certain personal information will be exposed to this person as part of their job. Such person(s) will adhere to the same ethics regarding confidentiality as do I.

Records are stored according to HIPAA regulations. E-mail and voice mail communications with other practitioners involved in your care that you authorize via written consent will utilize first-letters only of both first and last name, never the full name, i.e. Molly Smith = MS. Other identifying information (schools, workplace, occupations, residences) is never included in such communications from me.

This form will ask if you are willing to receive email responses from me to any non-secure email you may initiate between us. My electronic practice management system offers encrypted email as well as credit card processing. Encrypted email simply requires an additional step with passwords and usernames, but it is more secure.

HIPAA regulations continue to evolve. Please read and indicate at the end of this document that you have read my policies and practices for complying with HIPAA.

Fees/Payment/Insurance

As of February 16, 2019, I will be *fully out-of-network* as a provider in both of my professions. Clients may pay for my services with cash, personal check or Visa/MasterCard. I also have a convenient link to PayPal from my website, lisageraud.com. If you present me directly with a credit card rather than using PayPal, I will key in the information needed on my electronic health record, after which the card information is stored securely for future use if you prefer to pay that way again. I will provide receipts for payments and superbills reflecting needed information about the session, my practice and your payment for processing your out-of-network paperwork.

If you have out-of-network benefits with your insurance policy:

I collect the full fee from you for each session and supply you with a superbill reflecting payment in full to send to your insurance for reimbursement to you for any out of network benefits you are entitled by your policy. If you intend to process your sessions for out-of-network benefits, I must charge you my going rate for services.

If you do not have insurance or out of network benefits with your insurance policy:

If you do not have insurance, my policy is to collect the full fee at the beginning of each session. If paying privately at my fee presents a significant financial hardship for you, please discuss this with me. I utilize a modest fee adjustment scale dictated by income levels for clients without insurance. It is important that we stipulate you will not be seeking insurance benefits on a reduced fee.

In all cases, determining annual deductibles, session coverage and extent of coverage is the client's responsibility.

My policy is to collect the fee for each session as it occurs rather than permit a balance to accrue. If someone else is paying for your sessions and it is much more convenient to bill them regularly, please discuss that option with me.

You may request a statement or a conversation about the financial aspects of our work at any time.

Fees for sessions, groups and classes:

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|--|--------|----------------------------|
| Therapy intake (first) session | \$180 | (50 minute hour) |
| Therapy and nutrition sessions | \$135 | (50 minute hour) |
| Clinical supervision | \$135 | (50 minute hour) |
| Classes and groups | ~ \$70 | (90 minutes to 2 hours) |
| Report writing, telephone calls, extensive coordinated care with other providers | \$2.70 | per minute over 10 minutes |

Appointment Change, Late Cancellation and No-show Policy

Clients needing to cancel and reschedule may leave a message on my voicemail at 425.688.7877 ext 3 or send an email.

Appointments cancelled with less than 24 hours' notice will result in a 75% charge for the session which must be paid before the next appointment, even if the cancellation is due to illness. Clients arriving late for session are charged for the full scheduled time. Please be assured that I use the time of

the call or email in determining the time of notice, not when I hear or read messages. Although I make every effort to return calls within 24 hours, I may not respond before the appointment time you are canceling.

If clients realize on short notice that they cannot make it to an appointment, they may request a partial session by telephone. I offer this only irregularly and if I learn of a client's inability to attend a session by 5 minutes after the scheduled start time. **These telephone conversations are not billable to insurance**, but at least clients may receive something for the hour charged, which becomes the full rate rather than 75% of the full rate.

Complex coordinated care with numerous other providers may result in additional charges which will be billed at \$135/hour. I will always ask for your consent beforehand to have such extended consultations with your team. Please note that these charges are not covered by insurance.

Fee and Payment Agreements

1. My fee/hour for services from Lisa Geraud, MA, MS, RD, LMFT

Please initial

Initial session: \$180 for 50 minute intake

Follow up sessions: \$135 for 50 minutes through August 31, 2019

\$145 for 50 minutes as of September 1, 2019

2. I agree to deal with the financial portion of each session within the 50-min. hour and leave the session with my payment receipt and superbill in hand.

3. I understand using a credit card for payments incurs a processing coverage fee of \$4 per \$135 transaction.

4. a. I intend to seek out of network benefits through my insurance with _____ and accept responsibility for understanding my out of network insurance benefits for Lisa Geraud's services.

b. I do not intend to seek out of network benefits through insurance.

5. I have read and understand Lisa Geraud's policies on additional fees, late cancellations and no-shows.

6. I have received Lisa Geraud's policies and procedures for protecting my health care information (HIPAA).

7. I consent to non-secure email responses from Lisa Geraud.

8. Signatures:

client signature or parent date
signature for child <14 yrs.

additional client signature date
for couples/family therapy

additional client signature date
for family therapy

additional client signature date
for family therapy

additional client signature date
for family therapy

additional client signature date
for family therapy

Lisa Geraud, LMFT, RD date