

George Ankuta, Ph.D.

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(206) 241-9068 * Fax (206) 241-2651

Welcome to the office of George Ankuta, Ph. D. Please take time to read this office policy statement so that you may better understand my professional services and business policies and how they apply to you. My practice is separate and independent from the other clinicians in this office.

Effective psychotherapeutic treatment requires openness, an attitude of collaboration and your willingness to invest both time and effort between sessions in working toward personal and or family change. The success of therapy cannot be guaranteed by your therapist because the outcome is, in part, your responsibility. I will utilize my experience, education, and training to work with you productively, and will perform my services in a professionally competent manner.

Confidentiality

All information you disclose is considered confidential, and will generally not be released without an Authorization Form to *release information* signed by you. The Authorization Form to release *information* is valid for only 90 days from the date of signature. The law requires disclosure of confidential information and reporting in three situations: suspected child abuse, threatened harm to self or others, or if individuals are gravely disabled and not able to care for themselves. Furthermore, based on the Uniform Health Care Information Act, I may confer with others who are providing health care services to you as a means of ensuring continuity of care. In some instances, confidential information can be subpoenaed by court.

Confidentiality does not cover sessions with two or more persons (for example, couples or families) since I cannot assure you that others present will keep the information in confidence. However, confidentiality does apply when one of those persons is seen individually. On all occasions in which confidentiality is an issue, I will attempt to meet ethical, clinical, and the legal responsibilities I have with you.

In providing therapy services to minors, the parent(s) or legal guardian(s) may be the “holder” of privilege for children under 13 years old. In treating minors, it is best to discuss confidentiality with me to establish the most optimal intervention.

The competent and ethical practice of psychotherapy dictates that I participate in regular case consultation with other licensed professionals. Should I obtain consultation regarding aspects of your treatment, I will omit identifying information (including name, employment, etc.) so that confidentiality will be preserved to the best of my ability. Your signature on this policy statement serves as consent that I may obtain consultation regarding your treatment (on an *anonymous* basis) without a specific release to do so.

Record Information

I keep a record of the mental health care services I provide you. You may ask to see that record. You may see your record or get more information about it by contacting and/or setting up an appointment with me. The other clinicians in this office are not authorized to release your records or the records of any other patients not under their care. As stated above, I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. If you are utilizing a third party payor, such as an insurance company, I may be required to submit information in order to obtain reimbursement or authorization of services; you will be asked to give release for this purpose on the Insurance Information Form given to you with this Office Policy Statement.

HIPAA Notice Form

You are being provided a Health Insurance Portability and Accountability Act (HIPAA) Notice Form in addition to this office policy statement. HIPAA is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Care Information (PHI) used for the purpose of treatment, payment and health care operations.

Ethics and Professional Standards

Psychologists offering services to the public must be licensed by the State of Washington. A licensed psychologist has a doctoral degree from an accredited university, supervised pre- and post-doctoral experience, and has passed a national written examination and an oral examination given by the Washington State Examining Board of Psychology.

As a licensed psychologist and member of the Washington State Psychological Association and the American Psychological Association, I am accountable for my work with you. If you have any concerns about the course of evaluation or treatment, please discuss them with me first. Certainly you have the right to discontinue your therapy or ask for a referral to another therapist at any time. Should you still feel I have been unethical or unprofessional, you may contact the Department of Licensing, 1300 S.E. Quince Street, Mail Stop EY-21, Olympia, WA 98504; the phone number is (360) 236-4700.

Appointments

Individual therapy sessions are typically 55 minutes in length. It is important to be on time, because your appointment will not be extended beyond the scheduled time as a result of your late arrival. Your appointment time is held exclusively for you. If you are unable to keep your appointment for any reason, you must give at least 24-hour advance notice to cancel. **OTHERWISE, YOU WILL BE CHARGED \$50.00 FOR THE TIME RESERVED FOR YOU.** Insurance companies generally will not reimburse you or me for the missed appointment. If you need to change an appointment scheduled on a Monday, you need to notify me by the time of day of your appointment on the preceding Friday.

Emergencies

In the event of an emergency or an urgent situation when my office is closed, you may contact the answering service (206 241-9068). Inform the answering service operator of the urgency of the call and they will attempt to reach me. If you cannot reach me in this manner, call the CRISIS LINE at (206 461-3222); call 911, or go to the emergency room of the nearest hospital.

Payment Policies

Payment for services provided to you is expected at the time of the service. Unless otherwise directed by your insurance company, you are expected to pay for all services you receive, whether or not your insurance company may eventually pay for a portion of the charges. Full payment of the balance is expected with each visit unless you have given me your insurance form with benefits assigned to me. Any other arrangements should be made on an individual basis. Any balance will be sent to your home in the form of a bill unless I have been otherwise instructed by you.

The fee for psychotherapy with me is \$150 for a 55 minute session. You may have additional charges for:

- * initial intake session
- * legal expenses including testimony
- * extended psychotherapy sessions
- * in-hospital service
- * administration, scoring, and interpretation of psychological testing and questionnaires
- * books, pamphlets, and other learning materials
- * reports, letters, or telephone calls on your behalf to attorneys, doctors, agencies, employers, school personnel, etc.
- * extended telephone conversations
- * extended emails
- * travel time on your behalf to any location outside my office
- * school visits
- * review of records
- * photocopies of records

Many, though not all, medical insurance plans cover a portion of services when you work with a psychotherapist. I strongly recommend that you check with your insurance company to see if you are entitled to receive any benefits.

Overdue Accounts

You are responsible for your account and are expected to pay for all services you receive. Overdue accounts may be charged interest or a minimum late payment fee on a monthly basis. Accounts overdue 90 days or more may be turned over to a collection agency or to an attorney. You will be responsible for attorneys' fees and costs or collection agency fees in the event that your account becomes delinquent.

Payments returned from your bank due to non-sufficient funds will be subject to a returned check fee of \$20.00.

Treating Common Patients

In the event you require treatment and I am unavailable and have arranged for you to be treated by one of the other independent clinicians in this office, or if one of the other independent clinicians in this office is requested to act as a consultant, you will be billed separately by that clinician performing the service.

Special Needs

If you have special financial needs, please discuss these with me.

Agreement to Participate in Services

If you have any questions, please feel free to discuss them with me prior to signing this form. Your signature indicates that you have read, understand and agree to these policies, and accept responsibility for payment of fees in accordance with these terms and conditions. You hereby authorize George Ankuta, Ph.D. to provide psychotherapeutic services to _____. This authorization constitutes informed consent without exception and indicates that you have received the HIPAA Notice Form.

Date: _____ Patient: _____

Parent/Guardian: _____

Date: _____ Clinician: _____

George Ankuta, Ph.D.
Licensed Psychologist

George Ankuta, Ph.D.

Washington State License: #PY00001712 Psychology