

Elizabeth Orchard, LICSW
11050 5th Avenue NE Suite 205
Seattle, WA 98125
(206) 854-1828

OFFICE POLICIES

The following information is to familiarize you with my office and financial policies. Please ask any questions you may have to clarify the contained information before signing this form. By signing this form you are acknowledging that you have been provided this information and agree to these policies.

Services

My practice includes individual, group, and family counseling for children, adolescents, and adults. I also provide mental health consultation to schools, early childhood care providers, clinical supervision, and case consultation for professionals. My training and clinical orientation includes clinical social work, cognitive behavioral methods, play therapy (with children), client-centered psychotherapy, and family systems.

Education

Bachelor of Science; Psychology, Michigan State University 1997
Masters of Social Work; Children, Youth, and Families Concentration, University of Washington, 2001

Disclosure statement:

Elizabeth Orchard is a Licensed Independent Clinical Social Worker, license number LW00008357. Degrees are listed above and experience includes assessments, individual and family therapy, case management, early childhood consultation, cross cultural counseling, parenting skills training, and treatment team coordination. Prior to licensure she worked as a registered counselor in the Seattle area.

Length of Treatment

The length of treatment will be determined on a case to case basis considering individual needs. Your services will be determined collaboratively with you to determine length, treatment goals, interventions utilized, and ways to assess outcome. I usually recommend weekly sessions to build the therapeutic relationship and maintain a directed course of treatment. If in the course of work other services are needed or indicated, referrals will be provided. If you are using insurance your insurance provider may have limits on the types of services covered (it is the client's responsibility to know their insurance coverage).

Appointments

My office hours include evenings and weekends. Appointments can be made by calling my office at (206) 854-1828 and leaving a message if you do not reach me. My voice mail is available 24 hours a day. I check messages daily and will return calls within 24 hours in an emergency unless on vacation. If you leave a message please indicate your name, number, a good time to call back, and if it is acceptable to leave a message with detailed information.

Emergency/Urgent Calls

If you need immediate assistance that cannot be addressed within the next 24 hours or I am away on vacation you can contact the crisis line at (206) 461-3222. If you need immediate assistance or it is a life threatening emergency call 911.

Fees and Payment

The fee for a 50 minute session is \$120.00. Initial evaluations are \$165.00. Payment is due at the end of each session. Telephone calls (other than initial contact) that exceed 15 minutes will be charged \$50.00 for 15-30 minute calls and 30-50 minute calls will be charged \$120.00. I occasionally offer a sliding fee scale and will negotiate this on a case by case basis.

Third Party Coverage

I am a preferred provider for many insurance companies. If you would like to utilize insurance as a form of payment please discuss this with me. Be advised that insurance companies often have session limits, cover only certain services, and require preauthorization. It is the client's responsibility to know their coverage limits. If appropriate I will complete forms to submit to your insurance company. If a co-payment is applicable it will be required at the end of each session. Services that extend beyond the limits of insurance reimbursement will be charged the full fee. Payment for services is the responsibility of the client as deemed appropriate by the insurance carrier. Fees for insurance clients will be determined by the contract I hold with that company. Regardless of insurance coverage payment is your responsibility.

Missed Appointments/Cancellations

Appointments must be cancelled 24 hours prior to the session; further advance notice in excess of 24 hours is appreciated. Sessions that are missed or cancelled with less than 24 hours notice will be charged the full session fee, unless otherwise restricted by your insurance company. Insurance companies often do not pay for no shows and/or late cancellations—this would be your financial responsibility.

Client's Rights:

Individuals seeking treatment have the right to choose the therapist and the methods that best suit their needs. It is appropriate to ask questions about treatment methods so that you will be fully informed and knowledgeable. You have the right to change providers and the right to discontinue treatment at any time. If you would like referrals to other providers I can assist in that process at your request.

Confidentiality:

Effective October 2008 all clients will receive my notice of privacy practices related to how your treatment information maybe disclosed per HIPAA laws. Please contact the privacy officer, myself, Elizabeth Orchard at (206) 854-1828 if you have any questions about HIPAA. Aside from the exceptions noted below, all information remains confidential unless you have signed a release of confidential information form. The exceptions as provided by law include:

1. In the event of a medical emergency, emergency personnel or services may be given necessary information.

2. If you threaten to harm yourself or someone else, and I believe the threat is serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.
3. If you disclose things to me that make me suspect you are the victim or perpetrator of child or elder abuse, I am obligated to report these matters to the proper authorities. The actions do not need to be witnessed to be reported.
4. If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.
5. If you bring a complaint against me with the State of Washington Department of Health, information will be released to investigating authorities.
6. If records are subpoenaed by an attorney in the State of Washington, they will be released unless you file a Protection Order within 14 days of the subpoena. I will notify you immediately if I receive any such subpoena.
7. If you die or become disabled to the degree that you are incapable of giving informed consent, I may release the information if your personal representative or the beneficiary of an insurance policy on your life signs a release authorizing disclosure.
8. In the event a patient reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the proper authorities.
9. In the case of a minor patient, information indicating that the patient was a victim of a crime, may be released to the proper authorities in accordance with the Washington State's mandatory reporting statutes.
10. Records from family therapy, couples therapy, or other services when more than one person is present for therapy (not including the therapist) can be requested by either party without permission of the other party/s according to Washington state law.

It is common practice for therapist's to consult with other professionals to provide the best possible care for their clients. In such instances, identifying information is omitted to assure confidentiality.

Dissatisfaction:

If at any time you are concerned or dissatisfied with your treatment I strongly encourage you to discuss the matter with me so we can discuss your concerns and identify ways to address them. If you feel that this is not viable option for you, questions and complaints can be directed to:

Department of Health
Business and Professional Administration
PO Box 9012
Olympia WA 98405-8001
(360)753-1761

The Washington State Department of Licensing would like to inform you that:
"Counselors practicing counseling for a fee must be registered with the Department of Licensing for the protection of public health and safety. Registration of an individual with their department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

Authorization for Treatment:

I hereby authorize Elizabeth Orchard, LICSW to evaluate, treat, or provide consultation to _____ (Insert name).

I consent to take part in the treatment by the therapist named above. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals is in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I may stop treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court ordered, I will have to answer to the court.) I understand that unpaid balance will be sent to collections if not paid in a timely manner.

I know that I must cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment. I also know that unpaid balances will be sent to collections if a payment plan is not arranged and followed.

I also have been fully informed about confidentiality. I understand that Elizabeth Orchard, LICSW may release any records necessary to substantiate a claim for payment of services when required by any funding source and/or agent who authorizes care including insurance companies, health maintenance organizations, managed care firms, pre-paid health plans and employee assistance programs. She may release information including the type(s), cost(s), and date(s) of services. I understand that if payment for the services I receive here is not made, the therapist may stop treatment.

I maintain the right to change the policies contained within this document, in the case of a change you will be notified in writing.