

Lisa Geraud, MA, MS, RD, LMFT

Licensed Marriage & Family Therapist – Registered Dietitian

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**DISCLOSURE
POLICIES
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 U-turn option at the light at Bel-Red Rd., which then places you heading west on NE 8th. Turn right at 118th (Sunset Glass) and proceed along the street/lane to the entrance of the complex. You will see a sign for Nine Lake Bellevue. Turn left toward the hedge and park in a non-reserved stall. The building is the first one next to the hedge, with a short bridge, with “Nine” on the awning. I am in Suite 214.

Professional Credentials and Specialties

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 28 years, and psychotherapy for 24 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 in 1980, and completed a masters degree in clinical nutrition at the UW in 1987. I then completed a masters degree in psychology in 1992 at Antioch University, where I focused on couples and family therapy, mood disorders and eating disorders.

I work with individuals, couples and families and also teach emotion skills classes. I specialize in eating disorders, anxiety, depression, grief and loss, relationship struggles and parenting challenges. I am additionally a WA State approved supervisor and 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. As I work with clients, I hold regard for developmental 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 ourselves fosters the awareness, acceptance, flexibility and commitment associated with change and healing at the deepest levels.

Treatment for anxiety, depression and compulsive or impulsive behaviors may be enhanced with an emotion skills course covering the nature and function of emotions and emotion regulation skills. These skills come from cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), radically-open dialectical behavior therapy (RO-DBT) and acceptance and commitment therapy (ACT). I have found that these tools and concepts are most effectively learned in a class format as they are processed and practiced in concurrent individual therapy. Although I offer such a class, it is not an expectation that clients enroll.

As a dietitian, I take a biopsychosocial approach to eating and weight. I assess each client while attuned to current eating and activity behaviors, biological factors, genetic endowment, cultural effects and personal goals of the client. I encourage clients in mindfulness and heeding to internal hunger and fullness and help some people distinguish between appetite and hunger as needed. In cases where it becomes clear that a client is frequently eating excessively for their energy needs, I take a collaborative and comprehensive approach to fostering balanced eating and physical activity very different from traditional weight loss dieting.

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. I ask clients to call my office phone or send a secure email for non-emergencies such as rescheduling an appointment. Secure email is described in the next section.

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 and assistant. Certain personal information will be exposed to this person while submitting claims, and my assistant may initiate certain communications with you about appointments, paperwork, accounting.

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-letter abbreviations of both first and last name only, not full name, i.e. Molly Smith = MS. Other identifying information (schools, workplace, occupations, residences) is never included in communications from me.

Many clients initiate contact with me via email. After initial contact, additional email correspondence from me will be done via secure email only. I use an electronic practice management system that offers encrypted email and credit card processing.

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/Policies

Clients may pay for my services with cash, personal check or Visa/MasterCard. When paying with a credit card, I key in the information needed and it becomes secure in my electronic practice management system (Therapyappointment.com). I send a receipt securely and electronically for each co-pay or any payment on your account.

When I am in network with your insurance carrier:

I bill electronically for each of your sessions. I will ask to collect a co-pay each session if you have one. I am in-network with Regence, Premera, other Blue Cross/Blue Shield plans and Tricare.

When I am out of network with your insurance carrier:

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.

When you do not have insurance or out of network benefits:

If you do not have insurance, my policy is to collect the full fee at the beginning of each session. If paying privately for treatment presents a financial hardship for you, please discuss this with me. I utilize a modest fee adjustment scale dictated by income levels for clients without insurance.

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

I provide regular statements to clients with positive balances. You may request a statement from me at any time.

Fees for sessions, groups and classes:

Therapy intake (first) session	\$180	(54 minute hour)
Therapy and nutrition sessions	\$135	(54 minute hour)
Clinical supervision	\$135	(54 minute hour)
Classes and groups	\$70	(90 minutes)
Report writing, telephone calls, extensive coordination of care with other providers	\$90	per 60 min., or \$1.50 per minute over 5 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 x3 or send an email within the secure system of my practice management system.

Appointments cancelled with less than 24 hours notice will result in a charge for the session which must be paid before the next appointment. Failed appointments or late cancellations will be charged \$65 the first time and \$100 thereafter. Clients arriving late for session are charged for the scheduled time. Clients canceling due to illness will still be charged the session fee. Please note 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.

Complex coordinated care with numerous other providers may result in additional charges which will be billed at \$90/hour. Please note that these charges are not covered by insurance.

Fee and Payment Agreement

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

I ___do/___do not intend to utilize insurance through

_____ (insurer).

I agree to pay for co-pays before sessions and any collectible charges remaining after insurance reimbursement. I accept responsibility for knowing the degree to which my insurance will cover Lisa Geraud's services. I have read and understand Lisa Geraud's policies on additional fees, late cancellations and no-shows.

2. I will pay my co-pay of \$_____ before each session by ___check ___credit card ___cash

Credit card option: I authorize Lisa Geraud to charge my session co-pay with a credit card and have willingly provided this information for entry into her practice management system. I understand any additional charges will be processed only with my verbal consent.

_____ (initials).

3. I ___do/___do not consent to be contacted by secure email. If you answered that you do consent to email as a means of communication, please initial here: _____.

Email address: _____

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

Signatures

client signature
date

date

additional client signature

parent signature for client
under age 14

date

additional client

date

additional client

date

additional client

date

Lisa Geraud, LMFT, RD

date

Please keep a copy of this document for future reference.