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### **Psychotherapy Contract and Consent for Treatment**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and ask any questions you might have so we can discuss them. Once you sign this, it will constitute a contract between us.

#### **Psychological Services**

Psychotherapy focuses on understanding and working with emotional and behavioral patterns that cause difficulty for an individual or couple. These patterns often repeat themselves in important relationships. Our job in psychotherapy is to find ways for you to overcome obstacles, resolve problems, and/or alter dysfunctional patterns so that you can achieve more emotional and behavioral well-being. In order to be most successful, you will have to work on things we talk about both during and between our sessions.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. Psychotherapy has also been shown to have benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems. But there are no guarantees about what will happen.

Our first few sessions will involve an evaluation of your needs, and some initial impressions of what our work will include. We will discuss a treatment plan to follow, if you choose to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. Please discuss any questions about your treatment as they arise. If you have doubts about the usefulness of the therapy, or your comfort with me, I would be happy to help you secure appropriate care with another mental health professional.

Although I share office space with a group of other professionals under the corporate name of Soundview Health Associates, I am an independent practitioner. Soundview Health Associates, which was founded by myself and Dr. Jill Nealey-Moore, is the business entity which leases office space but which functions separately from the other various independent practices housed here.

#### **Sessions**

During the initial evaluation and treatment planning sessions, we can both decide whether I am the best person to provide the services you need in order to meet your treatment objectives. If we both decide to continue psychotherapy together, we will schedule either 50-minute or 80-minute sessions at mutually agreed-upon times. Some sessions may be longer or more frequent than others, depending on your needs and treatment goals.

## **Confidentiality**

In general, the law protects the confidentiality of all communications between a client and a psychologist, and I can only release information about our work to others with your written permission. However, there are a few important exceptions:

- If a client threatens to harm her/himself, I may be required to seek hospitalization for the client, or to contact family members or others who can help provide protection.
- If I believe a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization.
- There are some situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information about the client's treatment. Examples of this include suspected child or elder abuse or neglect, or abuse or neglect of a disabled person. In these cases, I must file a report with the appropriate agency.
- If your treatment records are subpoenaed by the court, the therapist may be required to release them to an office of the court.

These situations rarely arise in my practice. Should any of these situations occur in our work together, I would make every effort to fully discuss it with you before taking any action.

It is important that you discuss any questions or concerns you have about confidentiality with me. I would be happy to discuss these issues with you but, should you need specific legal advice, formal legal consultation may be desirable.

## **Professional Fees**

My Intake fee (for the first session only) is \$180 for a 75-minute session for individuals and \$215 for couples. My fee for individual psychotherapy is \$130 per 50-minute session and \$180 per 80-minute session. My fees for couples therapy are \$155 and \$215 for 50-minute and 80-minute sessions, respectively. In addition to therapy appointments, it is my practice to charge \$120 per hour on a prorated basis for other professional services you may require such as report writing, telephone conversations which last longer than 10 minutes, consultations with other professionals which you have authorized, preparation of treatment summaries, or the time required to perform other services you may request.

## **Billing and Payments**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you elect to use insurance coverage, in which case you will be responsible for any applicable deductibles and co-payments. Co-payments are due at the time of service. Payment schedules for other professional services will be agreed to at the time these services are requested. Cash, check, debit cards, and all major forms of credit cards are accepted as payment.

## **Cancelled or Missed Appointments**

A scheduled appointment means that time has been reserved only for you. If an appointment is missed or cancelled with less than 24 hours notice, you will be responsible for the full amount based on your scheduled fee. Note that insurance plans do not cover payment for missed appointments, which means that you would be responsible for payment in full. In an effort to maintain the frequency and consistency important for progress and to support you in our work together, I will offer to reschedule your missed appointment within two weeks, if at all possible.

## **Insurance Reimbursement**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. However, you, and not your insurance company, are responsible for full payment of the fee, which we have agreed to. Therefore, it is very important for you to find out exactly what mental health services your policy covers. If you have questions, you should call your plan administrator and inquire. Of course, I will provide you with whatever information I can based on my experience and will be happy to assist you in deciphering the information you receive from your carrier.

“Managed Health Care Plans” such as HMOs and PPOs often require advanced authorization before they will provide reimbursement for mental health services. These plans are often oriented towards a short-term treatment approach designed to resolve specific problems that are interfering with one’s usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions. In my experience, while quite a lot can be accomplished in brief therapy, many clients feel that more services are necessary. If this happens, we can talk together about what options are available to you and, if necessary, I will help you find another clinician with whom you can continue your psychotherapy.

You should be aware that most insurance companies require you to authorize me to provide a formal clinical diagnosis, and sometimes additional clinical information such as a treatment plan or summary. This information will become part of the insurance company file. If you request it, I will provide you with a copy of any report, which I submit. It is important for you to remember that you always have the right to pay for my services yourself and avoid the complexities and the potential loss of confidentiality that can occur with insurance companies, which are described above.

## **Contacting Me and Emergencies**

Please note that I am most often not immediately available by phone. If you need to change an appointment day or time, please feel free to contact me at the main office number to do so. If we mutually agree that it would be helpful and it is consistent with the treatment plan, I am willing to schedule a limited number of planned 30-minute phone consultations in between sessions. However, if you anticipate wanting to have fairly frequent and/or unscheduled phone contact, I am likely not the right clinician to provide your treatment. In this case, I would be happy to help you find a mental health practitioner who can better meet your needs.

When you call my voice mail number, my telephone is typically answered by automatic voice mail, which I access daily. I will make every effort to return your call as soon as I can, most often within 24 hours of your message, except on weekends and holidays. Please leave some times and a way to reach you and, if you have call block service on your phone, please unlock it so that I can return your call. If you have an emergency requiring care, please call the crisis line or go to the emergency room at the nearest hospital. Of note, this office does not have a 24-hour on-call answering service. If you anticipate that you might need access to such a service, I would be happy to refer you to another clinician or group that offers this service.

**Consent for Treatment**

Your signature below indicates that you have read the information in this document, that you understand the information, and that you agree to abide by its terms during our professional relationship.

I have read and I understand the information in this document.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider or other Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if a Minor

\_\_\_\_\_  
Date

**Assignment of Benefits**

I hereby authorize payment of insurance benefits directly to David R. Moore, Ph.D., for the provision of psychological services. I understand that I am financially responsible for any co-payments, deductibles, or other charges not covered by my insurance company unless otherwise specified by the provider contract.

I also understand that I will be fully responsible for any fees that are disallowed by my insurance company as a result of any failure on my part to obtain proper initial authorization of treatment, any failure on my part to respond to requests for information from my insurance company, if my maximum insurance benefit has been used, or if my insurance coverage has expired.

\_\_\_\_\_  
Client/Subscriber Signature

\_\_\_\_\_  
Date