

STATE-SPECIFIC ADDENDUM FOR SW WASHINGTON

Disclosure Statement

LifeStance's professional staff consists of Psychiatrists, Psychologists and Psychologist Associates, Advanced Practice Nurses, Licensed Mental Health Counselors and Associates, Licensed Marriage and Family Therapists, Associates, and Licensed Clinical Social Workers and Associates and Substance Use Disorder Providers. The credentials and affiliations of your specific provider are available under the staff directory menu at www.westernpsych.com. Our Washington based providers are licensed or certified and regulated by the Washington State Department of Health. For more information on licensing requirements for these providers, contact the Department of Health at 360-236-4700 or visit www.doh.wa.gov.

Client Rights

Per **WAC 246-341-0600** you have a right to:

- (a) Receive services without regard to race, creed, national origin, region, gender, sexual orientation, age or disability;
- (b) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
- (c) Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English-proficiency, and cultural differences;
- (d) Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession of use of contraband on the premises or to address risk of harm to the individual or others. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is reasonable suspicion of possession of contraband or the presence of other risk that could be used to harm cause harm to self or others;
- (e) Be free of any sexual harassment;
- (f) Be free of exploitation, including physical and financial exploitation;
- (g) Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
- (h) Participate in the development of your individual Service plan and receive a copy of the plan at desired;
- (i) Make a mental health advanced directive consistent with chapter **71.32** RCW;
- (j) Review your individual service record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
- (k) Submit a report to the department when you feel the agency has violated your rights or a WAC requirement regulating behavioral agencies.

In addition:

1. You are entitled to receive information about your diagnosis, your providers methods of therapy, techniques used, expected duration of therapy, and the cost of treatment.
2. You can seek a second opinion from another licensed professional, refuse recommended treatment, withdraw consent for treatment or terminate therapy at any time.

3. You are entitled to an explanation of the risks and benefits of treatment and the potential consequences of any decision you may make to decline or stop treatment.
4. Sexual intimacy is not appropriate in the context of a professional relationship and, if it occurs, must be reported to the applicable state regulator.
5. A list of examples of unprofessional conduct is found in RCW 18.130.180. See the Complaints and Grievances section below to report unprofessional conduct to the state governing body.

Advanced Directive

Every WA Adult has the right to make decisions about his/her medical treatment. This includes the right to accept or refuse medical treatment and to fill out an “Advanced Directive” form. Advanced Directives are decisions you make not about future medical care. These decisions are made now in case you are physically or mentally unable to make them sometime in the future. You will find an Advanced Directive form at <https://www.caringinfo.org/planning/advance-directives/by-state/washington/>.

Appointment cancellation

Regular attendance at scheduled appointments is a key component of successful counseling. If you cannot attend an appointment, you must cancel 48 hours/2 business days in advance to avoid being charged a cancellation fee. Please note that Saturdays, Sundays and national holidays are not considered business days and notice of cancellation provided on those days will be deemed received on the next business day. If we do not receive notice of cancellation sufficiently in advance of your appointment, you will be responsible for the cancellation fee. Our cancellation fees vary by provider and service. This policy will be applied in all circumstances unless prohibited by law or our agreement with your insurer.

Fees

LifeStance maintains a fee schedule for each provider identifying the price of various services. If you have insurance and are receiving service covered by your insurance, the fee schedule may not accurately reflect our agreement with your insurer, which may affect the amount you're responsible for.

Late Cancellation/No Show Appointment Fee

<u>Service</u>	<u>Late Cancellation Fee* (less than 48 business hours)</u>	<u>No Show Appointment Fee*</u>
Appointment (MD)	New Client: \$90 Established Client: \$90	New Client: \$95 Established Client: \$90
Appointment (NP)	New Client: \$90 Established Client: \$90	New Client: \$90 Established Client: \$90
Appointment (PhD)	New Client: \$80 Established Client: \$75	New Client: \$90 Established Client: \$75

Appointment (MS)	New Client: \$75	New Client: \$85
	Established Client: \$75	Established Client: \$75
Testing Appointment	\$200	\$350
Group Therapy	\$30	\$30

Other Potential Fees

<u>Service</u>	<u>Description</u>	<u>Fee (\$)</u>
Collateral Service (MD)	Participation in a meeting or conference, letters, forms	\$112.50 per 15 minutes
Collateral Service (NP)	Participation in a meeting or conference, letters, forms	\$100 per 15 minutes
Collateral Service (PHD)	Participation in a meeting or conference, letters, forms	\$47.50 per 15 minutes
Collateral Service (MS)	Participation in a meeting or conference, letters, forms	\$46.67 per 15 minutes
Legal Fees	Testimony, responding to subpoena, all other legal related work for client or third party	\$300 per hour
Records release	Medical records Request	\$6.50
Prescription Refills	Prescription Refills outside of appointment	\$25
Returned Check Fee	Checks returned/unpaid	\$30

*The Company may update these charges from time to time at it's sole discretion

Please note, if psychological or neuropsychological evaluation, testing or assessments are provided, you may incur charges and copayments for dates of service different from the dates the evaluations were actually administered. For example, charges related to scoring and interpretation of test or assessment results, integrating other sources of data, and report writing.

Professional Relationship

To maintain an appropriately professional and therapeutic relationship, LifeStance providers will not socialize or spend time with clients outside of treatment. This also helps to maintain confidentiality for clients regarding their treatment relationship. Mutually respectful engagement is critical to a successful therapeutic relationship. Treatment can be uncomfortable and sometimes can create misunderstandings that lead to hurt feelings. If you have concerns about

how your provider is treating you, please raise them and the provider or other LifeStance personnel will address them directly. Similarly, LifeStance does not tolerate rude, disrespectful, threatening or violent behavior. If your behavior causes our staff or professional concern, we will remind you of our behavior standards. Excessive or repeated violations of these standards may result in transfer or discontinuation of therapy in accordance with applicable legal requirements.

Testing and Assessment Services

Evaluation-only services, such as tests and assessments, are intended to help diagnose and guide treatment, but are not considered therapeutic treatment services themselves. The clinician conducting the evaluation is not available to provide treatment services, including emergency response or crisis intervention. Should your evaluation suggest the need for any therapeutic treatment services, your clinician will refer you to a provider as appropriate.

Privacy, Confidentiality and Records

Communications in the context of a therapist client relationship are generally confidential and a record will be maintained in accordance with their strictest level of confidentiality applicable under federal or state law. This means that your provider generally cannot be required to disclose information about you or your care without your consent. Nonetheless, these laws provide numerous exceptions to confidentiality information where information may be disclosed. Some of the most common situations where this can occur include the following:

- The client signs a Release of Information permitting disclosure to a specific person, organization or group of persons;
- A professional determines that a client poses a significant and immediate threat of harm to themselves, another identifiable person, or national security;
- A judge issues a court order requiring the disclosure of client records;
- A professional suspects that child or elder abuse or neglect has occurred;
- Criminal or delinquency proceedings where assessment or therapy is ordered by the court;
- You are determined to be gravely disabled due to a mental disorder.

In addition, it may be necessary to share information or records with other providers as part of your treatment or if you transfer your care.

Specific additional exceptions to the rule of confidentiality can be found at RCW 70.02.230.

Records of your sessions, communications with and other documentation regarding your relationship with your treating provider will be maintained during treatment and after for the time period required by law. Records for couples seeking counseling as a couple will be maintained in a single record under the name of the financially responsible member. In the event that the financially responsible member is also, separately, a client receiving treatment as an individual, the record will be segregated and the other member of the couple will be able to access only the records from joint sessions.

Emergency Services

LifeStance does not provide emergency services. However, in a non-emergency crisis situation your provider may be reached after business hours (9:00am-5:00pm M-F, weekends and holidays) at (503) 727-3764. Only clients who have been assessed by their provider should access the provider at this number. During business hours you should call the office of your provider and the office staff will attempt to reach your provider. If the provider is unavailable and your circumstance dictates that you speak to someone right away, the office staff will attempt to connect you with another provider. If you find yourself or a family member in a life-threatening situation, you are advised to Call 911 or go to the nearest emergency room (at your cost).

You may also consider calling the National Suicide Prevention Lifeline 24 hours a day, 7 days a week, at 800-273-8255.

You can also get help by texting “HEAL” to the Crisis Text Line at 741741 or contacting Lifeline Crisis Center (<https://suicidepreventionlifeline.org/chat>)

Complaints and Grievances

We hope you feel comfortable raising any concerns about your treatment with your provider or the practice Director by contacting our main number at (503) 233-5405. You may also access a complaint form with instructions on how to file a complaint at www.westernpsych.com/forms. If you are not comfortable doing so or are not satisfied with the response you receive, you can file a complaint with the Health Systems Quality Assurance Complaint Intake, P. O. Box 47857, Olympia, WA 98504-7857 or call 360 236-4700

Date: _____

Signature: _____

Name of Client Representative, if applicable: _____

Description of Client’s Representative’s Relationship to Client, if

Applicable: _____