

# The Hope Connection of Northwest Family Life

## Policies & Procedures Agreement and Consent for Treatment

### Customary Fees for Service:

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- \$225 Initial Assessment Session
- \$130 Hourly Fee
- \$110 50 Minute Session
- \$75 Group Sessions (could vary for different groups)
- Sliding Fee Scale available for clients without insurance coverage

### Additional Fees for Service assessed according to your hourly rate:

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- Extended appointments
- Telephone calls or email responses lasting longer than 5 minutes
- Consultation with another paid professional (with your prior approval)
- Court appearances and preparation for court appearances (additionally, if subpoenaed to appear in court, mileage at .55/mile and parking fees incurred will be charged to the client)
- Professional correspondence to or about a client

### Late Cancellation/No Show Policy:

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- \$50 Fee will be charged for not appearing at your scheduled appointment time or failing to notify at least 24 hours in advance of a cancellation

### Crisis Information

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The Hope Connection of Northwest Family Life is a mental health counseling organization that does not provide crisis intervention. Instead, we give crisis information to our clients at the beginning of treatment. In the event of a crisis, please call the Mental Health Crisis Line at (206) 461-3222 or 911.

### Non-Discrimination Policy

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The Hope Connection of Northwest Family Life does not discriminate against any person because of race, color, national origin, sex, income, age, religion, creed, marital status, sexual orientation, or the presence of any physical, mental, or sensory disability. No person shall on the grounds of race, color, national origin, sex, or age be excluded from participation in any counseling programs or other services provided by our counseling staff.

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### Confidentiality

All therapists at The Hope Connection of Northwest Family Life are bound by professional ethics to protect client rights to confidential communication. All issues discussed in the course of counseling are strictly confidential (including children age 13 years and older). By law, health care information pertaining to you may be released only with your written consent or the consent of a parent or legal guardian. For this reason, if you want your therapist to release information about your participation in therapy, you will be asked to sign a "Release of Information," valid for ninety (90) days from the date of signature.

The law (RCW 18.19.180) does provide exceptions to client confidentiality where information may be released without your consent:

1. In the event of a medical emergency information deemed necessary for treatment *may* be released.
2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals *must* be contacted. This may include the individual against whom a threat is made.
3. In the event of suspected abuse of a child, dependent adult or elder, the proper authorities *must* be contacted. The abuse does not have to be personally witnessed by the counselor.
4. If you register a complaint with the Washington State Department of Health, information will be released as requested or required by the State to resolve the issue.
5. If ordered by a judge or other judicial officers, information regarding your treatment *must* be disclosed.
6. In the event of a client's death or disability, information will be released as authorized by the client's personal representative or beneficiary.
7. A counselor is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act.
8. Evidence that a minor client was a victim of a crime *may* be released to the proper authorities.

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### Records Review & Correction

All therapists at The Hope Connection of Northwest Family Life keep records of the mental health care services provided to you. You have a right, by law (RCW 70.02.070), to see and copy that record and to make corrections to your record. A reasonable fee will be charged for reviewing and/or photocopying any portion of your record.

### Consent for Treatment

I have read, initialed, and understand the above policies and procedures and informed consent information of The Hope Connection of Northwest Family Life. I understand that I may terminate treatment at any time and that if I have any complaint or grievance regarding my treatment, I will be provided assistance. I agree to the stated terms of treatment and hereby give my consent for treatment. I also acknowledge that I have been given a copy of this agreement.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date