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Hello and welcome! This form is designed to provide you with the information you need to make educated choices about your psychotherapy. Included in this form is information about your rights as a client as well as a set of mutual expectations regarding your treatment.

**What is therapy?** Generally speaking, therapy is a series of face-to-face conversations wherein a therapist works collaboratively with a client to resolve issues of concern. While I cannot guarantee a satisfactory outcome, I promise to do everything within my power to ensure the best possible outcome for you, whether that means working with me or with another provider.

For the vast majority of clients, therapy involves careful examination of the relationships and circumstances that are contributing to psychic pain. It is common for clients to feel more uncomfortable before they start to feel better. We can only heal what we are willing to feel. Thus, If you are willing to show up and try your best, there is a greater likelihood that your present concerns will eventually resolve.

If, at any point, you wish to discontinue treatment with me, I encourage you to schedule a meeting to discuss this decision in person. However, it is your right to discontinue treatment, at any time for any reason.

**Sharing your PHI (Protected Health Information) with your written consent or authorization.** Under most circumstances, it is required by law that all information pertaining to your therapy be kept confidential. In most situations, I can only release information if you sign a HIPAA-approved authorization form. Here are some examples of situations wherein I would need your written authorization to release information:

**Consultation with other mental health professionals.** I participate in regular consultation with other licensed mental health professionals to insure that I am providing the best possible care for my clients. On occasion, I may discuss aspects of your case. It is my standard practice not to reveal any identifying information about you. Further, all of the persons with whom I consult are also required to keep confidential all information discussed during consultation.

**Involvement in Court Proceedings.** If you are ever involved in a legal proceeding and a request is made for your PHI, this information is considered privileged information and, thus, is protected by law. I can only provide privileged information with your written authorization, unless the court officially orders me to turn over your records. If you wish to contest any subpoenas requesting your PHI, then you must seek an order protecting the release of requested information.

**Sharing PHI without your consent or authorization.** There are rare circumstances wherein I am required by law to disclose information without your consent. Here is a list of those circumstances:

**Threat to self or others.** If, at any point during your treatment, it comes to my attention that you are seriously considering harming yourself or an identifiable other, I am required by law to seek action in protecting you and/or members of the community whom you wish to harm. This action may include notifying the potential victim(s), contacting the police, seeking hospitalization on your behalf, or contact family members who can help protect you.

**Abuse or neglect of a child or vulnerable adult.** If I have any reason to believe that abuse, neglect, abandonment, or financial exploitation of a child or vulnerable adult is currently taking place, I am required to inform the proper authorities, which is usually The Department of Health and Social Services. Once a report is filed, I may be required to provide additional information.

**A court order.** If a court ever requires me to release your records, I am required to comply with that requirement.

**The therapist's legal defense.** In the event that any legal action is taking against me on your behalf, I am allowed to disclose any information necessary to defend myself.

**Government agencies.** Should any governmental agency request information for health oversight activities, I may be required to provide it for them. Also, if you file a claim through Worker's Compensation and your therapy is considered relevant to that claim, I must provide a copy of your record to your employer and to the Department of Labor and Industries.

In the unlikely event that any of the above circumstances arise, I will make every attempt to talk with you before taking action.

**Phone Calls and Between Sessions.** On occasion, you may need to contact me between sessions. When you do, you may be instructed to leave a message when you call. When you leave a message, you can expect me to return it in a timely fashion, usually within one business day. If you do not hear from me within one business day, please call again and leave another message, as I may not have received the first one. I charge by the quarter-hour for phone conversations lasting longer than 5 minutes (See "Fees & Financial Responsibility" below). ***If your matter is urgent and you cannot wait for a return call, please call the crisis line at (206) 461-3222 or go to the nearest ER for assistance.***

**Email and Text Messaging.** In these fast-paced times, one of the things I most appreciate about therapy is that you and I get to speak personally and confidentially about the things that matter to you. In fact, it is the personal and confidential aspects of our relationship that make it therapeutic. Thus, I ask that email or text messages are used only for the purposes of confirming or scheduling appointments.

If you do not get a response to these forms of communication, please assume that I did not receive the email or text and call me. Clients are responsible for insuring that their messages have been received. If you are text messaging, please identify yourself so I know who you are.

***Also, it is important to know that, while I make every reasonable effort to insure your confidentiality, I cannot personally guarantee the confidentiality of your communication via text messaging or email. Please use these forms of communication at your own discretion.***

**Fees & Financial Responsibility.** Unless prior arrangements have been made, all sessions are 45-50 minutes in length and the fee for each session is 185.00. Couples and individual sessions are 80 minutes and are billed at a rate of \$300.00 per session.

All fees are due at the time of service and are payable via cash, check, or debit/credit card.

If you are out of the greater Seattle area and wish to meet remotely via video conferencing, the time and fee structure for each appointment is the same. To confirm your appointment, each Skype session must be paid in full no later than 24 hours prior to the scheduled session time. If payment is not received by then, the session will need to be rescheduled.

I charge \$185.00 per hour for other professional services you may need and will break down the hourly cost if I work less than one hour. Other services include but are not limited to writing reports or treatment summaries requested by third parties, telephone conversations lasting longer than five minutes (with you or with someone with whom you have requested me to speak), reading ancillary communications (e.g., email correspondences, journal entries, etc.), returning emails, disability-related or insurance-related paperwork, consulting with other professionals at your request, and preparation of records. Should there be any change in the rates quoted above, you will be given as much notice as possible. Professional fees are subject to change at my discretion with prior notice.

**Credit/Debit Cards On File.** I use Square to process all debit/credit transactions. Square offers the option of confidentially storing your credit or debit card information on file. Leaving a card on file allows us more therapy time together. If you opt to leave payment information on file, your signature on this form grants me permission to charge your card for all future therapy-related expenses,

including but not limited to therapy sessions, phone calls lasting longer than five minutes, appointments that are either missed or cancelled within 48 hours of the start of the appointment time, and any report-writing or communication related to your therapy.

Please note that I have no control over what Square does with client information once they have it. I cannot be responsible for Square's business or privacy practices. Debit/credit cards are used at the client's discretion.

**Late Cancellations or Missed Appointments.** Good therapy is consistent therapy. Scheduled appointments are reserved for you under the auspices that they will be kept. Please be mindful of cancelling or rescheduling your appointments.

Should you need to cancel or reschedule an appointment, *please provide at least 48 hours from the start of our scheduled appointment time* by phone, email, or text messaging. If a cancellation notice is received within 48 hours of the start of our scheduled appointment time and we are unable to reschedule that appointment within the same calendar week, a fee of 185.00 will be assessed.

If you leave a cancellation notice by text, email, or voicemail and you do not hear back from me within 24 hours, this means your message wasn't received. Please contact me again, preferably by phone, to avoid being charged for a late cancellation or missed appointment.

Frequent rescheduling or cancelling therapy sessions impacts the quality of your care. Therefore, if more than two cancellation or reschedule requests are received within a one month period, I reserve the right to either discontinue treatment or require a financial guarantee for all future scheduled appointments.

**Insurance.** If you wish to use insurance to cover the service, my services is considered out-of-network by all insurance entities. I encourage you to contact your insurance provider to ascertain the parameters of your out-of-network mental health coverage. Please note that full payment is due at the time of service. Should you desire, I am able to electronically bill most insurance companies on your behalf so that they may directly reimburse you in accordance with your out-of-network coverage. All clients who wish to bill Regence Blue Shield or Anthem Blue Cross for my services will be issued a statement of charges at the end of each month. This statement can be submitted directly to Regence or Anthem for direct reimbursement.

**Unpaid Bills.** Any unpaid balances are to be paid in a timely fashion, no more than thirty days after notice. If your account balance is overdue, I will attempt to develop with you a mutually agreeable plan to bring your account current. If this cannot be accomplished, I may employ on my behalf a collection agency. In the unlikely event that a collection agency is employed to bring current your account balance, I will need to provide them with any information necessary for the collection of funds on your account.

**Your records.** I maintain an ongoing record of your treatment. You have the right to see this record and copy it at your own expense (\$.65 per page, plus an administrative fee of \$15.00). If you wish to see your record, please submit a written request. In certain circumstances, I am legally entitled to insure that some information be shared in the presence of a person who is qualified to interpret the information. This is meant to reduce the potential harm to you should you encounter something in your record that could be misinterpreted. Should I refuse your request for records, you have a right of review, which we can discuss upon your request.

**Sharing Information with Insurance Companies.** Even in out-of-network situations, insurance companies require that I provide the minimum amount of information necessary to complete its task (most often "tasks" means reimbursement for therapy services). The information I provide (which typically includes dates of service and a diagnosis code) will become part of the insurance company's record and will likely be stored in a computer. Though insurance companies claim to keep confidential your information, I have no control over what they do with your information once they receive it. If you choose to be reimbursed by your insurance company, your signature on this document grants me permission to provide requested information to your insurance company.

**Litigation.** If you become involved in any form of litigation, you will be expected to pay for all of my professional time, including preparation, conversations with your or opposing party's counsel, and transportation costs. This is true, even if I am called by another party to testify. I charge \$300.00 per hour for any professional activity related to litigation. I reserve the right to require from you a retainer of \$1000.00 if I suspect that one might be necessary. Please inform me the moment you suspect you may become involved in any litigation.

**Returned Checks.** Clients will be charged a \$25.00 fee for any returned check, in addition to the original check amount. I reserve the right to require cash or its equivalent in the event of one or more returned checks.

**Grievance Procedures.** If you have any concerns about your treatment, please broach them with me as soon as possible and I will attempt to rectify them. However, if you feel the problem is serious and you have not reached resolution by talking with me, you may file a complaint with the Department of Health Examining Board of Psychology at (360) 236-4910.

Your signature on the signature page, located on the "Forms" page of my website (<http://www.drjillgross.com/forms.html>) conveys that you have read and understand the terms put forth by this document and agree to abide by its terms during our professional relationship. Please bring the signature page with you to the first session, as it will be kept on file. Thank you.