

## **Terri Haaga MSW, LICSW Aging for Life**

7614 195<sup>th</sup> ST SW, Suite 101, Edmonds, WA 98026 425-775-4059, Ext 714

**DISCLOSURE STATEMENT** Welcome to my independent, private practice at Bluestone Psychological Services, LLC (BPS). This document contains important information about my professional services and business policies. For detailed information about my privacy policies and your patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations as required under HIPAA, it is important for you to read and understand the information provided in the Notice of Privacy Practices Form, *which can be found on our website where you found this document*. Please ask me any questions you may have.

**BACKGROUND AND TRAINING FOR TERRI HAAGA, MSW, LICSW** I am a Washington State Licensed Clinical Social Worker (#LW00008117). This means I have completed accredited graduate and post-graduate training programs in social work and that I have passed the state examination intended to ensure competence. I received my Masters in Social Work from Eastern Washington University in 1985. I completed my internship at the Spokane Alcoholic Rehabilitation Center. I have had a private practice since 2012 and formed Aging for Life in 2017. I also am a qualified Geriatric Mental Health Specialist in Washington State.

**CURRENT PROFESSIONAL ACTIVITIES** I am a professional member of the Washington Mental Health Counselors Association and the Washington State Society for Clinical Social Work. I do consult the National Association of Social Workers Code of Ethics, as well as a few others, as needed. Through my independent private practice, Aging for Life PLLC, I provide mental health evaluation and psychotherapy for adults. I also offer supervision to post-graduate therapists who are accumulating professional hours as they work toward state licensure and those who desire to become geriatric mental health specialists. I attend ongoing professional training, workshops and seminars to further my own skills in my work with adults and their families.

I am also involved in regular consultation, with both individuals and groups to enhance my work with my clients. If I consult with a professional who is not involved in your treatment, I will protect your identity. These professionals are legally bound to keep all information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

In addition to my clinical hours, I coordinate and teach courses for professionals wanting to gain knowledge and continuing education credits about geriatric mental health.

**PSYCHOTHERAPY SERVICES** Psychotherapy is not easily described in general statements as it varies depending on the personalities of the therapist and the patient/client, and the particular issues you are experiencing. Psychotherapy is a process of examining the feelings, thoughts, behaviors, and relationships that trouble you with the goal of helping you evaluate and perhaps change them. The specific goals of psychotherapy – what you want to change or achieve – are up to you. Reaching your goals calls for active effort on your part.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of

your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

I was trained in general systems theory and a problem-solving model as a means to understand and assist my clients. I typically use a combination of approaches based upon the needs of the client. These may include informational interviewing, mindfulness techniques, solution focused therapy, life review and cognitive behavioral therapy.

I consider our therapeutic relationship to be a collaborative one and so we will work together. Because I find the ultimate responsibility for making choices and taking action is yours, I will expect you to be very active in your own treatment, inside and outside of the therapy office. Though I may make observations and interpretations and/or make suggestions, the emphasis of treatment will be on finding the answers within yourself. It is my responsibility to do all that I can to help you find those answers within yourself and to help you identify and eliminate any obstacles to change that become apparent.

To ensure the success of our work together, it is very important that we communicate openly with each other. It may take us a little while to create a sense of trust and comfort in our relationship but it should grow as we work together. In addition to open communication, the success of our work also hinges on your working on things both during our sessions and at home.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will discuss these first impressions of your needs and begin to develop a treatment plan. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

I do not specialize in court or legal matters. If you anticipate being involved in any legal proceedings or are looking for advocacy or an assessment for legal purposes, I will be happy to provide you with names of other professionals who do specialize in those services. If I am deposed or involved in any other legal activities in relation to our work together, I will be able to speak to our treatment together only, which will automatically void the confidentiality of our sessions.

**TELEHEALTH SERVICES** Telehealth services means appointments that we have via an online video conference service rather than in person at my office. Some insurance companies will pay for this service and some will not. This medium is an option for you and can be especially helpful for continuity of care if you are often traveling for work, miss appointments due to health reasons, inclement weather or for any other number of reasons. I provide these services at your request via a HIPAA compliant video conference platform. It is your responsibility to choose a confidential location on your end during our appointment time. All my same office policies and procedures apply and it is still possible to bill your insurance company, if applicable, for these appointments. If this is of interest to you, we can look into your insurance benefits and

have further discussions about it.

**ETHICS AND PROFESSIONAL STANDARDS** I abide by the ethical, professional, and legal code of ethics established by the National Association of Social Workers and the State of Washington. At any time, you may ask me to discuss my treatment approach. **Please be aware that you have the right to request a change in treatment, referral to another therapist, or other resources, and/or to refuse treatment or discontinue our work together at any time.** I will make appropriate referrals if I become aware of a problem that is outside of my area of expertise. Finally, it is important that you know that you have recourse available if you feel that I have acted unprofessionally or have caused you harm. If you believe that I have acted unethically in our work together, please contact:

Department of Health  
Examining Board of  
Psychology P.O. Box 47868  
Olympia, WA 98504-7868  
Telephone 360-753-2147

**PSYCHOTHERAPY MEETINGS AND CANCELLATION POLICY** Most psychotherapy sessions last approximately 45-55 minutes and are held once a week, unless we agree upon a different schedule. **Once an appointment is scheduled it is reserved especially for you and you are responsible for the fee for that hour. Unless you provide 48 hours advance notice of cancellation you will be expected to pay for it.** Please note, insurance companies do not provide reimbursement for cancelled sessions. **You will, therefore, be held responsible for the full fee for that hour – not just your copay.** If it is possible, I will try to find another time to reschedule the appointment within my limited work week. If no alternative time is available during that week, you are responsible for the cancelled appointment.

You are free to end your treatment with me at any time, for any reason. Planned terminations are typically part of the treatment process, allowing us time to reflect on your progress, reinforce your new skills, and plan for maintaining your progress into the future. **Pleased by advised that if we have not had contact in 30 days, I will assume you are terminating this current episode of care. I can re-open a new episode when you contact me in the future.**

**CONTACTING ME REGULAR WORK HOURS AND AVAILABILITY** Due to my work schedule, I am often not immediately available by telephone. Because I am usually seeing clients between 9am and 7pm on Tuesdays and Thursdays for BPS, I will often not answer my phone during these times. I reserve Mondays, Wednesdays and Fridays for other professional activities. When I am unavailable, my telephone may be answered by a BPS administrative assistant, who has been trained in all manners of confidentiality as it relates to a therapy practice, or by an answering system that I monitor frequently every day during the work week. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some good times to reach you and any alternative phone numbers where you will be available.

If you need to contact me between sessions, the best way to do so is by phone at 425-775-4059 ext 714. Direct email at [terrihaaga@gmail.com](mailto:terrihaaga@gmail.com) is second best for quick, administrative issues such as changing

appointment times. Please do not email me content related to your therapy sessions, as this email is not encrypted and, therefore, not completely secure or confidential. Anything you do communicate with me by email may become a part of your Clinical Record. Also be aware that all emails are retained in the logs of your and my internet service providers. If you contact me via email, I will assume that you approve of my replying to you and that you accept these risks.

**Please do not attempt to communicate with me by text or any other messaging service. I do not receive texts from clients and will not respond to or take action on any text you attempt to send me.**

**SOCIAL NETWORKING POLICIES** BPS has a web page that coordinates with a Facebook page and Twitter account. You are welcome to access the information on both locations, as well as sign up for our blog and e-newsletter, at any time. If you choose to interact on Facebook (FB) or Twitter and your name is easily identifiable, please be aware that the information you post there will be public, and could compromise your confidentiality. It may also create the possibility that these exchanges will become a part of your legal medical record and will need to be documented and archived in your chart. It will be up to you to decide how you feel about that. I have no expectation that you will follow any of these.

I do not accept friend or contact requests from current or former clients on Facebook, LinkedIn, or on Twitter. Please note, these networking pages are associated with the clinic and not with me personally. Again, please be mindful of your own privacy and confidentiality as you consider participating on this page. My concern is for your privacy as well as the maintenance of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it. If there are things from your online life (including emails) that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

Do not use Wall postings or other means of engaging with me in a public, online medium if we have an already established client/therapist relationship. I do not interact with my clients in this manner.

**EMERGENCIES** In emergencies, you can try me at the office. A message can also be left for me there if I am unavailable. Again, if I miss your call, I will make every effort to return your message at the earliest possible moment. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician, 911 or the Care Crisis Line (425-258- 4357). You may also go to the nearest emergency room and ask for the mental health professional on call. If I will be unavailable for an extended time I will provide you with the name of a colleague to contact, if necessary.

**PSYCHOTHERAPY AND PROFESSIONAL FEES** My hourly fee, subject to change, is \$180 for the initial, diagnostic session and ranges from \$80 to \$140 for each session thereafter, depending on the length of the session. In addition to scheduled appointments, I charge \$130 for other professional services you may need, though I will break down the hourly cost into 15-minute increments if I work for periods of less than one 50-minute hour. Other services include report or letter writing, telephone conversations, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal

involvement, I charge a higher per hour fee of \$250 for preparation and attendance at any legal proceedings.

**BILLING AND PAYMENT POLICIES** In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. You will be expected to pay for each psychotherapy session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. You will be required to leave your credit card information with us (it will be held on a secure server, not on site or on any computer) to be billed for any missed or late cancelled appointments and for any balances due that are not covered by your insurance (deductibles, etc.). If you'd like, we can also charge your card on file for your copays. That is up to you.

Payments for copays can be made by cash, check, through your online bill pay services with your bank, or by credit/debit card through link on our website: [www.bluestoneps.com](http://www.bluestoneps.com). If you have an HSA type of account or work benefit we will be happy to provide you with a receipt with all the necessary information for you to gain reimbursement. Any psychological services provided by myself are tax deductible as a medical expense. A clinic receipt will be provided for such purposes, if requested.

Please note, when making a payment by check or any type of card, you will be releasing some of your personal information to the bank and card processing company. Because your name will be connected to Bluestone Psychological Services, it is possible for someone outside of our therapeutic relationship to see that you are paying for psychotherapy services. You can avoid this by paying in cash, if you'd like. How you pay for your services is entirely up to you.

BPS may, at its discretion, choose to have all its billing, accounting, and/or bookkeeping handled by a contracted provider. In this case the provider may have knowledge of some of your HIPAA Protected Health Information necessary for accounting/billing purposes but not your confidential clinical information.

**PRIVATE PAY CLIENTS** Many individuals choose not to use their health benefits for their mental health care. In such cases my regular fees apply and payment can be made by cash, check, online bill pay or with a credit/debit card through a link on our website: [www.bluestoneps.com](http://www.bluestoneps.com). If paying by check, please make it out to Bluestone Psychological Services or BPS. **You may use your HSA or FSA benefits to pay for services privately as well.**

Upon request we will be happy to provide you with a receipt to be used for tax purposes as our services can be deducted as a medical expense. We are also happy to provide you with a receipt, if necessary, for you to gain reimbursement from your health savings account or other resources you may have.

Private pay clients are not burdened with having to meet any sort of diagnostic criteria or level of severity to access services. You and your provider are free to design any treatment plan that would work best for your individual needs.

**INSURANCE REIMBURSEMENT** Insurance companies often cover some portion of mental health treatment, which can improve your access to care. Using your insurance benefits, however, comes with some consequences to you which are important for you to be aware of. Please read this section carefully and ask any questions you may have as part of your intake process with me.

It is very important that you find out exactly what mental health services your insurance policy covers and whether or not the services provided by me are covered. You should carefully read the section in your insurance coverage booklet that describes your mental health benefits. If you have a question about your coverage, please call your plan administrator.

If you would like to try to use your mental health benefit, I will provide whatever assistance I can in helping you receive the benefits to which you are entitled. Bluestone also does their best to verify your benefits before you come, but the exact details of your plan benefits and the costs to you are often not fully understood until my bill is submitted. **It is not uncommon for an insurance company to give you one explanation of your benefit, a different explanation to Bluestone, and then actually process and pay your claim in a way that's different from what any of us were told.** If, after processing the claim, your insurance denies your claim or shows a different fee amount as your responsibility, you (not your insurance company) are responsible for full payment of my fees. Your copay, co-insurance and/or deductible will be expected to be paid at the time of service and can be made by cash, check, online bill pay, or with credit/debit card. If paying by check, please make it out to Bluestone Psychological Services or BPS.

Due to the ever-changing environment of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. It is not guaranteed that additional services will be authorized simply because we ask for them. The decision to reauthorize or not is entirely in the hands of your insurance company. Although much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end or in the case of additional sessions being denied. In such cases, patients can continue treatment on a private pay basis.

**Your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis, dates of services, types of services provided, and any copayments already received. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record.** In such situations, I will make every effort to release only the minimum information about you that is necessary for the purposes requested. This information will become part of the insurance company files and will become part of your medical record. In some cases, your insurance provider may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it, subject to my records copying fee. ***By signing this Clinical Services Agreement, you agree that I can provide requested information to your carrier.***

**Your insurance carrier may require me to inform your physician and any other health provider working with you that you have entered treatment with me. This is known as Coordination of Care. The information I am required to share includes the date we began working together, your symptoms/complaints, your clinical diagnosis, and information about your treatment plan. *By signing this Clinical Services Agreement, you agree that you understand and consent to this requirement.***

It is important to know that you have the right to have control over your health information. You can accomplish this by paying for my services privately.

**If you change your medical insurance coverage, phone number or home address at any time, it is essential that you let BPS know. You will be held responsible for any fees caused by lapses in insurance where you failed to notify BPS. Most Kaiser clients need to contact their insurance company to get an authorization number before the first session, if they want Kaiser to cover that session.**

**UNPAID BALANCES AND RETURNED CHECKS** If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collections agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name and contact information, the nature of services provided, the dates those services were rendered, and the amount due. If legal action is necessary, its costs will be included in the claim.

A \$20 fee will be assessed for returned checks. Payment for the fee and unpaid balance must be made in cash, money order or by credit card before an additional session can be scheduled.

**LIMITS ON CONFIDENTIALITY** The law attempts to protect the privacy of communications between a patient and a therapist. The Notice Form (found in the same place where you retrieved this form on our website: [www.bluestoneps.com](http://www.bluestoneps.com)) sets out how I use and disclosure your protected health information. I want to highlight that in most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or HIPAA. With your signature on a proper Authorization form, I may disclose information in the following situations:

- Disclosures required by health insurers or to collect overdue fees as discussed elsewhere in this Agreement.
- If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, such information may be protected. I will seek your written authorization prior to disclosing any information. To prevent the disclosure of information, you must work with your attorney to secure a protective order against my compliance with a subpoena that has been properly served to me and of which you have been notified in a timely manner. However, I must comply with a court order requiring disclosure. If you are involved in or contemplating litigation, you should consult with your attorney about likely required court disclosures.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

- If a patient files a workers compensation claim, and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the patient's record to the patient's employer and the Department of Labor and Industries.

There are some situations in which I am obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have reasonable cause to believe that a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once a report is filed, I may be required to provide additional information.
- If I reasonably believe that there is an imminent danger to the health or safety of the patient or any other individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, seeking hospitalization for the patient, or contacting family members or others who can help provide protection.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

Although this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

**PROFESSIONAL RECORDS** I keep Protected Health Information about you which constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problems impact your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, testing instruments, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

Except in the unusual circumstance that I conclude disclosure could reasonably be expected to cause danger to the life or safety of the patient or any other individual who provided information to me in confidence under circumstances where confidentiality is appropriate, you may examine and/or receive a copy of your Clinical Record. Your request must be made in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, I charge the per page amount authorized by the Department of Health.

You may examine and/or receive a copy of your Clinical Record unless I determine that knowledge of the health care information would be injurious to your health or the health of another person, or could reasonably

be expected to lead to your identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate, or contain information that was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes, or is otherwise prohibited by law.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS DISCLOSURE STATEMENT, AGREE TO ITS TERMS AND CONSENT TO TREATMENT. IT ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE BEEN INFORMED OF AND KNOW WHERE TO ACCESS THE HIPAA NOTICE PRIVACY PRACTICES FORM DESCRIBED ABOVE.**

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**Patient Signature** **Date**

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**Personal Representative Printed Name** **Personal Representative Signature** **Date**

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**Terri Haaga, MSW, LICSW, GMHS** **Date**

**ADDITIONS – Please complete:**

As part of our services, we also offer appointment reminders. You would receive a text, email or voice mail 48 hours before that reminds you that you have an appointment with Terri and the time of that appointment. Please complete the information below if this is a service you would like to take advantage of. Also please note that getting reminders is a release of your personal health information and we are unable to guarantee the confidentiality of that information.

1. YES, please send me appointment reminders  
via:

\_\_\_\_ text  
(Number) \_\_\_\_\_

\_\_\_\_ email  
(Address) \_\_\_\_\_

2. It is necessary for you to give us permission to either leave voicemails for you or

communicate with you via email. These are unprotected forms of communication and we are unable to guarantee the confidentiality of the contents of those communications. (**PLEASE NOTE:** email communication via the Patient Portal in our Electronic Health Records system is protected and secure and is always an option for you. We will use that system to initiate email communication with you.)

A. Please leave voice mails here: (Number) \_\_\_\_\_

B. If I send you an email, you may respond back to that email: \_\_\_\_\_

(Initial) \_\_\_\_\_

**3. I may, at times, send out a newsletter with helpful mental health related information or updates on new offerings or providers available at the Bluestone offices. You will be able to easily Opt Out of this option at any time. We do not release or sell our email list at any time to anyone. It will be used for information relating to my practice or Bluestone only.**

**Please provide your preferred email address if you would like to be added to our mailing list:**

\_\_\_\_\_