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## **Professional Disclosure Statement and Notice of Privacy Practices**

This explanation of my office and professional policies is provided for your information. It contains information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a Federal law that provides privacy protections and 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. HIPAA requires that I provide you with a Notice of Privacy Practices, which I shall give you at intake.

I am a Licensed Independent Clinical Social Worker in the State of Washington (#LW60232695). I have a Master's degree from Portland State University, School of Social Work. I participate yearly in continuing education training in specialized areas to be able to provide quality treatment for my clients and as a condition of licensure. I operate under the Code of Ethics approved by the State of Washington and the National Association of Social Workers (NASW).

My personal style is honest and direct with warmth and humor. My goal is to provide a safe, collaborative environment that allows you to build on your personal strengths; to discover new ways to understand yourself and to use this new awareness to create or enhance your ability to approach your problems with self, others and the environment. In order to meet the above therapeutic goal, a variety of techniques may be utilized such as brief therapy, communication skills, developmental awareness and interpersonal dynamics in individual, or couple therapy. I have a Systems approach and tend to follow a Strengths Based Model. In the initial session, we will explore and establish the presenting problem(s) and what will be involved in treatment. Length of treatment will vary depending on the nature of the issues, commitment to the therapeutic process, and how this fits with the goals you have in seeking treatment.

### ***APPOINTMENT SESSIONS***

Appointments begin at the stated time and last for 50 minutes. Frequency of appointments is typically weekly, but this can vary depending upon your circumstances and my availability. Your appointment hour is reserved for you and may be altered up to 24 hours ahead of the scheduled time without penalty. **Full fee will be charged for failed appointments or cancellations with less than a 24-hour notice. I maintain a 7 day a week, 24 hour confidential voice mail for your convenience.**

### ***PROFESSIONAL FEES***

Cash Pay- My fee is \$105.00 per 45-minute session. Initial appointment will likely be longer than 45 minutes. The fee will remain the same.

Insurance- Copay / Co-Insurance will be directly related to your deductible and my contracted rate with your insurance company. We will discuss before your first appointment.

### ***CONTACTING ME***

Due to my work schedule, I am usually not immediately available by telephone. My telephone is answered by a voice mail that I personally monitor, for your confidentiality. I will make every effort to return calls within 24 hours, excluding weekends and holidays. In the event of an **emergency**, call 911 or go to your nearest hospital emergency department. You may also call the Clark County Crises Line at (360) 696-9560.

### ***CONFIDENTIALITY AND ITS LIMITS***

The law protects the privacy of all communications between an individual and their therapist. 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:

- Consultation with other health and mental health professionals about a case. If I consult with a professional who is not involved in your treatment, I make every effort to avoid revealing your identity. These professionals are legally bound to keep the 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. I will note all consultations in your Clinical

Record (which is called “PHI” in my Notice of Clinical Policies and Practices to Protect the Privacy of Your Health Information.).

- If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, the therapist-client privilege law protects your information. In order to provide any information in these circumstances, I must have either; 1) your written authorization; 2) a properly served subpoena of which you have been notified in a timely manner (unless you also informed in a timely manner that you are seeking a protective order against my compliance with the subpoena or; 3) a court order requiring the 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 you file a worker’s compensation claim, and the services I am providing are considered relevant to the injury or which the claim was made, I must, upon appropriate request, provide a copy of your record to the employer and the Department of Labor and Industries.
- There are some situations in which I am legally 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 your treatment. These situations are unusual in my practice.
- If I have reasonable cause to believe 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 your health or safety or of 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 you, 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.

Please feel free to discuss with me any questions or concerns that you have now or in the future about these exceptions to confidentiality. 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***

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. You may examine and/or receive a copy of your Clinical Record, if you request it in writing, except in the unusual circumstance that I conclude that disclosure could reasonably be expected to cause danger to the life or safety of you or another or that disclosure could reasonably be expected to lead to your identification of the person who provided information to me in confidence under circumstances where confidentiality is appropriate. Because these are professional records, they can be misinterpreted and/or misunderstood. 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 can charge a copying fee and a clerical fee. I may withhold your Record until the fees are paid. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

### ***PATIENTS RIGHTS***

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. An explanation of HIPAA privacy policies will be available to you at your initial appointment.

### ***BILLING AND PAYMENTS***

You will be expected to pay for each session at the time it is held. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon and followed, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or attorney 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 client's treatment is his/her name, the nature of service provided, and the amount due. (If such legal action or collection is necessary, its costs will be included in the claim.)

**INSURANCE REIMBURSEMENT**

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. If you have a health insurance policy, it will often provide some coverage for mental health treatment. If you have questions about your coverage, you may want to access your insurance company customer service. Some questions you may need to have clarified are 1) if I am a panel provider, 2) whether the type of counseling service you desire is covered and/or 3) **whether preauthorization is required.**

Your contract with your health insurance/managed care company may require that I provide it with information relevant to the service that I provide you. I am required to provide a clinical diagnosis. For many insurance and managed care companies I am usually 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 purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance and managed care companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Service Agreement, you agree that I can provide requested information to your insurance carrier.

**CODE OF ETHICS AND CLIENT RIGHTS**

To maintain my licenses, I am required to maintain the conditions of my license and abide by professional Ethics.

As a client you have the following rights:

- To expect that a licensee has met the minimal qualifications of training and experience by state law;
- To examine public records maintained by the Board which confirm the credentials of a licensee;
- To obtain a copy of the Code of Ethics
- To report complaints to the Licensing Board
- To be informed of the cost of professional services before receiving services;
- To be assured of privacy and confidentiality as discussed earlier;
- To be free from being the subject of discrimination on the basis of race, religions, gender or other unlawful category while receiving services.

**You may contact the following if you have questions regarding licensure:**

State of Washington Department of Licensing, P. O. Box 9649, Olympia, WA 98504 (360) 753-6936

**THANK YOU!**

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate you referring other people to me who might also be able to make use of my services.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THIS POLICY STATEMENT AND AGREE TO ITS TERMS.** A copy of this document will be given to you and serve as my legal obligation to provide you with Notice of Privacy Practices.

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Signature/ Date

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Signature /Date

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