



PROFESSIONAL STATEMENT AND POLICIES

ABOUT SUSAN RUBY

I received a Masters of Arts in Applied Behavioral Science with an emphasis on Systems Counseling from Bastyr University (2004). I have also completed advanced training from Harborview Medical Center staff, as well as Washington Coalition of Sexual Assault Programs (WCSAP), in the treatment of individuals who have been abused or experienced trauma. Last, but not least, I am both a Licensed Mental Health Counselor (No. LH00011015) and Child Mental Health Specialist in the State of Washington.

As a therapist, I offer my clients a broad range of skills and tools to help them cope with crises and day-to-day issues that are making their lives difficult. I am trained as a marriage and family therapist, which means that I see problems from a systemic perspective—as parts of a larger picture—made up of the various people involved, the things they do, and the families in which they live. My role as your therapist is to help you find the solutions that are best suited for you and your family members. I will bring my observations, skills and expertise to the process, but your ideas will also be invaluable in this process. Please feel free to ask questions about my approach to therapy.

During our initial sessions, we will talk about why you are seeking help, determine what your goals are, and then develop a plan to reach your goals. I encourage you to take an active role in your treatment, as this will move you toward your goals more quickly, and make the process more rewarding for you.

STATEMENTS FROM THE STATE

Counselors practicing counseling for a fee must be licensed or registered with the Department of Health for the protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, or necessarily imply the effectiveness of any treatment.

The purpose of the law governing counselors is: (A) to provide protection for public health and safety; and (B) to empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

FEES AND CANCELLATIONS

- *Psychotherapy* is \$150 for an intake session, and \$120 per 55-minute session thereafter, due at time of service. Cash, personal checks, Visa or Mastercard are acceptable forms of payment.

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- *Insurance*—If you are covered by one of the insurance plans that accepts my services a preferred provider, then I will bill the insurance company after each session and you will be responsible for your co-pay, co-insurance, and any deductible that has not been met for the plan year. If I am not a preferred provider on your plan, you will be asked to pay me for services at each session. Upon request, I will provide you with a Statement of Services that you may submit to your insurance company for reimbursement.
- *More Than One Insurance Plan*—If you have coverage under more than one insurance plan, I will only bill your primary insurance plan. This means that you will be responsible for any co-pays or co-insurance not covered by your primary insurance plan at the time of service. Upon request, I will provide you with a Statement of Services you may submit to your secondary insurance plan for reimbursement.
- *Other Services*—Phone calls longer than 10 minutes, report writing, contact with your doctor or other professionals, and other services we agree upon, are billed at my hourly rate, pro-rated for the actual duration of services provided. Any participation in legal proceedings (depositions, court appearances, consultation with attorneys, travel time associated with these activities, etc.) is billed under a separate contract and is billed at double my hourly rate, with a four-hour minimum, paid in advance. If you are thinking about asking me to participate in any way in your legal proceedings, please discuss it with me prior to sending the subpoena, so that we can discuss alternative options that will be more cost effective for you.
- *Cancellations and No Shows*—If you need to cancel or re-schedule an appointment, I require 24-hours advance notice. Otherwise, you will be expected to pay for that session. Please understand that this is a business decision, and has nothing to do with whether or not there is a good reason for missing a session. Please note that if you are using insurance of any kind, that insurance does not cover missed appointments, and you will be personally liable for the late cancellation or no show fee. Fees for no show or late cancellation appointments must be paid before any new appointments will be scheduled.
- *Returned Checks*—A \$35 fee is charged for any checks returned by your bank due to insufficient funds. If your check is returned by your bank, I require cash or a money order to cover the outstanding balance and any applicable bank fees prior to scheduling another appointment.
- *Late Fee*—There is a \$5 late fee for each 30 days any charges are past due.

CONFIDENTIALITY

All counseling services are confidential and cannot be shared without your written consent. However, *the law requires the release of confidential information in three situations: (1) suspected abuse or neglect of a child or incapacitated adult; (2) when a client presents a clear threat to do serious physical harm to him- or herself, or to others;*

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and (3) when requested under court order. Any release of confidential information will be discussed with you. Information about your treatment will be discussed to the extent necessary to obtain supervision and consultation.

If, at any time, for any reason, you are dissatisfied with my services, please let me know. If we are unable to resolve your concerns, you may report complaints by writing to the Licensing Department, State of Washington, PO Box 9649, Olympia, WA; or by calling (206) 753-3095.

CLIENT RIGHTS

As a client, you have a right to:

- Receive appropriate care and treatment, and to be treated with respect and dignity.
- Receive treatment that is non-discriminatory, and sensitive to differences of race, culture, language, sex, age, national origin, disability, creed, socio-economic status, marital status, and sexual orientation.
- Be fully informed about any proposed treatment.
- Refuse any proposed course of treatment.
- Choose a counselor who best suits your needs and purposes.

Please feel free to ask any questions before you sign and date this agreement. Thank you.

CONSENT FOR TREATMENT

I have read and understood the terms of this contract. I agree to the fees stated on the previous pages.

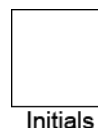
Client/Parent/Guardian

Date

Susan Ruby, MA, LMHC, PLLC

Date

Revised 3/25/15



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