



Patient Name: _____
Address: _____
Phone: _____
Email: _____
Date: _____

Disclosure & Patient Informed Consent

In accordance with the Revised Code of Washington 18.225.100, you are being provided information concerning the therapeutic orientation of the psychologist providing you services. The purpose of the requirement is to assist you in making an informed decision prior to, during and after the counseling process.

The psychologist is: **Julie Rickard, PhD**

Professional Qualifications:

- PhD, Counseling Psychology, Washington State University, Pullman, WA 2004
- Washington State Licensed Psychologist #PY00003516

Therapeutic Orientation

As a Licensed Psychologist, Dr. Rickard provides individual therapy for youth and adults as well as family therapy. While Dr. Rickard is a generalist and able to deal with any mental health issue her specialties have been on health issues and psychology, pain, neurology, acute rehabilitation, OCD, crisis management, geriatric population, and suicidal ideation management. Her general therapeutic approach is based in Cognitive Behavioral Therapy, which seeks to help individuals to change their thinking to effect change in their emotions and behavior. She also utilizes Solution-Focused and Brief-Therapy techniques which focus on the present and are goal oriented to achieve desired future outcomes. She is eclectic and will use a variety of interventions that are evidenced based in her work such as exposure and response prevention, hypnosis, mindfulness, etc. Dr. Rickard strongly believes in a strengths-based perspective that allows for a collaborative approach to the therapy.

Successful treatment/therapy is the result of the combined effort of the patient and all treatment providers. You can expect that Dr. Rickard will ask questions about your concerns, what you hope to accomplish through treatment, what successful treatment will look like, any pertinent diagnostic questions, and a timeline for accomplishing your goals. It will be important to discuss available strengths and resources you and/or your family have that may be helpful in collaborating on solutions. Dr. Rickard may offer recommendations regarding a treatment plan in agreement with you. As therapy is only a brief part of your time, it is important to work on the homework assignments between appointments to gain the most from your time together.

Rights and Responsibilities

You have the responsibility to raise any questions or concerns you have about your treatment, the therapeutic approach, and your progress in the therapeutic process. It is also your responsibility to participate fully in the treatment, including homework, to get the most out therapy. You have the right to discontinue the therapy at any time for any reason.

Appointments

Your initial intake evaluation is often 45 to 60 minutes long. Follow-up appointments will vary from 30 to 45 minutes in length based on clinical need.

Your appointment is held exclusively for you. If for some reason you are unable to keep your appointment, please Dr. Rickard as much notice as possible. To keep appointments available to those that need them please cancel a minimum of 24 hours in advance.

Late cancellations will be charged \$30 except in the case of an emergency.

Fees

Please see the attached fee schedule for charges. It is possible that a portion of your fee will be covered by your medical insurance. If so, we will be glad to bill your insurance company directly if the billing information is provided and Dr. Rickard is credentialed with the insurance company. You are responsible for any uncovered portion of services rendered. We cannot guarantee that services are covered when Dr. Rickard is a non-credentialed provider. You would then be responsible for full payment of services. We ask that copayment, or your portion, be paid the day of service.

Confidentiality

All issues discussed during therapy are strictly confidential. Treating medical providers will require a release of information from you unless it is regarding coordination of care. Information will only be released to other persons outside of your medical provider under the following circumstances:

1. When a patient (or if a child is under age 13, their parent or guardian) signs a release of information.
2. When a patient is a danger to themselves or others or is gravely disabled at discharge from facility.
3. When abuse or neglect of a child or vulnerable / dependent adult occurs, this must be reported by law.
4. When your provider deems it necessary or appropriate to disclose information to other health care providers unless you specifically request him/her not to do so.
5. When it is necessary to provide this information in a legal proceeding or a disciplinary action.
6. When your insurance company requests your record to process your insurance claim.
7. When your spouse, relative, or a significant other, attends a therapy session with you (e.g. couples or family counseling), their communication with your therapist is not privileged or protected by law and can be released without your permission.

Risks & Benefits

Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will discuss personal issues which may bring up emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. I cannot guarantee these benefits, of course, but it is my goal is to create a safe environment where together we develop a treatment plan, and work to achieve your goals.

Your Record

We keep a record of the healthcare services we provide you. You may ask us to examine and copy that record. You may also ask us to amend that record. We will not disclose your record to others unless you direct us to do so, unless compelled to do so by law, or unless under circumstances listed above. You may see your record or get more information about it by signing a release of information form available in the department.

Emergencies

If you or your child is having a psychiatric emergency, feel suicidal, or are at risk of hospitalization, please call the National Crisis Line at (800) 273-8255 or the local crisis line for your county. Put this number in your phone. **In an immediate life or death situation, call 911 or go to the nearest hospital emergency room.** Dr. Rickard is available for consultation during the day, but due to appointments and meetings may not return the call for up to 24 hours.

Mental Health Advance Directive

I acknowledge that I received the Mental Health Advance Directive brochure and was made aware that I may receive assistance with completing it if requested.

Financial Agreement & Consent to Receive Services

I assume responsibility for payment of all charges which result from receiving services from Dr. Rickard. I agree to make sure that all bills are paid promptly regardless of the actions of any third-party payer. I understand that Dr. Rickard may use a collection agency for accounts that are seriously past due and that such collection actions may adversely affect my credit rating.

I, the undersigned, agree that I have read and understand the above information. I have had the opportunity to obtain answers to any questions I had regarding the information. I freely consent to participate in services with Dr. Rickard.

Patient (13+ years) or Parent/Guardian

Date

Julie A. Rickard, PhD

Julie A. Rickard, PhD (Lic# PY00003516)

Date

Your provider must adhere to the ethical and professional standards of the Washington State Omnibus Credentialing Act for the Regulation of Health Professionals. If you feel that your provider has acted in an unprofessional or unethical manner, please bring this to our attention so we can attempt to clarify and resolve the problem. If this does not resolve the problem, you may contact the State of Washington Department of Licensing, Counseling Division, P.O. Box 9012, Olympia, WA 98504.