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PROFESSIONAL DISCLOSURE STATEMENT

Welcome! I would like to acquaint you with several of the most important policies of my practice and answer any questions you may have concerning these policies. Please carefully read the policies outlined below. We will review some of them during our meeting and I will have you sign below once all of your questions have been answered.

VALUES AND PHILOSOPHY:

In my clinical practice, I integrate family systems, cognitive-behavioral and narrative theories. Additionally, I believe that we all have positive intentions behind our non-effective behavior. These behaviors reflect our desire for a sense of mastery and/or belonging. Therefore, I see strengths in people and work to help them achieve their goals. As a Washington State Licensed Clinical Psychologist and a Licensed Marital and Family Therapist, I will abide by the Code of Ethics.

THERAPEUTIC TECHNIQUE:

I provide family, couple, individual child and therapy. I have specific training in child psychology and assessment, as well as family and couple therapy. During my treatment, I make connections with my clients so I can support them as they make positive changes in their lives. I am interested in the well-being of children, adults, couples and families.

I have a warm interactive style that creates a foundation for our work together. I use a various theoretical interventions for helping you change any negative beliefs about your self and others that affect your mood in a negative way, or that may make it difficult for you to cope with stressors and relationships in an effective manner. I am able to help you explore why you have had the difficulties that concern you, and am also able to give you concrete skills and practical strategies for finding positive solutions in a time efficient way.

APPOINTMENTS:

Appointments can be made by leaving your name and telephone number at the numbers given above. Appointments will usually be 50 minutes in length. However, you and I may decide to reduce or lengthen that amount of time when appropriate.

CANCELLATIONS:

I am not able to use time slots reserved for you unless I know in advance that you will be unable to attend a session. Therefore, I will charge for that time when cancellations are not made 24 hours in advance of the scheduled appointment. To cancel, please leave a message with my voice mail at the number given above. Exceptions are made in case of inclement weather. As a rule for this exception, I will use the status of public school delays or closures in the county in which you as the client reside as well as for my business location. Please make every effort to communicate with me in such circumstances.

FEES and BILLING:

You will be charged \$140 per 50 minute session. Initial evaluations are charged at a rate of \$140 per 50 minute session. Psychological testing is charged at the rate of \$200 per hour. Telephone calls with you, or to other professionals on your behalf, which are greater than 15 minutes in length may be charged at the same rate as regular sessions, as will be the preparation of reports to be sent to other professionals regarding your treatment or status.

Any requested participation in legal matters will be charged at a rate of \$250 per hour from portal to portal. This includes any court testimony, time waiting or driving to court, any time writing reports or letters in the interest of court, and any consultation or discussion with lawyers.

In the case of divorced parents, each parent needs to give consent for treatment. The parent with legal custody or medical decision-making who brings the child to therapy will be responsible for all charges unless otherwise determined by the co-parents.

Payment is due at each visit. Insurance reimbursement can be obtained through my office. **It is your responsibility to notify me of the nature of your mental health benefits so that we can plan accordingly. I will need the name of your insurer, their address, and phone number, your deductible amount, your maximum coverage limit (or maximum number of sessions covered), the maximum fee for individual therapy, the percentage of fees covered (or the amount of your co-payment), and the types of problems covered by your policy or plan.**

Your insurance may require a referral, and you are responsible for providing those forms at the time of your appointment. It is your responsibility to track the number of visits that you are permitted. Not doing so may result in you being financially responsible for any service that has not been authorized.

If you are part of a managed care program, you may be charged for additional time required to seek pre-approval and re-approval for services rendered. These charges will not be paid by your insurer and will be your responsibility to cover on your own. The charges may be for telephone time or time spent providing information in a written form regarding your treatment progress. Charges like these may also be made for time spent on the phone with other professionals, time spent pursuing other referral resources, and time spent on the phone with you that isn't of a very brief nature. In addition, charges for time spent preparing reports for any purpose are not covered by most insurers, nor are charges for time spent on the telephone with you or other providers. Please remember that these charges are your responsibility to pay and will not be covered to any extent by your insurer. These charges are billed at my normal hourly rate.

INITIATION OF TREATMENT:

An agreement to begin treatment will usually be determined after the first or second interview, or whenever I have gathered enough information to determine my ability to be helpful to you. I will make a proposal to you about my treatment plan, and you will be able to make a decision about whether you would like to pursue that treatment plan with me.

EMERGENCIES:

In the unlikely event of an emergency, you may leave a message with my voice mail. Please leave a message that this is an emergency. Every effort will be made to return your call as soon as possible. I usually return calls within 24 hours. If I am unable to return your call, or I am out of town, you can use the CLARK COUNTY CRISIS LINE as a backup in emergencies. The Clark County Crisis Line number is (360) 696-9560; 1-800-626-8137.

CONFIDENTIALITY and YOUR RECORDS:

With few exceptions, everything discussed in sessions is confidential and cannot be disclosed to others without your verbal or written permission. I am required by law to break confidentiality when I have received evidence that you might plan to hurt yourself, others, damage property, or when I suspect physical or sexual abuse of a child or dependent person. Other exceptions involve HIV status and dangerous sexual activities, pregnancy and dangerous drug usage, or issues involving litigation.

In the context of working with couples or families statements made by one party to the therapist are not protected, if at a later date records are demanded by the court, a situation that could arise during a custody dispute. In the context of working with adolescents, there may be circumstances in which I might feel it important to relay information to parents (if I believe an adolescent is engaging in behaviors that might harm them). Nevertheless, I will carefully consider any such disclosure with each party's best interest in mind.

If you have been sexually abused by a previous therapist, I can, with your permission, make a report on your behalf to the local licensing board.

I keep a record of the health care services that I provide to you. You may ask to see a copy of that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so, or unless the law authorizes or compels me to do so. You may request to read and discuss the written - information contained in your file at any time. A copy can be made available to you at your duplicating expense.

PROPOSED COURSE OF TREATMENT:

Generally we will discuss the specifics of **your treatment following my** initial assessment, or within the first 1-2 meetings. I will attempt to describe the nature and purpose of various aspects of treatment, the risks and benefits of that proposed treatment, and any available alternative treatments that exist. When an aspect of treatment is not known to be effective based on current research, I will notify you of any possible limitations of treatment. I will also inform you as well as possible regarding your prognosis with or without treatment, or without various components of treatment.

I usually use a combination of individual meetings in addition to family or couple's sessions when needed. The number of sessions needed varies greatly, but on average I hold 15-30 sessions with most clients.

Optimally, treatment will end at the point at which you feel you have met your goals adequately, or at the point at which you feel that treatment is no longer of as much help to you as it was initially. Treatment can be modified in length, frequency and content based on your needs. The more you can be open with me about your needs and concerns, the better I will be able to tailor our work together to your benefit.

If you are under a managed care insurance plan, treatment authorization will be determined by "Medical necessity". Medical necessity refers to the fact that you will be authorized to receive treatment only so long as you continue to show overt symptoms of a medical nature that are significant enough to warrant further treatment. Medical necessity, therefore, may determine whether your treatment is authorized. You have the right to appeal denials of authorization, and this appeal process should be covered in your benefit plan brochure or available through your benefits office at work. If your treatment is not authorized, you still have the right to continue treatment as long as you feel necessary, but the costs will not be covered by your insurance. We can negotiate affordable rates if necessary in order to offer you continued treatment, but at that point, fees are usually not required to be discounted by the provider. We may need to obtain a written agreement that you have decided to pursue "non-medically necessary" treatment, and that you assume responsibility for those services.

RIGHT TO REFUSE TREATMENT:

You have the right to refuse treatment at any point during our work together. If you have any concerns about the way our work together is progressing, I encourage you to bring these concerns up with me. If you feel progress is not being made, you should request a change in our therapy, a referral to another therapist, to discontinue treatment, or a referral to other resources. You should be able to judge whether progress will be made within the first two to four sessions. If you do not feel confident that we are progressing, please bring it to my attention. Please let me know if you have any questions about the therapy or your progress.

PROFESSIONAL TRAINING and LICENSURE

I received my doctorate in Clinical Psychology from Pacific University and completed an psychology internship at South Shore Mental Health in Quincy, Massachusetts. I am a Washington State Licensed Clinical Psychologist. My Master's Degree is from the University of Connecticut in Human Development & Family Relations with clinical training in Marital & Family Therapy. Additionally, I am licensed as a Marriage & Family Therapist in Washington State.

My services are usually partially covered by insurance depending on your policy.

My licensure (LF 00001299) insures that I have a master's degree from an accredited university and have passed a national written exam given by the Washington State Department of Health. It also insures that a complaint procedure is available to you regarding my services. If you have a complaint that you wish to report, please contact the STATE OF WASHINGTON DEPARTMENT OF HEALTH, MARRIAGE AND FAMILY THERAPY SECTION, TEL: (360) 236-4700 My license as a Psychologist is # 00003198. Additionally, my office is HIPPA compliant and my contracted work (filing and billing) and I are mandated to comply with the federal guidelines for your privacy of medical and personal information.

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ACKNOWLEDGEMENT OF POLICIES

I have read and understand the policies set forth by Dr. Correa in her Policy Statement. Dr. Correa has reviewed with me the nature and purpose of her proposed course of treatment, alternative treatments, risks and benefits, and the known effectiveness of her proposed treatments. I understand that I have the right to refuse treatment at any point, and I understand the limitations of confidentiality and how my records will be handled.

Client Signature

Date

Printed Name

Date

Witness Signature

Date