

## OFFICE POLICIES & DISCLOSURE STATEMENT

Welcome to my practice. I appreciate your interest in my services. Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy and methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, this document reviews basic information about psychotherapy, summarizes my background and my therapeutic approach, and provides details about my office policies. Please read this information carefully and ask me to explain anything that you don't understand. This document, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it before we begin our therapy together.

This document addresses the following topics:

- My therapeutic approach
- My education, licensure, and business entity
- Fees and payment policies
- Cancellations
- Emergency contact information
- About confidentiality
- The risks and benefits of therapy
- Referrals to other providers
- My statement of principles and complaint procedures

### ■ MY THERAPEUTIC APPROACH

I strongly believe you should feel comfortable with the therapist you choose and hopeful about the therapy. In our first meeting, I will encourage you to pay attention to how it "feels" with me, if you feel we "click" or if you generally feel like I have the capacity to understand you. If not, I will not take it personally and will encourage you to try meeting with another therapist.

I hold the belief that clients have the answers and that it is my job to create a context of compassion, openness to exploration, and willingness to sit with "not knowing." Meanwhile, the client's job is to help me "getting it right" - help me understand their inner experience. It is through this process that I have witnessed clients feel more empowered, let go of destructive or limiting behaviors, and take risks that seemed formerly out of reach. My experiential approach to counseling is grounded in interpersonal and emotion-focused psychotherapy, and my style is collaborative, interactive, and compassionate. I often draw on neurobiologically-informed treatment modalities to speed the process of healing from patterns and wounds that leave people feeling stuck, emotionally-numb, or cut-off from themselves and others. I love my work; seeing clients flourish and take risks to improve their lives and feel more empowered nourishes my heart and my commitment to this field.

Sessions are scheduled as frequently as needed. Most commonly, I recommend weekly appointments

initially. As you feel you are reaching your goals, it is common to space sessions farther apart. I am able to accommodate multiple sessions per week for individuals requiring intensive treatment, and can also see clients during evening and weekend hours. As strides in treatment goals are reached, we typically space sessions farther apart. My goal is to work myself out of a job, to help clients get to a place they no longer need counseling. You are free to terminate therapy at any time. If you decide to end counseling, I recommend that we meet for at least one more session to review our work together, to gain closure on an issues that may have arisen, and to discuss any recommendations or referrals.

■ **MY EDUCATION, LICENSURE AND BUSINESS ENTITY**

Deena Rathkamp, Ph.D.  
Ph.D. in Clinical Psychology, University of Cincinnati, 1998  
M.A. in Clinical Psychology, University of Cincinnati, 1989  
B.A. in Psychology, University of Michigan, Ann Arbor. 1985

Licensed Psychologist in Washington State since 2000, PY 2440  
Licensed Psychologist in California since 2013, PSY 25528 (currently on inactive status)  
Licensed Psychologist in Vermont since April 26, 2022, License #048.0134400

My business name is Deena Rathkamp, Ph.D., PLLC. PLLC stands for Professional Limited Liability Company. Please make any checks out to: Deena Rathkamp, Ph.D., PLLC. On all of our financial interactions such as billing records, charges, and receipts, you will see this designation: Deena Rathkamp, Ph.D., PLLC.

■ **FEES & PAYMENT POLICIES**

My out-of-pocket fee is \$250 for the initial intake evaluation, and \$195 per 60 minute individual session thereafter. The fee for phone sessions is prorated at the same rate, such that a 10 minute phone session is \$32.50. Fees are usually collected in full at the end of each session. Cash or personal checks are preferred; if you choose to pay by a credit or debit card, a 4% handling fee will be added. A receipt will be provided at your request. Accounts that are delinquent for more than 90 days may be referred to an outside collection agency. A fee of \$45 is charged for returned checks.

**Online and Phone Therapy:** Online therapy or telemental health is therapy conducted using video technology. Instead of meeting in person at my office, we both use a secure online HIPAA-compliant platform for our therapy sessions. Virtual sessions are a helpful alternative to in-person sessions when health restrictions are in place for either you or me, when bad weather impedes travel, or if your schedule does not allow you to come to my office.

I offer telemental health or phone sessions to clients across Washington State, thus you do not have to live in Bellingham to see me. However, you **MUST** be located in Washington State or Vermont whenever we meet for an online session. Most insurance companies cover telemental health and phone sessions, and some charge a higher co-pay fee for in-person sessions. You do not have to be technically savvy to receive online therapy. You do need an internet connection and a device that has a video function (such as a smartphone or a webcam on your computer.)

**Insurance:** If you plan to use insurance to pay for our sessions, I encourage you educate yourself about what your particular plan covers (and what it does not cover) so that you are not surprised by unexpected bills. You are responsible for all co-pays, co-insurance, and meeting your deductible. If I am not a preferred provider on your plan, you can explore whether your insurance plan offers **out-of-network benefits** that would cover a percentage of my fee. If you find that you have out-of-network benefits, I ask that you pay me

directly, and I give you a receipt to submit to your insurance company for reimbursement. Many of my clients choose to pay privately because it offers them more control and privacy. When mental health services are billed to an insurance company, the provider is required to submit a diagnosis, which then becomes part of your medical record.

■ **EMERGENCY CONTACT INFORMATION**

In the event of an urgent life threatening situation, please contact the Crisis Care Line at 1-800-584-3578 (24 hours a day, 365 days a year, toll free), or St. Joseph Hospital at 360-734-5400 (ask for the Mental Health Unit), or go directly to the emergency room.

■ **CANCELLATIONS**

If you need to cancel an appointment, please notify me by voice mail at least 24 hours in advance. If you cancel with less than 24 hours notice, you will be charged a late cancellation fee of \$100. If you do not show for an appointment, you will be charged \$195. Note: Insurance companies will not pay for late cancellations or missed sessions, so these fees will be out-of-pocket.

■ **ABOUT CONFIDENTIALITY**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. Exceptions to confidentiality include, but are not limited to, situations where you pose a threat of serious harm to yourself or someone else; cases involving suspected child, elder or dependent adult abuse; cases in which I am court-ordered to testify or produce records; or as outlined in the “Notice of Privacy Practices” (copies available on my website.)

IF USING YOUR INSURANCE TO PAY FOR SERVICES, you will need to authorize the release of any medical or other information necessary to process claims. For the most part, insurance companies only require that I provide the date and type of service, and a mental health diagnosis. If the insurance company audits my records or contracts with another company to do a “commercial risk adjustment”, they have the right to obtain my notes to verify medical necessity. Should this occur, my protocol is to request authorization to provide a general summary of our work, so as to protect your privacy to the best of my ability.

**Email.** Voicemail and phone are secure methods of communication, whereas email and texts can be intercepted or viewed by third parties. Additionally, if you use your work email address, your employer could have access to it. Some clients prefer the convenience of email communication and texting despite their lack of security. I am asking you to determine your own preference for security versus convenience in communication.

**Professional Consultation.** Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you or your situation.

**Records and Record Keeping.** I may take notes about our session; these notes constitute my clinical and business records, which by law, I am required to maintain. Such records are the sole property of the therapist. Should you request a copy of my records, such a request must be made in writing. I typically maintain records for ten years following termination of therapy. After ten years, your records may be destroyed in a manner that preserves your confidentiality.

■ **FLOURISH FOOD AND BODY** is owned by Sarah Voth. Although we collaborate on client care (with informed consent), our practices are separate, and each is solely and entirely responsible for any liabilities resulting from that practice.

■ **THE BENEFITS AND RISKS OF THERAPY**

Therapy is a process in which we will discuss a myriad of issues, experiences and memories for the purpose of creating positive change. It provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties you may be experiencing. Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, school, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

**Risks:** Therapy may also involve some discomfort, including remembering and discussing unpleasant feelings and experiences. The process may evoke strong feelings such as sadness, anger, or fear. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Sometimes a decision that is positive for one family member is viewed quite differently by another. You should be aware that any decision on the status of your personal relationships is your sole responsibility. If your symptoms worsen, it is often a sign that we are going “too fast” in the therapy, so please let me know so we can adjust our work accordingly. Finally, even with our best efforts, there is a risk that therapy may not work out as you had hoped.

■ **REFERRALS TO OTHER PROVIDERS**

I do not work with clients that I do not think I can help. If you could benefit from a treatment I cannot provide, I will help you with a referral. Based on what I learn from you, I may recommend you seek a medical consultation, a referral to a dietician or another resource. If I do this, I will discuss my reasons with you, so that you can decide what is best. If for some reason therapy is not going well, I might suggest you see another therapist or another professional. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you.

■ **MY STATEMENT OF PRINCIPLES AND COMPLAINT PROCEDURES**

It is my intention to fully abide by all the rules of the American Psychological Association (APA), by Federal laws, and by those of my state license. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please share your concerns with me. Our work together will be slower and harder if your concerns with me are not addressed. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I have treated you unfairly or have even broken a professional rule, please tell me. If I am not able to resolve your concerns, you may report your complaints to the Examining Board of Psychology, Department of Health, P.O. Box 47869, Olympia, WA 98504, or call them at (360) 753-2147.

■ **THANK YOU**

Thank you for your patience in carefully reading the Office Policies and Disclosure Statement. If, after reading this form, you decide against entering a therapeutic relationship with me, please contact me no later than 48 hours prior to our scheduled appointment time. If you have any questions prior to our first appointment, don't hesitate to call.